

Michigan

UNIFORM APPLICATION FY 2008 - STATE IMPLEMENTATION REPORT

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

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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).

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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

Michigan's FY 08 application identified three areas for improvement:

- 1) Improve the service array available through the continued implementation of evidence-based practices and promising practices; implement policies and practices to assure sustainability of evidence-based practices that maintain model fidelity over time.
- 2) Increase integrated services to meet the needs of individuals with co-occurring mental health and substance use disorders; work to improve access to care through the mental health system, the substance abuse system, and the Medicaid health plan network.
- 3) Increase opportunities for meaningful work for consumers and for the supports needed for success in work.

During FY 08 progress was made in all three areas.

All regions of the state have Assertive Community Treatment (ACT), Family Psychoeducation (FPE) and Co-occurring Disorders: Integrated Dual Disorder Treatment (COD: IDDT) as part of their service array. Evidence-based Supported Employment is being implemented in many regions with block grant support. Subcommittees for the latter three practices provide ongoing support and technical assistance. A training group of fidelity assessors in the state provide independent fidelity reviews of COD:IDDT programs. A field guide for ACT was completed which allows programs to be measured against current state criteria and SAMHSA fidelity criteria. State Medicaid requirements for ACT were strengthened. During the fiscal year, teams received intensive training in Dialectical Behavioral Treatment, and a train-the-trainer program for Motivational Interviewing took place. An Improving Practices Leadership Team in each region is responsible for continual transition of services to those that show the best success in supporting consumers to achieve recovery.

In addition to implementation of COD:IDDT services, all mental health regions have been required to increase co-occurring capability of the entire system. During FY 08, Change Agent Teams representing both substance abuse and mental health regional systems were coached and charged with assuming the leadership role in this transformation within their region. Members of a new Integrated Treatment Committee were appointed jointly by state Mental Health and Substance Abuse directors. This committee includes representatives from Medicaid, mental health, and substance abuse, as well as consumers. Its charges are to develop a comprehensive, continuous integrated system of care for all individuals served by the public mental health and substance abuse systems, develop consensus in addressing integrated services for people at all levels of severity, work with the regional Change Agent Teams to address areas where system change is necessary to ease implementation, identify and address barriers, and address performance improvement, quality improvement, and outcome monitoring.

Employment opportunities of consumers is a priority of MDCH. As discussed above, a statewide evidence-based supported employment committee was convened in FY 08 to support implementation of the practice. This group consists of employment service and supports coordinators, administrators, peer support specialists, and employment specialists. Michigan, with the assistance of a Medicaid Infrastructure Grant (MIG), is increasing Freedom to

Work/Medicaid Buy-In enrollments, increasing the employment rate of people with disabilities, providing Work Incentives Planning and Assistance benefits planning and increasing the use of Social Security work incentives. The state MIG project coordinates a Recharging Competitive Supportive Employment workgroup consisting of CMHSP agencies. The work of this group is being coordinated with the Supported Employment Subcommittee. The community-based vision of this work includes: all individuals with disabilities recognizing the inherent values of work and are able to do so at the level they desire; system disincentives such as Medicaid spend-down requirements would be removed; all individuals choosing to work would be working in integrated, not segregated, settings; and a Michigan specific website providing accurate information encouraging informed choice about an individual's benefits would be available.

Block grant funding is available on a competitive basis to improve employment outcomes for members of Clubhouse Psychosocial Rehabilitation Programs. The statewide clubhouse conference included training in developing and maintaining an array of employment opportunities, and job development in a rural community.

During FY 08, MDCH began a series of monthly management meetings with Michigan Rehabilitation Services to examine the current state of our statewide systems, including regional agreements, and to develop a new vision and agreement of how we can work together to maximize human and economic resources.

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

Michigan's economy continues to be in very poor condition, in part due to declines in the automotive industry. Since 2006, the state's annual average jobless rate has been the highest in the country. Since June 2008, each month's unemployment rate has been 8.7%, with the exception of August which was 8.9%. Michigan's home foreclosure rate is very high.

For people who become eligible for Medicaid, mental health services are available. As the number of people receiving Medicaid rises, Prepaid Inpatient Health Plans receive more in their monthly Medicaid capitation, as it is based on the current month number of Medicaid enrollees in the region. For those without many resources who are not eligible for Medicaid, services are extremely limited due to the decrease of state general funds which are not used as Medicaid match.

The Michigan Department of Community Health (MDCH), Mental Health and Substance Abuse Administration, has a new director in 2008, Michael Head. Mr. Head recently issued a concept paper outlining directions for the mental health system and began work on an Application for Renewal and Recommitment which will be used to assess the status and provide direction for the PIHPs. The first and most recent, complete review of their capacity to manage the Medicaid funds took place in 2002. Community Mental Health Services Programs will be responding to an updated annual request for information on their status. The underlying emphasis on recovery as the basis of what we do, person-centered planning, and consumer involvement remain. Specific areas targeted for increased attention are self-determination, employment, and a culture of gentleness.

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.

During fiscal year 2008, block grant funds were used in many ways to transform the system of care in Michigan. MDCH continues to provide a major portion of block grant funding to the largest CMHSP in the state, which is the Detroit-Wayne Community Mental Health Agency. Their system transformation work includes Supported Employment, Supported Housing, and an Integrated System of Care for people with co-occurring mental health and substance use disorders.

MDCH issued a Request for Proposals (RFP) on March 4, 2008, to PIHPs and CMHSPs for adult services. A portion of the funding is dedicated to implementation and development of evidence-based practices selected by the Practice Improvement Steering Committee for Co-occurring Disorders Enhancement, Family Psychoeducation Enhancement, and Supported Employment. Block grant funds are also available for Anti-Stigma; Assertive Community Treatment; Clinical Skills Development; Clubhouse Programs; Consumer Run, Delivered, or Directed Innovations; Crisis Residential Services; Cultural Competence; Homeless / Supported Housing; Integrating Mental Health/Substance Abuse & Physical Health; Intensive Crisis Stabilization Programs; Jail Diversion; Older Adults; Certified Peer Support Specialist Staff Development; Recovery Systems Change; Special Populations; Trauma; and other proposed innovative services. New services projects are for either two or three years.

The following describes the purposes, recipients, and activities of various initiatives.

Advance Directives

MDCH has now completed its second year of having Advance Directives as a block grant funded initiative. Research shows that, if an individual is supported in completing an Advance Directive, they are 73% more likely to complete one. Without that support, the completion rate is only 3%. Three primary consumers employed by MDCH, including the Office of Consumer Relations, conducted seven regional Advance Directives trainings for primary consumers and CMHSP staff. Approximately forty individuals participated in each of the trainings, with an average of ten consumers completing an Advance Directive during the training. CMHSP staff were very interested in understanding how to be supportive of consumers in completing an Advance Directive. Approximately 20,000 Advance Directives were mailed to all 46 CMHSPs in Michigan and the forms were also translated into Spanish and Arabic.

Anti-Stigma

During fiscal year 2008, seven regional trainings were completed with consumers who worked on the internal process of positive self-esteem as opposed to internalized stigma from society. PIHPs/CMHSPs with block grant funded anti-stigma projects created videos, storybooks, billboards, paintings, artwork, and jewelry. They also acted in plays and utilized the media to spread the anti-stigma message. These initiatives were well received within the community mental health regions and the impact on the general community is currently being measured.

Assertive Community Treatment

Block grants have been awarded to address co-occurring substance use disorders and supported employment. Other areas needing improvement in ACT resulted in multiple grants. Detroit-Wayne County CMH Agency / New Center Community Mental Health Services hired a consumer advocate to offer peer-focused support and to serve consumers with co-occurring

mental health and substance use disorders. Detroit-Wayne County CMH Agency / Community Care Services funded an ACT Peer Support Specialist. In St. Clair County, a Peer Support “Co-occurring Specialist” was hired. Many teams now have Certified Peer Support Specialists working as part of the ACT team and the reports are positive. Concerns related to medication provision as a major ACT activity are being addressed through new and continuing educational training, sponsored by MDCH and contacted through the Assertive Community Treatment Association. Training specific to ACT physicians is also offered. The Field Guide to ACT in Michigan is being disseminated throughout the state with instructional field visits and technical assistance being provided. Teams participating in this phase of self-improvement are being evaluated as to the effectiveness of the Field Guide.

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 offers training across the state with a block grant funded contract with Kalamazoo CMH & Substance Abuse Services on a variety of topics including work-ordered day, member leadership, clubhouse effectiveness and outcomes data, using technology in the clubhouse, and recovery. The types of trainings include a one-day statewide conference and regional training at a hosting clubhouse. In this Michigan Clubhouse Training Initiative, clubhouse members are an integral part of the project in various capacities including presentation, curriculum development, implementation, and logistical coordination of regional training and conference.

During the last year, clubhouse members and staff from nine different clubhouses worked together to develop the Clubhouse Assessment Tool. The group reviewed the existing Clubhouse Self-Assessment Tool and identified key variables and outcomes to be measured. This tool will be pilot tested in the upcoming year with a Michigan State University research team.

Consumer/Peer-Run Operated and Delivered Services

Consumer/Peer-run operated and delivered services continue to be a valued and needed community service for consumers, including some who do not want to use traditional professional CMHSP interventions for their mental health needs. Drop-in centers that are run by primary consumers serve as a safe haven to provide a peer-to-peer community support where individuals can gather for peer supports in an environment of mutual support, acceptance, and a relaxed refuge where personal freedom and individual choice can be realized. Consumers who attend drop-in centers indicate that the centers have a positive impact on their lives as they engage in productive activities and have fewer unhealthy or solitary endeavors than before they came to the centers.

Block grant resources have been vital in the start-up and maintenance of drop-in centers for several years. Facility upgrades such as furnishing, painting, and other minor building improvements along with computer purchases and training go a long way in assisting consumers feel positive about their center and provide resources for interaction around mutual community inclusion activities as well as in-house group activities or one-on-one interaction among consumers. More than twenty drop-in centers were provided resources to enhance their

facilities. These ongoing drop-in enhancements are very helpful in keeping consumer-run delivered and operated services at a high level of support which consumers need to maintain their community living. Drop-in centers served as a fertile recruiting source for peer support specialists as more than seventy-five percent of drop-in directors or drop-in center staff have participated in peer support specialist training and certification. These peer support specialists serve an important role within each drop-in center as they assist in a continuum of services such as WRAP training, housing assistance, employment, and person-centered planning. During fiscal year 2008 self-help support groups were being developed and training was provided. Block grant resources supported the first statewide self-help support group conference which highlighted several self-help groups and identified resources for starting new or maintenance of existing support groups which operate both within drop-in centers and other non drop-in sites.

Co-occurring Disorders: Integrated Dual Disorder Treatment

Co-occurring Disorders: Integrated Dual Disorder Treatment (COD: IDDT) is an intensive service for people who have serious mental illness and have a co-occurring substance use disorder. Under the auspices of the state Improving Practices Steering Committee a subcommittee of the COD:IDDT meet regularly to address successes and barriers. All of Michigan's eighteen PIHPs are involved in Integrating Treatment for Individuals with Co-occurring Mental Health and Substance Disorders. Since beginning development of these services in Michigan in 2005, approximately seventy IDDT teams are implementing this evidence based practice across the state. MDCH, through block grant funding is supporting a peer review process for fidelity monitoring and technical assistance for these teams. This peer review process, called Michigan Fidelity Assessment Support Team (MiFAST) is coordinated by Wayne State University staff and is staffed by sixteen trained clinicians and peer support specialists from different CMHSPs. At the program and clinical level, several statewide trainings were offered through the Michigan Association of Community Mental Health Boards which focused on staff competency. Through the Subcommittee for COD:IDDT, a regularly scheduled "Learn and Share" group meets quarterly to share and learn information among all the PIHPs/CMHSPs and Substance Abuse Coordinating Agencies (CAs) regarding resources, and learning from each one's experiences. Consumer involvement in integrated treatment is steadily improving. There are several Dual Recovery Anonymous (DRA) groups as well as other dual recovery focused self-help groups that meet regularly through out the state.

Individuals with both mental health and substance use disorders achieve better outcomes when they receive services and supports for both disorders in an integrated manner. MDCH is working to make integrated services available to all people served by the mental health or substance abuse system who have both disorders. In addition to implementing the evidence-based practice of COD: IDDT for people with the most serious disorders, PIHPs have committed to changing the entire system of care to a welcoming, accessible, recovery oriented, and co-occurring capable system of care.

Groups of regional Change Agents have been meeting since January 2008. There are approximately 250 change agents from across the state from both the public mental health system and substance abuse system meet bi-monthly. These regional teams of committed individuals will help assure that integrated services and systems that support them become firmly embedded throughout the state. In June 2008, MDCH created an Integrated Treatment

Committee (ITC) with 21 invited stakeholders to address barriers and develop strategies for individuals with co-occurring mental health and substance abuse disorders, whether they be primarily served in the public mental health, public substance abuse, or Medicaid primary care system.

To further promote integrated treatment, the Mental Health and Substance Abuse Administration and the Office of Drug Control Policy issued a joint Request for Proposals in June 2008 for Substance Abuse Coordinating Agencies to partner with one or more Community Mental Health Services Program to develop services and supports for individuals with co-occurring disorders who are being treated primarily in the public substance abuse system. MDCH received twelve proposals and selected six for funding for two years beginning in FY09.

The vision of integrated treatment is to have the entire system capable of addressing co-occurring mental health and substance use disorders in a welcoming, emphatic, and hopeful way. This includes having access systems that provide a “no wrong door” policy and staff in these agencies welcoming individuals regardless of their symptoms or diagnosis. Developing a co-occurring capable system of care is essential to promote the individual recovery of each individual with co-occurring needs. MDCH is working with the EBP measurement committee to improve the current data regarding individuals with co-occurring disorders.

Cultural Competency

MDCH is working with the Michigan Association of Community Mental Health Boards (MACMHB) in developing a cultural competency plan to address cultural competency and diversity in the public mental health system. MDCH and MACMHB developed a workgroup to address cultural competency and diversity in the public mental health system. MACMHB issued an RFP during fiscal year 2007 to address cultural competency and diversity. Four organizations submitted proposals from which Wayne State University (WSU) Project Care was selected. Culture is critical in determining what people bring to settings and services, the language they use, how they express and report their concerns, how they seek help, the development of coping styles and social supports, and the degree to which they attach stigma to mental health and substance use disorders. Culturally competent services are defined as “the delivery of services that are responsive to the cultural concerns of racial and ethnic minority groups, including their language, histories, traditions, beliefs, and values.” To accomplish all of this, WSU constituted a 21 member stakeholder group from different diverse groups to develop a training plan for the CMHSPs.

The stakeholders groups and the workgroups met several times to discuss and develop strategies. WSU is currently working with all the CMHSPs in identifying the cultural competency coordinator or the point person for cultural competency. The plan is to train the cultural competency coordinator or the point person from each CMHSP using the training materials and resources that are developed by WSU.

Dialectical Behavior Therapy (DBT)

MDCH supports a recovery-based system of care for adults with mental illness and is working to improve practices so that consumers may select and receive the best services possible. As part of the improving practices initiative, the MDCH is coordinating team training with the Michigan

Association of Community Mental Health Boards and Behavioral Tech, LLC. The goal of the training and consultation is to systematically implement Dialectical Behavior Therapy (DBT) and increase the availability of this treatment modality as a choice in the person-centered planning process. DBT is an efficacious cognitive-behavioral treatment for individuals who have a diagnosis of borderline personality disorder. DBT is a comprehensive treatment program that increases clinical skills, improves consumer motivation to change, promotes generalization of new skills and enhances consumer capabilities.

During FY08, MDCH supported, through trainings and technical assistance, 15 (approximately 110 staff) teams to systematically implement DBT. As a result, 14 CMHSPs have teams providing DBT and positive outcomes for individuals with Borderline Personality Disorders are evident.

Employment/Vocational Services

MDCH continues to support vocational services innovations to move individuals toward gainful employment with an emphasis on evidence-based supported employment. The number of Prepaid Inpatient Health Plans that are implementing the practice has been increased this year. Implementation of evidence-based supported employment includes monitoring fidelity, forming an ongoing workgroup with stakeholders, and developing a training plan for the staff.

In May of 2008, a statewide committee on supported employment as an evidence-based practice was convened in an effort to improve supported employment services. MDCH will provide ongoing technical assistance to implement supported employment as an evidence-based practice and continue to improve the quality of collaboration with vocational rehabilitation service providers by providing education and training on evidence-based practice and recovery oriented systems of care.

Family Psychoeducation

Family Psychoeducation (FPE) is a specific method of working in partnership with consumers and families in a long-term treatment model to help them develop increasingly sophisticated coping skills for handling problems posed by mental illness. The goal is that practitioner, consumer, and family work together to support recovery. Common issues addressed through FPE include participation in outpatient programs, understanding prescribed medication, dealing with alcohol or other drug abuse, and managing symptoms of mental illness that affect the consumer. FPE respects and incorporates individual, family, and cultural perspectives. It engenders hope in place of desperation and demoralization and can significantly help people with a mental illness in their recovery process.

FPE services in Michigan have been implemented as an evidence-based practice under the block grant consistent with the SAMHSA FPE toolkit. Local CMHSPs throughout the state have been funded to offer FPE consistent with the model developed by Dr. William McFarlane. This includes staff training, coaching, and supervision through Dr. McFarlane or his associates to maintain model fidelity. FPE programs follow the McFarlane model with regard to consumer recruitment and joining activities, FPE facilitator's role, content of FPE sessions, and other aspects of this proven method of intervention.

During FY 2008, MDCH funded ten PIHPs to implement FPE through the block grant. Three PIHPs (Southwest Affiliation, Northwest Affiliation, and Saginaw County) completed their second and final year of FPE block grant operation while four PIHPs (Access Alliance, Mid-Michigan Affiliation, Macomb County, and network180) completed their first year of FPE block grant operation. Lakeshore Alliance also completed a one-year FPE enhancement, following its two-year FPE project. Based upon quarterly progress reports submitted by the PIHPs, a total of 27 FPE groups were in operation throughout the state serving a combined total of approximately 328 consumers and family members. In addition, many PIHP agency staff received FPE training throughout the year including several staff members who were trained as FPE trainers and supervision practitioners under the McFarlane model. Michigan now has a cadre of FPE trainers to sustain this important evidenced-based practice.

Homeless/Supported Housing

The Supportive Housing Program and Ending Homelessness Partnership is in its 9th year of existence and continues to produce more than 100 units per year in nine counties. This program is supported by a set-aside of low income housing tax credits for people with special needs.

Every community across the state has developed a 10-Year Plan to End Homelessness. To assist in implementation of their plans, the Michigan State Housing Development Authority (MSHDA) has made \$14,500,000 available to create supportive housing for homeless families with children, homeless youth, chronically homeless, and homeless survivors of domestic violence. In addition, supportive housing developments in Detroit, Grand Rapids, and Battle Creek which are targeted to homeless veterans are being proposed. This initiative will create approximately 275 units of supportive housing for homeless veterans and has been effective in bringing new partners, both private and public, to the table.

MDCH funded homeless programs consist of Housing Opportunities for People Living with AIDS, PATH, Shelter Plus Care, and Supportive Housing Program grant programs in addition to a program of training and technical assistance made available to sub-grantees. Recent innovations include using mental health block grant dollars to create Housing Resource Centers in ten counties in the state. All of these programs provide outreach to people who are homeless with linkages to support to find and sustain housing.

Jail Diversion

Both pre- and post-booking jail diversion programs continue to be required. Statistics show that individuals with a mental illness are involved with the criminal justice system at a much higher rate for misdemeanor and non violent crimes than those without a mental health disability. Several block grants were awarded to CMHSPs to improve their jail diversion services through hiring peer support specialists to augment jail diversion activities and services. This strengthens already in place services such as case management and community supports in areas like housing, employment and other services which assist consumers to maintain a healthy community transition and hopefully avoid recidivism back into the criminal justice system. Another way to support jail diversion's impact has been to add block grant resources to support the creation of mental health courts in communities where the criminal justice system and the mental health system are working jointly through a memorandum of agreement to address the special needs of individuals who have ongoing contact with the criminal justice system but need

mental health intervention as well. In addition to funding jail diversion block grant programs, one CMHSP requested an amendment to their current jail diversion service program to include the development of a mental health court. That CMHSP collaborated with a committed judge, prosecutor and support staff of both the mental health system and criminal justice system to adjust their services to allow the mental health court to focus on individuals who could benefit from the combined intervention tailored to meet the unique needs. Recent progress reports indicate that this change in focus for consumers has been successful.

Training continues to be a crucial component of all viable jail diversion services. During FY08, MDCH sponsored a train-the-trainer curriculum training session in collaboration with the Michigan Sheriff's Association and Oakland County CMHSP which served as preparation for experienced trainers to deliver this curriculum in specified jurisdictions. This training is intended to improve officers' awareness of and response to people with mental illness, developmental disabilities, and related disorders. Efforts continue to link the currently operating jail diversion programs with resources and each other to better address the unique needs of the jail diversion population.

Motivational Interviewing

Motivational interviewing (MI) is a person-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. MI is based in person-centered counseling and eliciting behavior change by helping consumers to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the clinician is intentionally directive in pursuing this goal.

As part of the practice improvement initiative, MDCH is currently working with a certified Motivational Interviewing National Trainer (MINT) to train a group of clinicians to become the trainers for the system. The plan is to develop regional capacity for Motivational Interviewing. 128 staff participated in the five-phased training and 32 staff from various PIHPs and CAs qualified for a Michigan Specific Train the Trainer certificate. It is expected that those who get the certification will train others in the system on Motivational Interviewing.

Older Adults

Two rural CMHSPs – Allegan County and Pathways – developed a model of Wraparound services for older adults who exhibit acute behavioral symptoms of distress. Formal and informal, person-centered services are provided to individuals and their family members via collaboration among mental health, public health, and aging services, with a goal of preventing premature institutionalization and promoting a meaningful quality of life. Action plans are developed using a strengths discovery assessment. With the conclusion of these two pilot projects and two other funded ones, a guide was developed to disseminate to a variety of mental health and aging agencies for replication. Intake and follow-up data was collected from a total of 152 family cases and analyzed. Reports and presentations will be made on these two products in the coming year. In addition, all four projects have received funding to continue their projects, three of which have added intensive evidence-based caregiver education.

Workforce development remains a priority. To supplement a train-the-trainer manual on dementia care for direct care workers, which include newly established dementia competencies, relationships were formed with three professional long-term care associations. Block grant funds were used to instruct member facility training personnel on effective use of materials and adult learning techniques. Facilities such as assisted living and adult foster care homes have increasing numbers of residents with dementia and with distressed behaviors, for which they need training for staff on interventions to prevent and diffuse such behaviors.

Mental Health & Aging Project regional meetings were enhanced by nationally-recognized experts presenting on “Comorbidity of Substance Abuse and Mental Disorders in Later Life,” “Executive Functioning in Older Adults,” and “Serious and Persistent Mood Disorders in Late Life” to large groups of community mental health staff and community partners. Interventions to Address Difficult Behaviors Among Persons with Cognitive Impairment completed the assessment protocol tool, and provided training for clinicians and caregivers. Although funded for a 9 county area, the series is seen as so useful that attendees participated from 17 counties.

Peer Support Specialists

Certified Peer Support Specialists are a priority initiative and serve as a foundation in systems transformation efforts moving toward a recovery based system of care. Michigan is a leader in the country on employment and support for the newly trained workforce. MDCH has worked in partnership with the Michigan Association of Community Mental Health Boards to provide extensive training and ongoing education to support the professional workforce. As of October 2008, over 500 individuals working as peer specialists have received training and certification. In conjunction with the Appalachian Group of Georgia and MDCH, 35 individuals attended a one week training and full day follow-up on Michigan requirements that include person-centered planning, self-determination, documentation, advance directives, and ethics. After the required training, a study session and four hour examination was provided. Individuals who participate in the required training and successfully complete the examination receive certification. Approximately five times per year a graduation ceremony is held with family, friends and co-workers attending to recognize the hard work and efforts peers have made to receive certification. Certificates are signed by the Director of MDCH and the provost of Lansing Community College.

MDCH provided a variety of continuing education events for Certified Peer Support Specialists including Wellness Recovery Action Planning (WRAP), Pathways to Recovery, Health and Wellness, trauma informed system of care, and a variety of other topics. In addition to the peer focused training, a liaison meeting is held six times per year to discuss pertinent issues of the peer trained workforce to provide education and support at the local and regional levels.

Recovery

Transformation of the entire public mental health system to one that is totally recovery-based is fundamental to Michigan’s system change work. All block grant funded projects must demonstrate the belief that consumers can and do recover.

During fiscal year 2008, PIHPs were asked to perform a recovery assessment within their region and to provide MDCH with quarterly updates on their findings and future plans for improvement. Trainings for both consumers and PIHP/CMHSP staff is ongoing. Promoting recovery and understanding where the Michigan system of care is in terms of implementing recovery will be analyzed by regional implementation of the Recovery Enhancing Environment survey in fiscal year 2009.

Rural Services Population

In Michigan, 76 of 83 counties are designated rural. Block grants fund multiple rural projects. MDCH Improving Practices Initiatives support Family Psychoeducation, Integrated Treatment of Individuals with Co-occurring Mental Illness and Substance Use Disorders, Assertive Community Treatment, and Supported Employment in both rural and urban areas. The block grant funding is used for innovative projects that will help people achieve recovery. Many are very successful, such as the Healthy Ideas grant in lower central Michigan, the Cultural Competency in Mental Health-Latino Services project in rural Allegan, and the Wraparound projects in rural settings supporting many families with members who have mental illness and/or dementia. Successful Anti-Stigma, Health and Wellness Programs, the Recovery Cooperative of Muskegon, a Peer Speakers Bureau, and Supported Housing projects all attest to MDCH's commitment to citizens with serious mental illness living in Michigan's rural areas.

Other projects, such as the Elderly Mental Health Accessibility Initiative faced many challenges in distributing resources, education, and treatment. The project was presented to the Advisory Council on Mental Illness (ACMI), where the workplan, objectives, and activities were reviewed. The project had many difficulties in identifying and engaging people identified with serious mental illness. The project was revised because the hired peer and counselor did not have enough consumers to work with. The ACMI was helpful and supportive of the project and acknowledged both how difficult it can be and how important it is to provide services in rural communities. This project continues to persevere. All of these specialized program areas continue to be priorities to making mental health care available and accessible in Michigan's rural areas.

Trauma

Work continues to move the public mental health system to one that is trauma-informed. Trauma histories are very common in people with mental illness. Being aware of the issues and addressing them during the person-centered planning process, services, and service delivery is very important.

Block grant projects have been funded to address trauma during the last two years. These projects include bringing in nationally known speakers and trainers to complete learning sessions with CMHSP staff throughout Michigan. Approximately 500 people participated in six regional trainings. There was also individual CMHSP training by five of our county agencies. Addressing trauma will continue to be part of Michigan's system of care with further statewide and local initiatives.

ADULT BLOCK GRANT PROJECTS FUNDED FOR FY08

PIHP/CMHSP	Project Name	Contracted Amount
Allegan County CMH Services	Drop-in Center Enhancement	\$20,000
Allegan County CMH Services	Cultural Competency in Mental Health - Latino Services	\$50,000
Allegan County CMH Services	Wraparound Services for Older Adults	\$50,000
Allegan County CMH Services	Anti-Stigma	\$2,051
Assertive Community Treatment Association (ACTA)	Assertive Community Treatment Statewide Training Initiative	\$111,000
Barry County CMH Authority	Lighthouse on the Lake Center, Inc., Drop-in Enhancement	\$23,461
Bay Arenac Behavioral Health dba Access Alliance of Michigan	Family Psychoeducation	\$82,345
Bay Arenac Behavioral Health dba Access Alliance of Michigan	IDDT Implementation Continuation Grant	\$80,000
Bay-Arenac Behavioral Health	Standish Friends Society Drop-in Center Enhancement	\$15,000
Bay-Arenac Behavioral Health	Chores R Us, Inc. Operational maintenance and equipment enhancement	\$7,000
Bay-Arenac Behavioral Health	Equipment Replacement and Clubhouse Renovations	\$8,148
Bay-Arenac Behavioral Health	Trauma Education	\$12,000
Bay-Arenac Behavioral Health	Certified Peer Support Specialists Staff Development	\$32,744
Berrien Mental Health Authority	Community Inclusion Activities	\$1,800
Berrien Mental Health Authority	Homeless System Transformation Grant	\$32,578
CEI CMH Authority	Creative Recovery	\$8,527
CEI CMH Authority dba CMH Affiliation of Mid-Michigan	Family Psychoeducation	\$80,000
Central Michigan CMH	Jail Diversion / Peer Support Initiative	\$81,135
Central Michigan CMH	Peer Support Respite Program - Midland	\$2,572
Central Michigan CMH	Co-occurring Disorders Infrastructure Development	\$59,476
Central Michigan CMH	Homelessness/Systems Transformation Project	\$38,931
Copper Country CMH Services	Directions Unlimited, Inc. Drop-in Equipment	\$4,360

PIHP/CMHSP	Project Name	Contracted Amount
Detroit-Wayne County CMH Agency	ACT Co-occurring Services (New Center)	\$20,455
Detroit-Wayne County CMH Agency	Employment Options (Development Centers, Inc.)	\$99,780
Detroit-Wayne County CMH Agency	Access Center for Psychological Trauma (ACCESS)	\$100,000
Detroit-Wayne County CMH Agency	Recovery - Peer Support Specialists (Lincoln Behavioral Services)	\$71,578
Detroit-Wayne County CMH Agency	Peer Support Employees Program (New Center)	\$83,607
Detroit-Wayne County CMH Agency	System Transformation: Recovery Peer Support Specialist (Northeast Guidance Center)	\$89,306
Detroit-Wayne County CMH Agency	Peer Support Specialist Criminal Justice Intervention (Detroit Central City)	\$40,280
Detroit-Wayne County CMH Agency	Home Care (Southwest Counseling Solutions)	\$27,937
Detroit-Wayne County CMH Agency	Assertive Community Treatment (Community Care Services)	\$32,000
Detroit-Wayne County CMH Agency	Case Management Hospital Outreach Specialist (Community Care Services)	\$98,250
Detroit-Wayne County CMH Agency	ACT Peer Support Specialists (Community Care Services)	\$97,750
Detroit-Wayne County CMH Agency	Comprehensive Systems Transformation - Co-occurring Disorders	\$1,002,126
Detroit-Wayne County CMH Agency	Comprehensive Systems Transformation - Supported Employment	\$1,756,890
Detroit-Wayne County CMH Agency	Comprehensive Systems Transformation - Supported Housing	\$1,303,213
Genesee County CMH Services	Co-occurring Disorders: Integrated Dual Disorders Treatment	\$80,150
Gerontology Network	CBT Training	\$36,000
Gratiot County CMH Services	MH Recovery System of Care	\$19,008
Hiawatha Behavioral Health	Recovery Center	\$12,764
Huron Behavioral Health	Consumer Run Drop-in Enhancement	\$13,300
Huron Behavioral Health	Anti-Stigma Project	\$20,850
Inter-Tribal Council of Michigan	Mental Health and Aging Project	\$14,056
Ionia County CMH	Supported Housing	\$30,731
Ionia County CMH	Recovery	\$3,750

PIHP/CMHSP	Project Name	Contracted Amount
Justice in Mental Health Organization (JIMHO)	Director's Meetings and Self-Help Groups	\$79,100
Kalamazoo CMH and Substance Abuse Services	Certified Peer Support Specialist Continuing Education	\$58,900
Kalamazoo CMH and Substance Abuse Services	Healing from Trauma - A Trauma Recovery Planning Group	\$30,000
Kalamazoo CMH and Substance Abuse Services	Michigan Clubhouse Training Initiative	\$75,000
Kalamazoo CMH and Substance Abuse Services	Homelessness/Systems Transformation Project	\$60,988
Kalamazoo CMH and Substance Abuse Services	Recovery Institute	\$37,781
Kalamazoo CMH dba Southwest MI Urban and Rural Consortium	Region-wide Dual Disorder Capability and Stage-Matched Interventions	\$98,384
Kalamazoo CMH dba Southwest MI Urban and Rural Consortium	Family Psychoeducation	\$109,467
Lansing Community College	Dementia Curriculum Consultation & Technical Assistance	\$2,850
Lansing Community College	Older Adult Regional Meetings Enhancement	\$7,300
Lansing Community College	Dementia Direct Care Worker Trainings	\$12,750
Lapeer County CMH Services	Drop-in Center Community Inclusion Enhancements	\$5,000
Lapeer County CMH Services	Clubhouse TEP and Long-Term Housing Assistance Services	\$58,762
Lapeer County CMH Services	Consumer Leadership Institute	\$42,700
Lapeer County CMH Services	Homeless Services for Persons with Co-occurring Disorders	\$37,603
Lapeer County CMH Services	Peer Support Specialists	\$12,043
LifeWays	Enhanced Adult Jail Diversion	\$61,400
LifeWays	Hillsdale County Drop-in Center	\$8,732
LifeWays	Co-occurring Disorders: Integrated Dual Disorder Treatment	\$112,273
LifeWays	Anti-Stigma Campaign	\$9,400
Macomb County CMH Services	Implementation of Family Psychoeducation in Macomb County	\$70,000
Macomb County CMH Services	Development of Mental Health "Urgent Care" Units in MCCMH Service Settings	\$100,000

PIHP/CMHSP	Project Name	Contracted Amount
Macomb County CMH Services	Implementation of a Housing Resource Center for Adults with SMI	\$100,000
Macomb County CMH Services	Consumer-created Video Regarding Recovery Process and Stigma Prevention	\$35,000
Macomb County CMH Services	Drop-in Center Enhancement and Supported GED Achievement	\$2,700
Macomb County CMH Services	Development of Consumer Cooperative in Macomb County	\$61,900
Macomb County CMH Services	Coordinated Homeless Housing Resource Center	\$72,119
Macomb County CMH Services	Development of an Outreach Team for Chronically Homeless Adults w/SMI	\$50,000
Manistee-Benzie CMH	Drop-in Enhancement for Benzie Community Drop-in Center	\$6,250
Manistee-Benzie CMH	Drop-in Enhancement for Manistee Friendship Drop-in Center	\$6,425
Manistee-Benzie CMH	Mental Illness and Income Development	\$35,632
Michigan Association of Community Mental Health Bds.	Mental Health Training Contract	\$1,477,000
Michigan Public Health Institute	ACT Field Guide Printing	\$3,000
Michigan State University	Employment and Clubhouse Services	\$87,127
Michigan State University	Creating a Quality Improvement Tool for Clubhouses	\$10,427
Michigan State University	Wraparound Data Analysis for Older Adults	\$10,061
Michigan State University	Community Lodges for Promoting Employment & Recovery	\$12,522
Muskegon County CMH dba Lakeshore Behavioral Health Alliance	Co-occurring Disorders: Integrated Dual Disorders Treatment	\$35,000
Muskegon County CMH dba Lakeshore Behavioral Health Alliance	Evidence-Based Practice Supported Employment Implementation	\$35,325
Muskegon County CMH dba Lakeshore Behavioral Health Alliance	Family Psychoeducation Enhancement Project	\$50,512
Muskegon County CMH dba Lakeshore Behavioral Health Alliance	WRAP the Affiliation - Implementation of the WRAP Program	\$26,000
Muskegon County CMH Services	Recovery Cooperative of Muskegon	\$100,000
Muskegon County CMH Services	Speakers' Bureau	\$15,000

PIHP/CMHSP	Project Name	Contracted Amount
Muskegon County CMH Services	Anti-Stigma Performance Initiative	\$30,912
Muskegon County CMH Services	Health and Wellness Education Program	\$12,000
NAMI Michigan	Executive Director	\$90,000
network180	Training for MI Staff in Trauma-Informed and Trauma-Specific Treatment	\$28,500
network180	Recovery Video	\$22,500
network180	Certified Peer Support Specialists Staff Development	\$34,000
network180	Community Collaboration: The Asian Center	\$31,600
network180	Drop-in Program Enhancement	\$17,000
network180	Family Psychoeducation	\$61,913
network180	Pre-Booking Jail Diversion for Adults with Mental Illness and Co-occurring Disorders	\$50,000
network180	Specialized Community Living Supports	\$48,865
network180	Peer Support Specialists in EBP Supported Employment	\$11,500
North Country CMH	Faces of Recovery - Anti-Stigma Project	\$5,000
North Country CMH dba Northern Affiliation	Co-occurring Disorders: Integrated Dual Disorders Treatment	\$78,605
Northern Lakes CMH Authority	Supported Housing	\$26,026
Northern Lakes CMH Authority	Drop-in Program Development or Enhancement - Equipment (Chat Room)	\$6,450
Northern Lakes CMH Authority	Interventions to Address Difficult Behaviors Among Persons with Cognitive Impairment	\$40,000
Northern Lakes CMH Authority	Anti-Stigma	\$50,000
Northern Lakes CMH Authority	CVM, Inc. Action Plan 2007/2008	\$22,875
Northern Lakes CMH Authority	Recovery	\$50,000
Northern Lakes CMH Authority dba Northwest Affiliation	Co-occurring Disorders Enhancement	\$46,000
Northern Lakes CMH Authority dba Northwest Affiliation	Family Psychoeducation	\$68,000
Oakland County CMH Authority	Crisis Recovery Services - Living Room	\$100,000

PIHP/CMHSP	Project Name	Contracted Amount
Oakland County CMH Authority	CHN Housing Transition Training for Adults with SMI and Their Families	\$70,000
Oakland County CMH Authority	South Oakland Drop-in Enhancement	\$8,820
Oakland County CMH Authority	Comfort Zone Drop-in Enhancement	\$4,800
Oakland County CMH Authority	Recovery and Evaluation	\$22,580
Oakland County CMH Authority	Evidence-Based Supported Employment	\$50,000
Oakland County CMH Authority	Coordinated Homeless Housing Resource Center	\$72,119
Oakland County CMH Authority	Supported Housing for Young Adults	\$36,907
Oakland County CMH Authority	Anti-Stigma Program	\$37,533
Oakland County CMH Authority	Evidence-Based Supported Employment	\$25,730
Pathways	Brantley Drop-in Center	\$7,350
Pathways	Wraparound Services for Adults with Alzheimer's	\$50,000
Pathways dba NorthCare	Co-occurring Disorders: Integrated Dual Disorders Treatment	\$62,579
Pathways dba NorthCare	Together in Recovery - The 2nd UP Consumer Conference	\$16,535
Pines Behavioral Health Services	Trauma Recovery Program	\$27,000
Pines Behavioral Health Services	Hispanic Outreach Program	\$67,400
Pines Behavioral Health Services	Alzheimer's Respite Program	\$60,724
Pines Behavioral Health Services	Healthy Ideas: Identifying Depression Empowering Activities for Seniors	\$81,400
Saginaw County CMH Authority	COD:IDDT Enhancement	\$25,500
Saginaw County CMH Authority	Becoming a Trauma-Informed Community	\$24,000
Saginaw County CMH Authority	Certified Peer Support Specialists Staff Development	\$22,000
Saginaw County CMH Authority	Clubhouse Training	\$6,300
Saginaw County CMH Authority	Supported Housing	\$100,000
Saginaw County CMH Authority	Housing Resource Center	\$66,745

PIHP/CMHSP	Project Name	Contracted Amount
Saginaw County CMH Authority	Family Psychoeducation	\$70,000
Saginaw County CMH Authority	Case Management Expansion	\$50,000
Saginaw County CMH Authority	Recovery Training Initiative	\$22,700
Shiawassee County CMH Authority	Anti-Stigma Campaign	\$47,600
Shiawassee County CMH Authority	Drop-in Center Enhancement	\$5,274
Shiawassee County CMH Authority	Peer Support Specialist Services	\$29,000
St. Clair County CMH Authority	Port of Hopes Drop-in Center Enhancements	\$7,400
St. Clair County CMH Authority	Port of Hopes Project Stay Enhancements	\$2,430
St. Clair County CMH Authority	Clubhouse Program: Supported Employment Kiosk	\$67,758
St. Clair County CMH Authority	Housing Resource Center	\$38,611
St. Clair County CMH Authority	Writing & Recovery: An Anti-Stigma Grant	\$15,802
St. Clair County CMH Authority	ACT: Peer Support "Co-occurring" Specialist	\$11,024
St. Clair County CMH Authority	Elderly Mental Health Accessibility Initiative	\$13,275
St. Joseph County CMH Services	Jail Diversion Program	\$56,454
Summit Pointe	Peer Supports for Homeless in Permanent Supported Housing	\$64,386
Summit Pointe dba Venture Behavioral Health	Co-occurring Disorders: Integrated Dual Disorders Treatment	\$70,000
Washtenaw Community Health Organization	Full Circle Drop-in Center Furnishings and Equipment	\$15,253
Washtenaw Community Health Organization	Training in Cognitive Therapy of Schizophrenia	\$15,700
West Michigan CMH System	Peer Support Specialist Training Project	\$14,722
	TOTAL	\$11,674,499

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

Three opportunities to improve the system of care for children were identified in the FY2008 Application. They included: 1) decreasing differences in the array of services available at the local level; 2) expanding current innovative projects; and 3) increasing services to children in foster care.

The Michigan Department of Community Health (MDCH) responded to these opportunities through the Request for Proposal (RFP) process to allocate the Mental Health Block Grant and also through collaborative efforts with system partners.

The FY2008 RFP process promoted system of care development through the use of Mental Health Block Grant funds. There was a specific emphasis placed upon Community Mental Health Services Programs' (CMHSPs) planning with community partners to identify needs and then addressing those needs through the creation of services and projects. The RFP was very broad in nature and requested CMHSPs to begin or continue comprehensive planning to meet the needs of children with serious emotional disturbance. Approximately \$5 million in block grant funds were awarded in FY2008 to support system of care development. Prior RFPs were focused on specific areas of the system of care, while this RFP allowed for greater flexibility based on the needs and priorities of the local communities. CMHSPs were encouraged to specifically focus on how to better serve those youth with serious emotional disturbance that are in the child welfare or juvenile justice systems. This process addressed all three areas previously identified as opportunities for improvement: 1) Decrease differences in the array of services available at the local level; 2) expanding current innovative practices; and 3) expanding services to children in foster care, and as one step toward improving outcomes for children in child welfare and juvenile justice.

To address the differences in access and service array, a partnership between MDCH and the PIHPs/CMHSPs was formed to develop various policy standards that would create more uniformity across the service system. The Standards Group is comprised of MDCH staff, representatives of the 18 PIHPs consumers and parents. The access eligibility workgroup of The Standards Group developed a standard policy guideline that addresses access processes and decision making. The guideline was put out for field review in May 2007 and, as of FY2009, it has now become an attachment to the MDCH contract with PIHPs and CMHSPs. In addition, MDCH Division of Mental Health Services to Children and Families convened a group of stakeholders including mental health clinicians and a parent to revise specific access criteria for children birth through 3 years, 4 through 6 years, and 7 through 17 years with serious emotional disturbance. The proposed revised criteria were developed and distributed in late FY 2007. In FY 2008, the access/eligibility criteria were issued as a Technical Advisory for use by the field. It is anticipated that ultimately this criteria will also become part of the MDCH contract with PHIPs/CMHSPs in FY2010.

Additionally, MDCH staff has been meeting regularly with the Michigan Department of Human Services staff (child welfare) to determine a way to better serve children in foster care that have a serious emotional disturbance. Also, additional Medicaid funding was added to the Medicaid capitation for mental health specialty services and supports targeting increased access for children with serious emotional disturbance and/or developmental disabilities and specifically targeting children who are also involved with foster care or have experienced abuse or neglect. Specific performance criteria with regard to increasing the number of children served by CMHSPs, and more specifically children in the child welfare system, was developed to be included in contracts with CMHSPs/PIHPs in FY2009. MDCH expects to see an increase in numbers of children served and in expenditures for services to children.

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

Proposals submitted for funding in FY2008 continued to show increased creativity and innovation and focus on sustainability. Additionally, the Michigan Department of Community Health (MDCH) has continued to make strides in implementing evidence-based practices and outcomes management with Community Mental Health Services Programs (CMHSPs) throughout the state.

The Request for Proposals for FY2008 continued to promote system of care development through the use of Mental Health Block Grant funds. This RFP was very broad in nature and requested CMHSPs to begin or to continue comprehensive planning to meet the needs of children with serious emotional disturbance. Approximately \$5 million in block grant funds were awarded in FY2008 to support system of care development. CMHSPs were encouraged to specifically focus on how to better serve those youth with serious emotional disturbance that are in the child welfare or juvenile justice systems. This process addressed two of the three areas previously identified as opportunities for improvement and is one step toward improving outcomes for children in child welfare and juvenile justice.

Projects supported as a result of this RFP include: wraparound; screening of mental health needs for youth involved in juvenile justice; early childhood mental health programming; implementation of evidence-based practices including Parent Management Training – Oregon Model, Multi-Systemic Therapy, Multi-Dimensional Treatment Foster Care and Trauma Focused Cognitive Behavior Therapy. Many projects requested and were approved for funding for multiple years. The following projects made significant gains toward transforming public mental health services in for children in Michigan in FY2008:

Regional Parent Management Training – Oregon Model (PMTO) Training for Clinicians

MDCH has continued supporting CMHSPs to receive training in PMTO, which is an evidence-based practice for working with children and families developed by Gerald Patterson in the 1960s. PMTO is tailored to work for serious behavior problems for youth from preschool through adolescence. PMTO is a family intervention designed to empower parents, identify and build on the strengths of the family, and provide skills training in effective parenting practices. The skills training focuses on skill encouragement, limit setting, monitoring/supervision, family problem solving, and positive involvement. MDCH has successfully established a system of regional training for PMTO in FY2008. This has been an extremely challenging undertaking, and MDCH continues to work with regional trainers and consultants to refine and improve the process of expanding the training of clinicians in this evidence-based practice.

Training Cohorts in Trauma Focused Cognitive Behavioral Therapy

In FY2008, MDCH supported the completion of the first of four planned training cohorts in TFCBT. CMHSPs were eligible to submit applications to send clinicians to be trained in this evidence-based practice. There was overwhelming response from CMHSPs wanting to participate in this training and be able to add TFCBT to the services they can offer to children with serious emotional disturbance, especially those who have experienced abuse and/or neglect. The training being offered includes an adaptation of TFCBT for use in home-based services. 48 clinicians and supervisors have participated in the first cohort or have been accepted into the second cohort which begins in November 2008. The long term plan is to offer two more training cohorts, the fourth one to be presented by local trainers. Then the focus will turn to statewide

rollout strategies. This has been an exciting development in expanding the array of evidence-based practices available in the state of Michigan.

Michigan Level of Functioning Project (MLOF)

The MLOF has led to Michigan being a national leader in outcomes management for youth with serious emotional disturbance. MLOF uses the Child and Adolescent Functional Assessment Scale (CAFAS) (Hodges, 2000) to assess children with serious emotional disturbance upon entry into services through CMHSPs and then requires quarterly assessments of children and an assessment at exit from services. CMHSPs are provided with reports that can help to monitor progress for individual children and their families and this information can be used with families in making decisions about treatment through family-centered practice. Training for clinicians on how to effectively use CAFAS information in treatment has been formalized and is available to CMHSPs. The data collected has led to improved outcomes management for children with serious emotional disturbance and their families and the identification of areas that could be improved in the system of care. Michigan continues to look for ways to transform the system of care and provide data based decisions.

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.

Managing and developing the system of care

Michigan is transforming its system by reducing fragmentation and supporting developing systems of care. Michigan has had Community Collaboratives established for over twenty years covering every county in the state. The Community Collaborative is an inclusive planning and implementation body of stakeholders organized at either the county or multi-county level. The Community Collaboratives articulate a shared vision and mission to improve outcomes for children and families through sharing risk, making decisions concerning use of funds, facilitating cross-systems arrangements, and making joint programming and policy decisions. The Community Collaboratives are involved with supporting and implementing a number of collaborative initiatives described below, such as Wraparound; Mental Health Juvenile Justice Screening, Assessment, and Diversion; Evidence-Based Practices; Michigan Level of Functioning Project; and improving family voice and choice.

Wraparound

Wraparound is a planning process that is used for children and families that are in multiple systems and are determined by the community team to be eligible for wraparound services. Michigan has been a leader in the development and implementation of the wraparound process. Wraparound is available statewide and is a Medicaid covered service under the 1915(b)/(c) mental health managed care waiver. Wraparound training is provided in partnership with the Department of Human Services (DHS) which includes youth and parent trainers. DHS has also contributed substantial funds to implement wraparound. Michigan has continued to make progress in developing a fidelity evaluation system and provides ongoing training to help ensure fidelity to the process. Supporting the wraparound process is part of Michigan's transformation strategy to develop an individualized plan of care for children with a serious emotional disturbance. In addition, funding for Michigan's 1915(c) Home and Community-Based Waiver for Youth with a Serious Emotional Disturbance (SEDW) has been renewed for another five years. This waiver has and will continue to help Michigan transform its system and expand wraparound services across the state. Wraparound provides a good practice model for line workers to provide individualized family-centered services.

Evidence-Based Practices

As part of its transformation plan, Michigan is also implementing evidence-based practices (EBPs) within the framework of an individualized family-centered planning process. Several models of practice are being supported with block grant funding and in this process MDCH is expecting to determine which EBPs are most cost-effective and have the greatest positive impact on children and families in Michigan. Outcome data from The Michigan Level of Functioning Project has led to decisions about which EBP models to develop, train staff in and implement, while efforts such as wraparound and family-centered practice have been utilized to improve the process and manner in which family and youth voice and choice is incorporated into such practices. Two EBPs that were expanding across the state in FY2008 are: Parent Management Training-Oregon Model (PMTO) and Multi-Systemic Therapy (MST). PMTO is a manualized treatment that focuses on positive skill encouragement, limit setting, monitoring/supervision, family

problem-solving, and positive youth involvement. Regional training is now available statewide. MST is designed for children with conduct disorders who are involved with the juvenile justice system. There are currently five communities where the court and Community Mental Health Services Programs (CMHSP) are coordinating (sharing funding and training staff) to implement MST. Also in FY2008, Michigan began to implement a system of training for Trauma Focused Cognitive Behavior Therapy which could be accessed by CMHSPs statewide. The hope is that this EBP will be used in providing services to children who have experienced abuse and neglect.

Michigan Level of Functioning Project (MLOF)

The MLOF uses the Child and Adolescent Functional Assessment Scale (CAFAS) to gather data about children receiving services from the children’s public mental health system and then utilizes this data in three primary areas. These include: 1) identifying evidenced-based practices to be implemented; 2) improving access to services; and 3) improving the quality of existing services in the system, such as home-based services. Outcome data was utilized to help determine which evidence-based practice can be most helpful to Michigan in improving services to children and families. The data has also been used to develop guidelines for access to services provided by the PIHPs/CMHSPs in order to develop more uniform decision making across the mental health system. In addition, this data has been used to identify promising practices within the CMHSP programs that are using data to monitor themselves to improve existing services.

Improving Family Voice and Choice in Policy Development, Planning, Training, and Request for Proposal (RFP) Reviews

Michigan is constantly looking for new and creative ways to involve families in policy development, planning, training, and in the block grant. Family members are involved in reviewing RFPs and making recommendations for which PIHP/CMHSP proposals will receive funding. Youth and families are involved in the wraparound steering committee, training and technical assistance workgroups, many early childhood projects, and numerous other committees that have been formed related to children’s mental health services. The chairperson for the Advisory Council on Mental Illness (ACMI) is currently the parent of a child with a serious emotional disturbance. MDCH has begun the process of formalizing parent-to-parent support services in hopes of making it easier for communities to initiate or strengthen these services for their own local families. In FY2008, the first ever youth representative joined the ACMI. Michigan is also working on other ways to strengthen youth voice by investigating youth-to-youth support and continuing to involve youth in other leadership opportunities and in training.

Below are the projects that were funded in FY2008 with block grant dollars:

FY 08 PROPOSALS		
CHILDREN'S MENTAL HEALTH BLOCK GRANT		
PCA	CONTRACT TITLE	AMOUNT
08-27839	ACMH Family Advocacy Project	154,199.00
08-27887	CEI JJD Training and TA	66,615.00
08-27430	CEI Trauma Informed CBT Coordination and Training	127,761.00
08-27842	EMU LOF Project	100,294.00

	EMU for PECFAS Training and Data	10,000.00
08-27928	John Franz Consulting	6,000.00
08-27899	MACMHB Training ISII	100,000.00
08-27846	MPHI Family Centered Practice	266,415.00
08-27870	Miles Consulting	24,900.00
08-27760	SEMHA Community Collaborative	108,954.00
08-27432	SEMHA Home Based Study	10,000.00
08-27431	CMH DECA IT Pilot Training and Evaluation (SEMHA)	7,137.00
08-27929	Parent Leadership Training	20,000.00
08-27957	Random Moment Sampling	68,498.00
08-27802	ACMI Parent Support	2,000.00
	Infant Mental Health Courts (SEMHA)	30,000.00
08-27850	CSSM	4,000.00
08-27801	MHSCF Travel	9,136.00
08-27800	MHSCF Staff	142,526.00
08-27958	MHSCF Staff Indirect	10,333.00
08-27840	MSU Wraparound Fidelity Instrument Development	30,811.00
08-27428	PMTO Trg Support North Care PIHP (Pathways)	50,000.00
08-27426	PMTO Trg Support CMH for Central MI PIHP (Central)	50,000.00
08-27427	PMTO Trg Support SW MI Urban & Rural Cons PIHP (Net 180)	50,000.00
08-27425	PMTO Trg Support CMH Partnership of SE MI (Washtenaw)	50,000.00
08-27429	PMTO Trg Support CMH Affiliation of Mid MI PIHP (CEI)	50,000.00
	Wraparound Coaching & Fidelity Monitoring (MPHI)	25,000.00
	Wraparound Web Based Data Collection (D.Young)	40,000.00
	Youth Peer to Peer Training (ACMH)	24,000.00
08-27854	Trauma Informed Training & TA (Livingston)	20,000.00
08-27959	Allegan Early Risers Program	50,000.00
08-27886	Allegan JJ Diversion	40,000.00
08-27803	Allegan Wraparound	40,000.00
08-27409	Allegan Child Expulsion Prevention	75,000.00
08-27960	AuSable Valley Functional Family Therapy	17,478.00
08-27961	AuSable Valley MTFC	27,500.00
08-27878	Bay-Arenac JJ Diversion	34,450.00
08-27424	Bay-Arenac Youth Education Program	5,110.00
08-27964	CMHCM Clare/Gladwin JJ Diversion	35,700.00
08-27965	CMHCM Mecosta/Osceola JJ Diversion	35,700.00
08-27755	CMHCM Midland JJ Diversion	34,150.00
08-27966	CMHCM Structured Mentoring	12,000.00
08-27806	CMHCM Wraparound	25,000.00
08-27410	CMHCM HOPE Campaign Youth Suicide	57,329.00
08-27967	Copper Country Aggress. Repl. Training	50,000.00
08-27517	Copper Wraparound	35,000.00
08-27844	Detroit-Wayne Child	1,043,582.00
08-27888	Genesee JJ Diversion	50,000.00
08-27745	Genesee MST	48,460.00
08-27761	Gratiot JJ Diversion	54,975.00
08-27810	Gratiot Wraparound	11,000.00

08-27808	Hiawatha Wraparound	6,250.00
08-27747	Ionia JJ Diversion	50,000.00
08-27812	Ionia Wraparound	25,000.00
08-27813	Kalamazoo Wraparound	50,000.00
08-27411	Kalamazoo PMTO Training & TA	130,697.00
08-27814	Lapeer Wraparound	50,000.00
08-27412	Lapeer Infant/Young Child Mental Health	34,620.00
08-27890	Lifeways JJ Diversion	33,000.00
08-27750	Lifeways MST	22,250.00
08-27413	Macomb Prep Parent/Rela SED Children	75,000.00
08-27414	Macomb No SEDW Treatment FC SED Ch	75,000.00
08-27862	Manistee-Benzie Wraparound	66,000.00
08-27759	Monroe Therapeutic Foster Care	50,000.00
08-27807	Muskegon Family Resource Centers	37,178.00
08-27851	network180 MST	50,000.00
08-27830	network180 Respite	43,606.00
08-27852	network180 TeenScreen	29,339.00
08-27416	North Country System of Care Development	40,900.00
08-27417	Northeast MI System of Care Planning	46,381.00
08-27540	Northern Lakes Respite	25,000.00
08-27418	Northern Lakes System of Care Advancement	20,000.00
08-27541	Northern Lakes Wraparound	34,273.00
08-27419	Oakland Access Parent Guides	75,000.00
08-27420	Saginaw DHS FC Worker CAFAS Training	12,474.00
08-27421	Saginaw System of Care Planning & Implementation	75,000.00
08-27860	Sanilac Infant Mental Health	43,429.00
08-27885	Sanilac JJ Diversion	12,875.00
08-27863	Sanilac MST	43,429.00
08-27821	Shiawasee Wraparound	43,427.00
08-27895	St. Clair Juvenile Justice Screening	46,821.00
08-27422	St. Clair Wraparound	49,285.00
08-27866	St. Joseph Infant Mental Health	34,657.00
08-27535	Summit Pointe Out & About	5,000.00
08-27824	Van Buren Wraparound	50,000.00
08-27875	WCHO Youth Aging Out of Foster Care	50,000.00
08-27826	WCMHS Wraparound	20,920.00
08-27876	WCMHS Youth & Family Enrichment	50,000.00
08-27423	Woodlands (Cass) Wraparound	51,600.00
	TOTAL	5,099,424.00

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	135,352	138,505	135,650	147,559	108.78
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Maintain or increase access to services for adults with mental illness.

Target: Maintain services for adults with mental illness.

Population: Adults with mental illness

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: The number of adults with mental illness served by CMHSPs.

Measure: Count of adults with mental illness served by CMHSPs.

Sources of Information: FY 2007 Section 404 Quality Improvement File

Special Issues:

Significance: Adults with mental illness who rely upon publicly-supported services need access to the array of community-based services to promote recovery.

Activities and strategies/ changes/ innovative or exemplary model: As stated in the Michigan Mental Health Customer Services Standards and Access Standards, public mental health agencies must assure a welcoming culture to facilitate information on service options. For persons not on Medicaid, effective October 1, 2008, CMHSPs must keep names of people not able to access care on waiting lists.

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	13	11.39	12.70	12.70	100
Numerator	606	505	--	600	--
Denominator	4,663	4,432	--	4,723	--

Table Descriptors:

Goal: Increase reliance on community-based alternatives to inpatient care.

Target: To maintain or decrease the percent of adults with mental illness readmitted to inpatient psychiatric care within 30 days of discharge.

Population: Adults with Mental Illness

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The number of adults with mental illness who are re-hospitalized within 30 days of discharge.

Measure: Numerator: The number of adults with mental illness discharged within a quarter and re-admitted to inpatient psychiatric care within 30 days of discharge.
Denominator: Total number of adults with mental illness who are discharged from inpatient psychiatric care within a quarter.

Sources of Information: Michigan Performance Indicator Final Report for the period October 1, 2007 to December 31, 2007 (Indicator #12b).

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: In June 2008, the Health Services Advisory Group (HSAG) completed their report from tracking the results of this indicator. This will be a performance improvement project for FY09 for those PIHPs/CMHSPs that did not meet the standard.

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	21.25	19.93	19.70	19.59	100.56
Numerator	3,609	3,507	--	2,960	--
Denominator	16,982	17,593	--	15,113	--

Table Descriptors:

Goal: Increase reliance on community-based alternatives to inpatient care.

Target: By 2007, establish the percent of adults with mental illness readmitted to inpatient psychiatric care within 180 days of discharge.

Population: Adults with mental illness

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The number of adults with mental illness who are re-hospitalized within 180 days of discharge.

Measure: Numerator: The number of adults with mental illness who are re-hospitalized within 180 days of discharge.
Denominator: Total number of adults with mental illness who are discharged from inpatient psychiatric care.

Sources of Information: FY2007 Section 404 Quality Improvement File / Encounter Data for FY2007.

Special Issues: Currently, the PIHPs report hospital lengths of stay by indicating the number of days of stay. As individuals may have lengthy stays and hospital encounters are reported in varying time segments, the date of discharge is not always clear. Garnering this information is complicated and time-consuming and resources are limited.

Significance: For some adults with mental illness, the occasional use of inpatient psychiatric care is necessary. The percent of adults with mental illness readmitted to inpatient psychiatric care within 180 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: MDCH is implementing programming to improve the data and is also working with the PIHPs to implement reporting methods that will result in data that is more easily interpreted.

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Housing
(Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	1,110	1,120	1,150	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

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: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The number of adults with mental illness living in supported independent housing.

Measure: Count of adults with mental illness living in supported independent housing.

Sources of Information: FY2007 Section 404 Quality Improvement File / Encounter Data for FY2007

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: MDCH will continue to apply for Shelter Plus Care and Supportive Housing Program resources for rental assistance and has awarded block grants for development of Housing Resource Centers to Lapeer County CMH Services, CMH for Central Michigan, St. Clair County CMH Authority, Oakland County CMH Authority, Kalamazoo CMH & Substance Abuse Services, Macomb County CMH Services, Berrien Mental Health Authority, Saginaw County CMH Authority, and network180 (Kent County).

Target Achieved or Not Achieved/If Not, Explain Why: The FY 2007 actual number of persons receiving Supported Housing has been updated to 1,660. The FY 2008 target was 1,120. The FY 2008 actual is 1,951. This target was achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	1,034	N/A	1,055	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

- Goal:** To provide supported employment for 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:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** The number of persons receiving supported employment.
- Measure:** Count of adults with mental illness receiving supported employment (services reported in this indicator are not limited to those following the evidence-based practice model).
- Sources of Information:** FY2007 Section 404 Quality Improvement File / Encounter Data for FY2007
- Special Issues:**
- Significance:** Statewide interest in the implementation of evidence-based supported employment practices has been increased due to system transformation efforts, statewide training, and presentations.
- Activities and strategies/ changes/ innovative or exemplary model:** The Practice Improvement Steering Committee elected Supported Employment as the third adult evidence-based practice for statewide implementation and a Supported Employment subcommittee has been convened to support implementation of the practice. This group consists of employment service and supports coordinators, administrators, peer support specialists, and employment specialists.
- Target Achieved or Not Achieved/If Not, Explain Why:** The FY 2007 actual number of persons receiving Supported Employment has been updated to 3,922. The FY 2008 target was 965. The FY 2008 actual is 3,860. This target was achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	6,650	5,935	5,700	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

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:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** The number of adults with mental illness receiving ACT services.
- Measure:** Count of adults with mental illness receiving ACT services.
- Sources of Information:** FY2007 Section 404 Quality Improvement File / Encounter Data for FY2007.
- 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:** MDCH obtained private funding to evaluate ACT services in the state and now has the ACT Field Guide; a self-assessment/quality improvement tool. The Field Guide to ACT in Michigan is being disseminated throughout the state with instructional field visits and technical assistance. ACT teams, randomly chosen for the final phase of the grant, receive a visit that instructs, assesses and assists with improvement plans. Visits have begun, and a total of 15 teams are projected to receive field visits this year. Teams will be tracked to identify improvements and the effectiveness of the Field Guide; some of the expected percentages may be adjusted to more adequately reflect expectations of the teams as a result of the study.
- Target Achieved or Not Achieved/If Not, Explain Why:** The FY 2007 actual number of persons receiving Assertive Community Treatment has been updated to 5,596. The FY 2008 target was 5,700. The FY 2008 actual is 6,157. This target was achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	783	N/A	650	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide Family Psychoeducation services to all eligible individuals who have it as a goal in their individual plan of service.

Target: To maintain the level of Family Psychoeducation.

Population: Adults with mental illness

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The number of adults with mental illness receiving Family Psychoeducation.

Measure: Count of adults with mental illness receiving Family Psychoeducation.

Sources of Information: FY2007 Section 404 Quality Improvement File / Encounter Data for FY2007.

Special Issues:

Significance: This evidence-based practice provides sophisticated coping skills for handling problems posed by mental illness through a partnership between consumers and their families.

Activities and strategies/ changes/ innovative or exemplary model: All PIHPs have implemented Family Psychoeducation in their regions. In FY10, there will be a contract requirement that this service be available. MDCH will continue to offer technical assistance and statewide training to all PIHPs.

Target Achieved or Not Achieved/If Not, Explain Why: The FY 2007 actual number of persons receiving Family Psychoeducation has been updated to 633. The FY 2008 target was 650. The FY 2008 actual is 820. This target was achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	0	N/A	88	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

- Goal:** To provide evidence-based co-occurring disorders:integrated dual disorder treatment to people in need of this level of services as programs are implemented in the state.
- Target:** To implement COD:IDDT team based services throughout the state. PIHPs will be required to have this service available in FY 2010. Fidelity assessments of the first teams are occurring this fiscal year. Reporting guidelines have been issued by MDCH and after program approval, these evidence-based services can be reported by use of an encounter code modifier.
- Population:** Adults with mental illness
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Adults with mental illness and a substance use disorder receiving co-occurring disorders treatment in COD:IDDT services.
- Measure:** Count of adults with mental illness and a substance use disorder receiving the evidence-based practice of COD:IDDT.
- Sources of Information:** FY2007 Section 404 Quality Improvement File / Encounter Data for FY2007.
- Special Issues:** The integration of mental health and substance abuse treatment for persons with co-occurring disorders has become a major treatment initiative in Michigan. Historically individuals receive sequential or parallel treatment for their co-occurring disorders. The system of care must be able to address individuals with COD at any level of care and able to address specifically those individuals who have multiple needs and treatment through the Evidence-Based Practice: Integrated Dual Disorders Treatment teams. Recent direction from the department has been issued to allow the reporting, for the first time, of integrated services. Separate counts will be kept of COD:IDDT services, and other integrated services meeting criteria established by the department. During FY 2007, 3,252 people were reported as receiving one or more integrated services meeting the department’s criteria. Reporting of services, approved by the department as the evidence-based model of Co-occurring Disorders: Integrated Dual Disorder Treatment, is beginning in FY 2008.
- Significance:** Integrated treatment combines substance abuse and mental health interventions to treat the whole person more effectively. Use of the evidence-based practice is expected to provide better outcomes for consumers with co-occurring disorders needing this intensive level of care.
- Activities and** The concentrated implementation of integrated services including the evidence-based

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

COD:IDDT service, began two years ago under the state's Practice Improvement Steering Committee direction. A COD:IDDT Subcommittee of that committee is actively involved in supporting the initiative. Extensive training and technical assistance at the state and regional level is being provided. Several regions are working with COCE on identification of people with co-occurring disorders. Work is occurring at the system level, the provider level, and the clinician level. A team of peer fidelity assessors has been trained and is conducting pre-readiness, readiness, and initial fidelity reviews of COD:IDDT teams as they are developed. This initiative will continue into the coming years.

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

The FY 2007 actual number of persons receiving Integrated Treatment of Co-Occurring Disorders has been updated to 73. The FY 2008 target was 88. The FY 2008 actual is 90. This target was achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

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:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

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:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	61.30	87.64	88	85.53	97.19
Numerator	160	1,915	--	1,454	--
Denominator	261	2,185	--	1,700	--

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: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

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 ACT services received at PIHP facilities.
Denominator: Number of adults with mental illness who complete the MHSIP survey.

Sources of Information: Mental Health Statistics Improvement Program Consumer Survey General Satisfaction Subscale: Statewide Analysis by ACT Team

Special Issues:

Significance: In 2007, Michigan revised its approach to the collection of MHSIP consumer survey data. Rather than conducting a single statewide probability survey of adults with mental illness, MDCH decided to have the state's 18 PIHPs collect satisfaction information at the program level in order to render the data more relevant for quality improvement purposes.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved at 97.19%. The data section discovered that the calculations were not done correctly for FY 2007, and the numbers were artificially elevated. The FY 2008 target was based on the original FY 2007 calculations, which are currently being re-analyzed.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	15.54	14.50	14.55	12.63	86.80
Numerator	21,027	20,088	--	18,630	--
Denominator	135,352	138,505	--	147,559	--

Table Descriptors:

Goal: Increase opportunities for persons with mental illness to become employed.

Target: To maintain the percentage of adults with mental illness who are employed.

Population: Adults with mental illness

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of adults with mental illness who are employed.

Measure: Numerator: Total number of adults with mental illness served by CMHSPs who are employed.
Denominator: Total number of adults with mental illness served by CMHSPs.

Sources of Information: FY2007 Section 404 Quality Improvement File / Encounter Data for FY2007.

Special Issues: Personal assistance services in the workplace has been approved.

Significance: Meaningful employment is an important component in the recovery of many people with mental illness.

Activities and strategies/ changes/ innovative or exemplary model: MDCH has recently convened a Supported Employment Subcommittee, is working intensively with Michigan Rehabilitation Services, and is using the Medicaid Infrastructure Grant and Freedom to Work program to increase employment opportunities for people with disabilities.

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved at 86.8%. Michigan's unemployment rate remains the highest in the nation at 8.7%. In spite of this, MDCH is diligently working with Michigan Rehabilitation Services to develop a new vision and agreement of how we can work together to create more jobs for consumers. Prepaid Inpatient Health Plans are using block grant funds to hire peer support specialists and employment specialists to increase employment opportunities for consumers.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	7.72	10.20	10.25	10.80	94.91
Numerator	10,444	14,124	--	15,941	--
Denominator	135,352	138,505	--	147,559	--

Table Descriptors:

- Goal:** Decrease criminal justice involvement for adults with mental illness.
- Target:** To maintain or decrease the percentage of adults with mental illness involved in the criminal justice system.
- Population:** Adults with mental illness
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** The percentage of adults with mental illness served through CMHSPs who are involved with the criminal justice system.
- Measure:** Numerator: The number of adults with mental illness who are involved with the criminal justice system.
Denominator: The number of adults with mental illness served through the CMHSPs.
- Sources of Information:** Demographic Data/Encounter Data Set FY 2007
- Special Issues:** The department had a Jail Diversion Data Workgroup meet extensively over the past year to develop a reporting mechanism to report jail diversion electronically. Prior to this, accurate information could only be gleaned through special manual reports. This new system is just beginning to be used so baseline numbers need to be developed to establish meaningful targets. This system allows for the reporting of arrest data, but this data is not readily available to mental health clinicians and is not required to be reported by the CMHSPs.
- Significance:** Many times people with mental illness are arrested and jailed when a more appropriate response is to provide mental health services to support that person in the community. In Michigan, both pre-booking and post-booking jail diversion programs exist and work with law enforcement at the community level continues.
- Activities and strategies/ changes/ innovative or exemplary model:** Each CMHSP has one or more jail diversion programs in place. The department is supporting enhanced mental health/law enforcement partnerships at the local level through provision of a training model designed in one of the successful regions of the state. Training is provided by both mental health and law enforcement staff to teams consisting of mental health and law enforcement staff from communities around the state. The department will be working with CMHSP jail diversion staff on using the new statewide data reporting mechanism for jail diversion activities.
- Target Achieved or** This target was achieved at 94.91%. For fiscal year 2008, the department included a count of

**Not Achieved/If Not,
Explain Why:**

persons with any criminal justice status for this indicator. An increase, rather than a decrease, in this number does not in and of itself indicate improvements or declines in service effectiveness. Reporting of any criminal justice status for individuals served has likely increased during this period where the department and PIHP/CMHSP staff were working on an improved data collection method for jail diversion. Increases in the number of persons diverted from jail receiving mental health services may be considered positive, and better than people going to or remaining in jail. The Michigan Prisoner Release Initiative includes making connections for needed services, including mental health, for people leaving prison. Again, connections to mental health services and supports for this population is positive. The department is not using this measure, which includes all criminal justice statuses, in the fiscal year 09-11 application.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	3.01	3.08	3.05	3.67	83.11
Numerator	4,074	4,260	--	5,413	--
Denominator	135,352	138,505	--	147,559	--

Table Descriptors:

- Goal:** Decrease homeless status for adults with mental illness.
- Target:** To decrease the percentage of adults with mental illness living in either a homeless shelter or are homeless.
- Population:** Adults with mental illness
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** The percentage of adults with mental illness served through CMHSPs who are living in either a homeless shelter or are homeless.
- Measure:** Numerator: The number of adults with mental illness who are living in either a homeless shelter or are homeless.
Denominator: The number of adults with mental illness served through the CMHSPs.
- Sources of Information:** FY2007 Section 404 Quality Improvement File / Encounter Data for FY2007.
- Special Issues:**
- Significance:** An increase in stability in housing is a significant factor in a person’s recovery.
- Activities and strategies/ changes/ innovative or exemplary model:** MDCH will continue to apply for Shelter Plus Care and Supportive Housing Program resources for rental assistance, coordinate with the Michigan State Housing Development Authority to carry out Michigan’s 10-year Plan to End Homelessness, and allocate resources to projects which will work to end homelessness.
- Target Achieved or Not Achieved/If Not, Explain Why:** This target was achieved at 83.11%. There is increased activity in Michigan surrounding outreach programs to the homeless population, including the formation of several Homeless Outreach Teams around the state. However, there is an upsurge in homelessness during difficult economic times, so a decline in the percentage of people who are homeless will be difficult to achieve in Michigan.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	80.55	N/A
Numerator	N/A	N/A	--	1,280	--
Denominator	N/A	N/A	--	1,589	--

Table Descriptors:

Goal: Assure the existence of a quality, comprehensive service array responsive to consumer needs through planning.

Target: To maintain consumer satisfaction regarding Social Connectedness.

Population: Adults with mental illness.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of adults with mental illness who complete the Mental Health Statistics Improvement Programs' (MHSIP) consumer satisfaction survey who are satisfied with Social Connectedness.

Measure: Numerator: Number of adults with mental illness who complete the Social Connectedness portion of the MHSIP that report positively about this service.
Denominator: Number of adults with mental illness who complete the Social Connectedness portion of the MHSIP.

Sources of Information: Mental Health Statistics Improvement Program Consumer Survey General Satisfaction Subscale.

Special Issues:

Significance: In 2007, Michigan revised its approach to the collection of MHSIP consumer survey data. Rather than conducting a single statewide probability survey of adults with mental illness, MDCH decided to have the state's 18 PIHPs collect satisfaction information at the program level in order to render the data more relevant for quality improvement purposes.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why: This is baseline data for this indicator as this is the first year that MDCH has used the expanded 41-item version of the MHSIP. A target was not established in the FY08 application.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	81.33	N/A
Numerator	N/A	N/A	--	1,355	--
Denominator	N/A	N/A	--	1,666	--

Table Descriptors:

Goal: Assure the existence of a quality, comprehensive service array responsive to consumer needs through planning.

Target: To maintain consumer satisfaction with Improvement in Functioning.

Population: Adults with mental illness.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Percentage of adults with mental illness who complete the Mental Health Statistics Improvement Programs' (MHSIP) consumer satisfaction survey who are satisfied with Improvement in Functioning.

Measure: Numerator: Number of adults with mental illness who complete the Improvement in Functioning portion of the MHSIP that report positively about this service.
Denominator: Number of adults with mental illness who complete the Improvement in Functioning portion of the MHSIP.

Sources of Information: Mental Health Statistics Improvement Program Consumer Survey General Satisfaction Subscale.

Special Issues:

Significance: In 2007, Michigan revised its approach to the collection of MHSIP consumer survey data. Rather than conducting a single statewide probability survey of adults with mental illness, MDCH decided to have the state's 18 PIHPs collect satisfaction information at the program level in order to render the data more relevant for quality improvement purposes.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why: This is baseline data for this indicator as this is the first year that MDCH has used the expanded 41-item version of the MHSIP. A target was not established in the FY08 application.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Access - 7 day Follow-up

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	87	90.27	89.33	89.33	100
Numerator	3,161	2,857	--	2,696	--
Denominator	3,635	3,165	--	3,018	--

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:Comprehensive Community-Based Mental Health Service Systems
- Indicator:** The percentage of adults with mental illness discharged from a psychiatric inpatient unit who are seen for follow-up care within 7 days.
- Measure:** Numerator: Number of adults with mental illness seen for follow-up care by CMHSPs within 7 days.
Denominator: Number of adults with mental illness discharged from a psychiatric inpatient unit.
- Sources of Information:** Michigan Performance Indicator Report Consultation Draft for the period October 1, 2007 to December 31, 2007 (Indicator #4a(2)).
- 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:** FY08 will be the third year that the Health Services Advisory Group (HSAG) will be tracking results of this indicator. They have developed plans of corrective action for PIHPs that do not meet this standard. The PIHPs have implemented these plans, resulting in the improvement shown above.
- Target Achieved or Not Achieved/If Not, Explain Why:** This target was achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Access: Face-to-Face

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	99.10	97.90	98.50	98.69	100.19
Numerator	6,635	6,803	--	6,705	--
Denominator	6,696	6,949	--	6,794	--

Table Descriptors:

Goal: Assure access to the comprehensive service array.

Target: To provide a face-to-face meeting within 14 days of non-emergent request for services.

Population: Adults with mental illness

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: The percentage of new adults with mental illness receiving a face-to-face assessment with a professional within 14 calendar days of non-emergent request for service.

Measure: Numerator: Number of new adults with mental illness receiving an initial assessment within 14 calendar days of first request.
Denominator: Number of new adults with mental illness receiving an initial non-emergent professional assessment following a first request.

Sources of Information: Michigan Performance Indicator Report Consultation Draft for the period October 1, 2007 to December 31, 2007 (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: MDCH has set a contractual standard for this indicator. It is expected that these assessments will occur within 14 calendar days 95% of the time. Ongoing contractual monitoring will continue to assure compliance.

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

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Expenditures for Community Care

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	79.61	79.80	80.40	79.11	98.39
Numerator	407,914,959	422,267,254	--	419,731,256	--
Denominator	512,413,668	529,130,676	--	530,579,957	--

Table Descriptors:

Goal: Maintain expenditures for adults with mental illness for community-based care.

Target: To maintain state expenditures for community-based services for adults with mental illness.

Population: Adults with mental illness

Criterion: 5:Management Systems

Indicator: Percent of expenditures for adults 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 Health, Budget Office Data

Special Issues:

Significance: The direction of state funding efforts for mental health services has been moving toward a community-based system from a parallel service provision system. A baseline of 66% was identified in FY97, 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.

Activities and strategies/ changes/ innovative or exemplary model: MDCH is continuing to emphasize recovery-based services in the community.

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved at 98.39%. There was a change in the funding ratio calculation between the state and federal governments. The federal rate for Michigan has increased and state dollars have proportionately decreased.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Percentage Receiving Case Management

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	52.90	47.68	47.95	44.59	93
Numerator	39,200	42,394	--	42,935	--
Denominator	74,053	88,913	--	96,283	--

Table Descriptors:

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

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

Population: Adults with serious mental illness

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Percentage of adults with serious mental illness receiving case management services.

Measure: Numerator: Number of adult recipients who are diagnosed with serious mental illness receiving case management services during the fiscal year.
Denominator: Number of adults with serious mental illness served by CMHSPs during the fiscal year.

Sources of Information: FY2007 Section 404 Quality Improvement File / Encounter Data for FY2007.

Special Issues: Data regarding case management services to individuals who meeting the definition of serious mental illness as described in Public Law 102-321 is requested annually from each CMHSP.

Significance: Assuring access to case management services for adults diagnosed with a serious mental illness is a primary goal of the mental health block grant.

Activities and strategies/ changes/ innovative or exemplary model: To assist in increasing and providing quality case management services for adults with serious mental illness, Michigan has contracted with the Georgia Association of Certified Peer Specialists and has had 217 peers trained in the tool kit supported by SAMHSA. Michigan has also developed a certification process modeled after the successful implementation in Georgia.

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved at 93%. As the number of adults with SMI served by CMHSPs during the fiscal year has increased, the number of adults with SMI receiving case management services has not gone up proportionately. They may have been transitioned to services with lower levels of intensity.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Rural Services Population

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	22.80	N/A	24	33.21	138.38
Numerator	28,913	N/A	--	42,183	--
Denominator	127,009	127,009	--	127,009	--

Table Descriptors:

- Goal:** Increase availability of the service array in rural communities with funds from the Mental Health Block Grant.
- Target:** To assure that block grant funds are used to support mental health services for adults with serious mental illness in rural areas.
- Population:** Adults with serious mental illness
- Criterion:** 4:Targeted Services to Rural and Homeless Populations
- Indicator:** Percentage of rural adults with serious mental illness who receive mental health services.
- Measure:** Numerator: Number of adults with serious mental illness receiving services in rural counties.
Denominator: Total number of adults with serious mental illness in rural counties.
- Sources of Information:** Demographic Data/Encounter Data Set FY 2007; Draft Estimate of the 12-month Prevalence of Serious Mental Illness in Michigan in 2000.
- Special Issues:** Counties in Michigan with populations greater than 250,000 are considered urban. In 2006, eleven counties were considered urban; in 2007 only seven are. These seven counties are: Genesee, Ingham, Kent, Macomb, Oakland, Washtenaw, and Wayne. 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:** MDCH continues to emphasize the importance of rural service initiatives in our annual block grant request for proposals to the PIHPs/CMHSPs.
- Target Achieved or Not Achieved/If Not, Explain Why:** This target was achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	31,623	30,776	31,199	34,745	111.37
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

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 number of children with serious emotional disturbance accessing services, based upon the FY2005 actual rate which was 27,362 children.
- Population:** Children diagnosed with serious emotional disturbance
- Criterion:** 2:Mental Health System Data Epidemiology
3:Children's Services
- Indicator:** Number of children with serious emotional disturbance served by CMHSPs.
- Measure:** Number of children with serious emotional disturbance served by CMHSPs.
- Sources of Information:** CMHSP Data Report and Michigan Level of Functioning Project.
- Special Issues:** 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 specific combinations or levels of CAFAS scores by the number of children reported assessed using the CAFAS. The number reported above is 84% of the total number of children served by CMHSPs each fiscal year. This percentage was increased from 75% to 84% due to a review of CAFAS data in FY08 that determined the percentage of children with SED served (per above CAFAS criteria) is now 84% of the total number of children served by CMHSPs.
- Significance:** The number 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:** Strategies used to meet the target include: 1) Michigan will continue to monitor and gather data on the number of children served by the CMHSPs. 2) Use block grant and possibly new Medicaid funding through the 1915(b) waiver to serve more children with SED. 3) Use the 1915(c)waiver to expand the number of children in child welfare and juvenile justice served.
- Target Achieved or Not Achieved/If Not, Explain Why:** This target was achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	6.20	10.11	15	9.45	158.73
Numerator	172	71	--	76	--
Denominator	2,772	702	--	804	--

Table Descriptors:

- Goal:** Maintain a statewide integrated children’s services system to provide comprehensive community-based care.
- Target:** The percentage of children with serious emotional disturbance readmitted to psychiatric inpatient care within 30 days of discharge will remain under 15%.
- Population:** Children diagnosed with serious emotional disturbance.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- 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:** Strategies used to meet this target include: 1) Michigan will continue to gather data on the number of children readmitted to a inpatient psychiatric hospital within 30 days; 2) Michigan will monitor the CMHSPs that do not meet the 15% standard set by the department; 3) Michigan will publish the results of this indicator and make these available to the public; and 4) Michigan will provide technical assistance to assure compliance with this indicator with the PIHPs/CMHSPs as necessary.
- Target Achieved or Not Achieved/If Not, Explain Why:** This target was achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	18.46	19.73	18.95	13.61	139.24
Numerator	309	474	--	392	--
Denominator	1,674	2,402	--	2,881	--

Table Descriptors:

- Goal:** Percent of children readmitted within 180 days
- Target:** To decrease by 2010 the percent of children with serious emotional disturbance readmitted to inpatient psychiatric care within 180 days of discharge to 18.5%.
- Population:** Children diagnosed with serious emotional disturbance.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** The percentage of inpatient readmissions at 180 days for children with serious emotional disturbance.
- Measure:** Numerator: The number of children with SED readmitted to inpatient psychiatric care within 180 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.
- Significance:** The percent of children with serious emotional disturbance readmitted to inpatient psychiatric care within 180 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:** Strategies used to meet this target include: 1) Michigan will continue to gather data on the number of children readmitted to an inpatient psychiatric hospital within 180 days; 2) Michigan will monitor the CMHSPs that do not meet the 15% standard set by the department; 3) Michigan will publish the results of this indicator and make these available to the public; and 4) Michigan will provide technical assistance to assure compliance with this indicator with the PIHPs/CMHSPs as necessary.
- Target Achieved or Not Achieved/If Not, Explain Why:** This target was achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	8	70	4	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

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) to 15 by FY2010.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	The number of children with serious emotional disturbance who receive Therapeutic Foster Care.
Measure:	The number of children with serious emotional disturbance who receive Therapeutic Foster Care.
Sources of Information:	Reports from CMHSPs
Special Issues:	Michigan is training staff in TFC for children with serious emotional disturbance at this time. This evidence-based practice will allow for children to be provided treatment in out-of-home therapeutic environments in closer proximity to their home, in a less restrictive placement than congregate care and in a therapeutic model which is evidence-based and will achieve better outcomes for the child.
Significance:	The number of children with serious emotional disturbance who receive Therapeutic Foster Care is significant in helping to determine access to this evidence-based practice.
Activities and strategies/ changes/ innovative or exemplary model:	Strategies used to meet the target include: 1) Therapeutic Foster Care will increase through the 1915 (c) Home and Community Based Waiver in several communities; and 2) Two communities are implementing Therapeutic Foster Care with the support of block grant funding to improve their array of services for children with SED.
Target Achieved or Not Achieved/If Not, Explain Why:	The actual number served in FY08 is 6; the target was 4. The target was achieved. The number served in FY07 included children who were not served by the evidence-based model of TFC, therefore, it was inflated. From FY08 forward, only children served in the evidence-based model of TFC will be reported. A percentage of children served will be reported from FY09 forward. The 6 children served in FY08 represent an achievement of 40% of the goal of 15 children to be served by FY10. Data provided by the CMHSPs utilizing this EBP indicates that 15 children are projected to be served in FY09.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	6	N/A	180	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	Maintain a statewide integrated children's services system to provide comprehensive community-based care.
Target:	To increase the number of individuals who receive Multi-Systemic Therapy (MST) to 180 by FY2010.
Population:	Children diagnosed with serious emotional disturbance.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	The number of individuals who receive MST.
Measure:	The number of individuals who receive MST.
Sources of Information:	Reports from CMHSPs.
Special Issues:	MST is an evidence-based practice for children involved with the juvenile justice system and Michigan is currently training staff in this evidence-based practice. This will allow children with a conduct disorder diagnosis to receive an evidence-based practice and achieve better outcomes.
Significance:	The number of children receiving MST is significant in helping to determine access to this evidence-based practice.
Activities and strategies/ changes/ innovative or exemplary model:	Strategies used to meet the target include: 1) Provide additional training for therapists across the state in MST; and 2) Monitor the development and implementation of MST across the state.
Target Achieved or Not Achieved/If Not, Explain Why:	This target was achieved. The 283 children served in MST in FY08 represents an achievement of 157% of the target of 180 children served. Children served: FY06=72; FY07=120; FY08=283. A percentage of children served in MST will be reported from FY09 on.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	0	N/A	4	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

- Goal:** Maintain a statewide integrated children's services system to provide comprehensive community-based care.
- Target:** To increase the number of individuals who receive Functional Family Therapy (FFT) to 4 by 2010.
- Population:** Children diagnosed with serious emotional disturbance.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** The number of individuals who receive FFT.
- Measure:** The number of individuals who receive FFT.
- Sources of Information:** Reports from CMHSPs.
- Special Issues:** FFT is an evidence based practice for children with a serious emotional disturbance. Michigan is currently training staff in this evidence based practice to improve the outcomes for the children being served. Michigan is also training therapists in MST which is similar to FFT. Also, in implementing this EBP, Michigan has discovered that this particular model is very expensive to maintain and we are currently trying to determine if it is in fact a cost effective means of providing evidence-based practice to children with SED or if other EBPs are able to provide similar outcomes at a lower cost.
- Significance:** The number of children with SED who receive FFT is significant in helping to determine access to this evidence-based practice.
- Activities and strategies/ changes/ innovative or exemplary model:** Strategies used to meet this target include: 1) Provide additional training for therapists in FFT; and 2) Monitor development of FFT across the state and determine how cost effective this EBP is.
- Target Achieved or Not Achieved/If Not, Explain Why:** The number of children served in FFT in FY07=4; in FY08=25. This target was achieved. A percentage of children served will be reported from FY09 on.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	87.83	90	88.08	97.87
Numerator	N/A	1,032	--	820	--
Denominator	N/A	1,175	--	931	--

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.
- Population:** Children diagnosed with serious emotional disturbance.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percentage of children with serious emotional disturbance and their families surveyed who report positively on outcomes.
- Measure:** Numerator: Number 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
- Special Issues:** This indicator focuses on child and families satisfaction with the services they received using the Youth Satisfaction Survey for Families. The FY08 data is currently being cleaned and analyzed. The data will be ready to report on in the fall of FY08.
- 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:** Activities to meet this target include: 1) Complete statewide satisfaction survey in FY07 and FY08; 2) Review results of survey with a variety of stakeholders; and 3) Publish results of the survey for public review.
- Target Achieved or Not Achieved/If Not, Explain Why:** This target was achieved at 97.87%. The data section discovered that the calculations were not done correctly for FY 2007, and the numbers were artificially elevated. The FY 2008 target was based on the original FY 2007 calculations, which are currently being re-analyzed.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	47.20	47.25	45.40	48.66	107.18
Numerator	1,734	2,453	--	2,388	--
Denominator	3,674	5,191	--	4,908	--

Table Descriptors:

- Goal:** Maintain a statewide integrated children's service system to provide comprehensive community-based care.
- Target:** 46% of the youth served with a CAFAS score of 10, 20 or 30 at intake have a decrease in their school subscale score by at least 10 points by 2010.
- Population:** Children with a Serious Emotional Disturbance.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percent of children who had 10, 20, or 30 on the school sub scale score of the Child and Adolescent Functional Assessment Scale (CAFAS) whose score decreased by at least 10 points.
- Measure:** Numerator: The percent of children who had a 10, 20 or 30 on the school sub scale score and their score decreased by at least 10 points.
Denominator: The percent of children who had a 10, 20, or 30 on the school subscale score at intake.
- Sources of Information:** The Michigan Level of Functioning Project (MLOF)
- Special Issues:** Scoring a 10, 20 or 30 on the school subscale score means a child has been expelled from school, is missing a great deal of school or is having behavior problems in school and is not completing assigned work. Maintaining a child in the community also means keeping him/her in school.
- Significance:** Helping children remain in school also helps maintain them in the community. School success is also important to future success for the student. A reduction of 10 points or more means there has been some positive change in a child's functioning in school.
- Activities and strategies/ changes/ innovative or exemplary model:** Strategies used to meet this target include: 1) Continuing to monitor the number of youth who score 10, 20 or 30 on a school subscale score of the CAFAS and whose score decreases by 10 or more points on the school sub-scale score; and 2)Continue to provide this information to the PIHPs/CMHSPs.
- Target Achieved or Not Achieved/If Not, Explain Why:** This target was achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	50	48.26	50	51.52	97.05
Numerator	807	984	--	1,050	--
Denominator	1,614	2,039	--	2,038	--

Table Descriptors:

- Goal:** Maintain a statewide integrated children’s services system to provide comprehensive community-based care.
- Target:** For youth receiving Public Mental Health Services, a baseline will be established in FY2008 and be exceeded in FY2009 by .5% and by another .5% in FY2010 for youth who scored a 10, 20, or 30 on the community subscale of the Child and Adolescent Functional Scale (CAFAS) at intake, and decreased 10 or more points on the community sub-scale score during the course of treatment.
- Population:** Children diagnosed with serious emotional disturbance.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percentage of youth who scored a 10, 20, or 30 on the community sub-scale of the CAFAS during any time in treatment and dropped 10 or more points on the community subscale score.
- Measure:** Numerator: The number of youth with a 10, 20, or 30 on the community subscale who drop 10 or more points.
Denominator: The number of youth assessed with a 10, 20, or 30 on the community sub-scale at intake.
- Sources of Information:** The Michigan Level of Functioning Project.(MLOF)
- Special Issues:** Because of the difficulty in gathering data from CMHSP staff in tracking youth involvement with the court for six months after they have been screened and diverted from the courts to mental health services, the measure for this indicator is going to be changed in 2008. The measure will rely on CAFAS data from the Michigan Level of Functioning Project. The indicator above demonstrates that the youth is improving in his/her behavior in the community and therefore is not as much of a risk to the community or at as much risk for removal from the community.
- Significance:** The percentage of youth who show a reduction on the community subscale of the CAFAS of at least 10 points indicates that a youth is functioning better in the community and is not at as much risk for removal from the community.
- Activities and strategies/ changes/ innovative or exemplary model:** Strategies used to meet this target include: 1) Youth will continue to be screened and assessed and diverted to keep youth with mental health needs out of the juvenile justice system; 2) Outcome data will continue to be collected; 3) Block grant funds will continue to be targeted for projects providing screening and assessments to children involved in the juvenile justice system; 4) Block grant funds will continue to be used to support training and technical assistance for counties involved in screening and assessing children involved with the juvenile justice system; 5) Block grant will be used to support the Michigan Level of Functioning Project; and 6) Block grant funds will be used to train staff in MST and PMTO.
- Target Achieved or** This target was achieved at 103.04%. The 97.05% shown above is incorrect. Baseline

Not Achieved/If Not, Explain Why: established as of FY2008.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	.35	.36	.36	.36	100
Numerator	111	110	--	126	--
Denominator	31,623	30,776	--	34,745	--

Table Descriptors:

Goal: Maintain a statewide integrated children's services system to provide comprehensive community-based care.

Target: The percentage of children with serious emotional disturbance served who are homeless or in a shelter will remain below 1.0%.

Population: Children diagnosed with serious emotional disturbance.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percentage of children with serious emotional disturbance served who are homeless or in a shelter.

Measure: Numerator: The number of children with SED served who are homeless or in a shelter.
Denominator: The number of children with SED who are served by CMHSPs.

Sources of Information: CMHSP data reports.

Special Issues: In a 1995 report (the most recent homelessness study in Michigan) on the youth served by Runaway and Homeless Youth 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 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 agencies and CMHSPs have established relationships to facilitate services for mutual clients. MDCH continues to encourage the development of these relationships. Addressing housing stability before a youth or family becomes homeless could preempt some of these ongoing issues.

Significance: The percentage of children with SED served who are not in stable housing is significant because research as far back as Maslow (1943) has supported the premise that positive treatment outcomes are more likely when families have basic needs met and can focus on higher level needs.

Activities and strategies/ changes/ innovative or exemplary model: Strategies employed to meet this target included: 1) CMHSPs continued to partner with local agencies who provided services to homeless youth; 2) Comprehensive services like wraparound and case management will continue to be supported and expanded in Michigan to assist families in identifying and addressing needs like stability in housing.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	2.59	2.98	2.70	2.87	106.30
Numerator	818	918	--	998	--
Denominator	31,623	30,776	--	34,745	--

Table Descriptors:

Goal: Increase social supports and connectedness

Target: To maintain or increase the percentage of children with SED who receive wraparound services.

Population: Children diagnosed with serious emotional disturbance.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percentage of children who receive wraparound services.

Measure: Numerator: The number of children with SED served who receive wraparound services.
Denominator: The number of children with SED served by CMHSPs.

Sources of Information: CMHSP data reports.

Special Issues: The percentage of children who receive wraparound services also receive increased social supports and social connectedness.

Significance: Children need social supports and their families need to be connected to others in the community. Wraparound is a process that builds upon natural supports to help reduce social isolation and involve children and families in their communities.

Activities and strategies/ changes/ innovative or exemplary model: Strategies used to meet this target include: 1) Providing additional wraparound services statewide, 2) implementing the 1915(c) waiver; and 3) continuing to partner with the Department of Human Services in the implementation of wraparound services.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	53.96	53.46	44	55.74	126.68
Numerator	2,294	3,182	--	3,125	--
Denominator	4,251	5,952	--	5,606	--

Table Descriptors:

Goal: The Department of Community Health will monitor the quality, access, timeliness, and outcomes of community based services.

Target: Through FY2010, 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: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Percentage of children with serious emotional disturbance that have greater than or equal to a 20 point 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 a 20 point 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.

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: Strategies used to meet this target include: 1) Michigan will continue to gather data on this outcome measure and give the information back to participating PIHPs/CMHSPs for quality improvement purposes; 2) Michigan has made this a dashboard indicator for participating PIHPs/CMHSPs for 2008 and will monitor this indicator; 3) Michigan will highlight and recognize the PIHPs/CMHSPs that achieve superior outcomes; and 4) Michigan will contact the PIHPs/CMHSPs that achieve poor results and discuss a plan of action for improvement with them.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Access to assessment

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	97	97.76	95	98.25	103.42
Numerator	3,138	2,884	--	2,918	--
Denominator	3,234	2,950	--	2,970	--

Table Descriptors:

Goal: The Department of Community Health will monitor the quality, access, timeliness, and outcomes of community-based services.

Target: Through FY2010, the percentage of new 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: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of new children with serious emotional disturbance who received a face-to-face meeting with a professional within 14 calendar days.

Measure: Numerator: New children with serious emotional disturbance who received a face-to-face meeting with a professional within 14 calendar days.
Denominator: New children with serious emotional disturbance who received a face-to-face meeting with a professional.

Sources of Information: CMHSP Reports.

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. The Department standard is 95%

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 of successful service provision.

Activities and strategies/ changes/ innovative or exemplary model: Strategies used to meet the target include: 1) Michigan will continue to gather data on the quality, access and timeliness of services; 2) Michigan will continue to monitor the quality, access, and timeliness of services; 3) Michigan will publish the results of the quality, access, and timeliness data in various reports and make these available to the public; and 4) Michigan will provide technical assistance to assure compliance with this indicator with the participating PIHPs/CMHSPs as necessary.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: CCEP successful placement outcome

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	81	92	80	85.23	106.53
Numerator	131	226	--	358	--
Denominator	165	245	--	420	--

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 services, 80% or more will have a successful placement outcome.
- Population:** Children diagnosed with serious emotional disturbance.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:** Percentage of children receiving child care expulsion prevention services 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 services 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:** Child Care Expulsion Prevention (CCEP) quarterly reports
- Special Issues:** CCEP programs provide trained mental health professionals who consult with child care providers and parents 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, administered by the Department of Community Health and provided through the cooperation of Community Mental Health Service Programs, the Michigan Coordinated Child Care Association and Michigan Better Kids Care. In Michigan 60.9% of children under the age of six are in child care. The Performance Indicator for FY07 was inflated due to limited data collection categories. In FY08, data was collected much more specifically to accurately reflect outcomes.
- 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:** Strategies used to meet the target include: 1) Training will continue to be provided across the state in the CCEP program model; 2) Michigan will continue to monitor outcomes; 3) Michigan will continue to review quarterly reports submitted by the programs; and 4) Michigan will evaluate the CCEP program in 2009.
- Target Achieved or Not Achieved/If Not, Explain Why:** This target was achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Family Centered training

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	1,283	1,877	1,275	2,337	183.29
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

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: 1:Comprehensive Community-Based Mental Health Service Systems
5:Management Systems

Indicator: Number of parents and professionals attending family-centered trainings.

Measure: Number of parents and professionals attending family-centered trainings.

Sources of Information: Attendance lists from training coordinator, counts collected by training coordinators.

Special Issues: Training for parents and professionals in family-centered practice has been essential in moving Michigan forward to meet the needs 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 the needs of children and families. Training was projected to be lower in FY2008 because it was expected the state may have budget problems and as a result, limited training and travel. However, despite budget issues, trainings continued to be offered and were well attended.

Significance: In FY 2008, there continued to be a significant amount of training provided to parents and professionals in family-centered practice, wraparound and other collaborative efforts. Training in family-centereed practice will continue in Michigan.

Activities and strategies/ changes/ innovative or exemplary model: Strategies used to meet this target include: 1) Continuing to provide training in family-centered practice and wraparound in the various systems statewide; 2) Partnering with other human service agencies to include family-centered practice trainings in the array of trainings offered to all participants in local systems of care.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Federal Block Grant Allocation

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	96	98	95	96.56	101.64
Numerator	4,239,153	4,469,685	--	4,824,433	--
Denominator	4,413,993	4,542,418	--	4,996,001	--

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:** 5:Management Systems
- Indicator:** Percent of allocation of Mental Health Block Grant toward 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 FY08 were targeted for continued development of intensive, community-based services and training. Wraparound services continuation and support is a major area of focus. Funds also were used to continue support for parent support activities and parent involvement in systems planning and implementation of evidence-based practices. Lastly, state level staff positions are 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 CMHSPs.
- 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:** Strategies used to meet this target include: 1) Mental Health Block Grant Funds for FY08 were targeted for continued development of Michigan’s System of Care; 2) Block grant funds were and will continue to be used to develop intensive, community-based services and training; 3) Block grant funds will continue to be used to support training for wraparound, evidence-based, and promising practices; 4) Block grant funding will also be used to continue to support family-centered practice, parent support activities , and parent involvement in systems planning; and 5) state level staff positions that are block grant funded will continue to monitor and provide technical assistance to CMHSPs and ensure they are providing intensive, evidence-based or promising practices in the community that are family-centered and focus on improving outcomes for the children and families in the public mental health system.
- Target Achieved or Not Achieved/If Not, Explain Why:** This target was achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Homeless and Runaway Programs Statewide

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	38	38	38	38	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Continue to implement programs for runaway and homeless youth.

Target: Through FY 2008, the Department of Human Services will maintain runaway programs and homeless youth initiatives statewide.

Population: Children diagnosed with serious emotional disturbance

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Programs that exist to meet the needs of youth who run away or are homeless are available statewide.

Measure: Number of programs to meet the needs of youth who 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 Runaway and Homeless Youth 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 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 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: Strategies used to meet this target include: 1) Several Runaway and Homeless Youth programs and CMHSPs have established relationships to facilitate services for mutual clients. MDCH continues to encourage the development of these relationships; and 2) Michigan will continue to partner with local Family Courts and the Department of Human Services to improve services to this population.

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved. Due to the addition of the new "Increased Stability in Housing" indicator in FY09, this indicator will be discontinued.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: No severe impairments at exit

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	50.10	51.20	42.30	52.70	124.58
Numerator	1,103	1,556	--	1,593	--
Denominator	2,201	3,041	--	3,020	--

Table Descriptors:

- Goal:** The Department of Community Health will monitor the quality, access, timeliness and outcomes of community based services.
- Target:** Through FY 2008, the percentage of children with serious emotional disturbance who complete treatment with no severe impairments will remain constant.
- Population:** Children diagnosed with serious emotional disturbance.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:** Through FY 2008, the percentage of children with serious emotional disturbance who complete treatment with no severe impairment will remain consistent.
- Measure:** Numerator: Children with serious emotional disturbance who complete treatment and have no severe impairments at exit on the CAFAS in the Michigan Level of Functioning Project (MLOF).
Denominator: Children participating in MLOF who had a severe impariment at intake and who completed treatment.
- Sources of Information:** Michigan Level of Fuunctioning 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. Children with a severe impairment on any one sub-scale at exit will have a hard time functioning in the community.
- Significance:** Not having a 30 on any one sub-scale will increase the likelihood that a child can remain in the community.
- Activities and strategies/ changes/ innovative or exemplary model:** Strategies used to meet this target include: Continue to support the MLOF. The MLOF 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.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Rural Case Management

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	34.26	34.37	34.26	31.23	91.16
Numerator	5,262	5,001	--	6,093	--
Denominator	15,358	14,500	--	19,509	--

Table Descriptors:

Goal: Continue to implement programs for children with serious emotional disturbance in rural areas.

Target: To maintain or increase the rate of children with serious emotional disturbance receiving case management services in rural settings, based upon the FY2006 actual rate.

Population: Children diagnosed with serious emotional disturbance.

Criterion: 4: Targeted Services to Rural and Homeless Populations

Indicator: Percentage of children diagnosed with SED 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) diagnosed with SED and their families who received a mental health service during the fiscal year.

Sources of Information: CMHSP Budget reports, CMHSP Data reports.

Special Issues: Case management may be provided as a single service through community mental health or may be provided under home-based services or as part of wraparound or supports coordination. The number of urban counties (population of 250,000 or more) has dropped from 11 to 7 counties thus creating a need to change this indicator. Data for FY06 was amended to reflect accurate numbers. This is essential as FY06 is the year that is used to compare future FY data.

Significance: The percentage of children with serious emotional disturbance receiving case management services indicate that intensive 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: Activities to meet this target include: 1) Michigan will continue to monitor and gather data on the development of intensive community based services in rural areas. Case management is either a stand alone service or part of the intensive community based services being developed in rural areas of the state; 2) Use block grant funding to support the initial development and implementation of MST a home based service and Wraparound, both of which include case management services in rural areas of the state; 3) Use federal Medicaid funding to sustain the development of MST as well as wraparound; 4) Use the 1915 (c) waiver to expand wraparound across the state; and 5) Continue to develop alternative intensive community based services through the use of 1915 (b) (3) services family support and training and wraparound in rural areas of the state.

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved at 91.16%. The number of children in rural areas served in case management has gone up in FY08, but not proportionately to the total number of children served. The data reported here is partial year data as CMHSPs are still reporting FY08 data to MDCH for case management activity codes. We would expect that the number served in case management will increase once full year data is collected.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Transformation Outcome PMTO

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	6	11	11	23	209.09
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Maintain a statewide integrated children’s services system to provide comprehensive community-based care.

Target: To increase the number of therapists qualified to provide Parent Management Training–Oregon Model PMTO in FY08, FY09, FY10.

Population: Children diagnosed with serious emotional disturbance.

Criterion: 3:Children's Services

Indicator: The number of therapists qualified to provide PMTO.

Measure: The number of therapists qualified to provide PMTO.

Sources of Information: Reports from PMTO training coordinator.

Special Issues: PMTO is an evidence-based practice for children with behavior disorders and Michigan is currently training staff in this evidence-based practice. This evidence-based practice will allow for children with a behavior disorder to achieve better outcomes.

Significance: The number of therapists who can provide an evidence-based practice is significant. The more therapists that are trained and can provide this service will result in more children diagnosed with serious emotional disturbance being able to receive this service.

Activities and strategies/ changes/ innovative or exemplary model: Strategies used to meet the target include: 1) Continue to provide additional training for therapists across the state in PMTO; 2) Continue to provide coaching in PMTO; and 3) Continue to provide training in how to teach others PMTO.

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved. This indicator will change in FY09 to report the percentage of children receiving PMTO statewide, to be consistent with other indicators reporting on EBPs.

Michigan

Planning Council Letter for the Implementation Report

Upload Planning Council Letter for the Implementation Report

November 20, 2008

Ms. Janet Olszewski, Director
Michigan Department of Community Health
Lewis Cass Building
320 S. Walnut
Lansing, MI 48913

Dear Ms. Olszewski:

I am writing on behalf of the Michigan Advisory Council on Mental Illness. We met on November 14, 2008 to review and discuss with Department of Community Health officials the fiscal year 2008 Federal Mental Health Block Grant Implementation Report.

The Advisory Council, comprised of consumers, family members, advocates, service providers and representatives of state departments, appreciates the chance to review and comment on the 2008 Block Grant Implementation Report. We hope that the federal government meets with the report favorably.

We look forward to continuing our advisory role related to the state's federal mental health block grant activities, and the opportunity to continue to advise the executive branch on important mental health issues throughout our state. We appreciate the support the Department has continually given to the Council's work.

Sincerely,



Jamie M. Pennell
Chair, Advisory Council on Mental Illness

Contact information:
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Leslie, MI 49251
E-mail: bnj00@cablespeed.com

Cc: Members, Advisory Council on Mental Illness

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.