

Michigan

UNIFORM APPLICATION
2009

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

Michigan's FY 09 application identified four areas for improvement:

- 1) Transform the system to one that emphasizes strengths and abilities and is firmly rooted in the belief in recovery.
- 2) 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.
- 3) 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.
- 4) Increase opportunities for meaningful work for consumers and for the supports needed for success in work.

Progress was made in all four areas over the past year.

- 1) During FY 09, continued progress was made on system transformation work that has been taking place for several years in Michigan. MDCH issued an Application for Renewal and Recommitment (ARR) to the PIHPs and the PIHPs responded with Quality Improvement Plans addressing eleven specified areas. The ARR was issued in conjunction with MDCH's request to CMS for renewal of its 1915(b)(c) Medicaid waiver. The last time that PIHPs were required to submit comprehensive documentation of their ability to serve the public need for mental health, substance abuse, and developmental disability services was in 2002.

One area of the ARR calls for continued improvement in the required person-centered planning process. Consumer input was obtained and plans to improve the process at the regional level developed. Consumers must be offered the opportunity for independent facilitation of their person-centered planning process. Emphasis is placed on the strengths and abilities of each individual as they are supported to reach their full potential in the community. The growth of self-determination with fiscal intermediaries is also expected. Self-determination has been offered to more people with developmental disabilities and expansion of these services to include people with mental illness is occurring.

All block grant funded initiatives in FY 09 required consumer participation in planning and implementation and a focus on recovery. Consumers are included in all of the state committees and work groups to implement evidence-based and promising practices. The Recovery Council, which is comprised primarily of consumers, continues to meet bimonthly and influence state policy decisions. A statewide Recovery Center of Excellence is coordinating all information for consumers and others who support recovery in Michigan.

The training of peers to become peer specialists continued and, as of September 2009, there were 641 Certified Peer Support Specialists in the state. In addition to the initial training, a large amount of continuing education was provided to increase knowledge and skill level of peer specialists.

- 2) Implementation of evidence-based practices (EBPs) continued strongly in FY 09. All PIHPs have implemented Family Psychoeducation (FPE) and Co-occurring Disorders: Integrated Dual Disorder Treatment (COD: IDDT) for adults with serious mental illness. All PIHPs have Assertive Community Treatment (ACT) services available. Block grant funds were available to PIHPs to implement the EBP model of Supported Employment.

At the state level, the Practice Improvement Steering Committee (PISC) oversaw the continued development of these practices. At the PIHP level, an Improving Practices Leadership Team (IPLT) has responsibility for oversight of EBP implementation and improving all services offered in the public mental health system. MDCH leadership met with the IPLT team leaders in May 2009 to identify strategies that will strengthen further the long-term sustainability of evidence-based practices.

Subcommittees of the PISC include one for FPE, one for COD: IDDT, one for Supported Employment, and one for Measurement and Evaluation of EBPs. All of these groups met regularly in FY 09 and are addressing fidelity and sustainability issues. A group of fidelity assessors for COD: IDDT programs, known as the Michigan Fidelity Assessment Support Team (MiFAST), provides independent readiness, initial, and ongoing fidelity assessments to COD: IDDT teams. MiFAST conducted more than 50 on-site fidelity reviews during the past fiscal year. Language for FY 10 MDCH-PIHP contracts requires that COD: IDDT and FPE services be available.

In FY 09, MDCH supported ongoing training, technical assistance, and implementation of DBT. Thirty DBT teams, which include more than 200 staff, have participated in the intensive trainings. Motivational Interviewing Train-the-Trainer sessions were supported to widely disseminate this practice throughout both public mental health and substance abuse treatment programs. Currently, thirty-seven individuals are trained as Michigan-specific Train-the-Trainers for Motivational Interviewing.

- 3) Development of integrated services for people with both mental health and substance use disorders continued at the system level in Michigan. COD: IDDT programs are meant to serve those with the most severe disorders but integrated services are needed for all people presenting with both types of disorders. MDCH sponsored multiple trainings and technical assistance related to this initiative. Consumers are included as presenters as well as participants at these events. In addition to the development of co-occurring capability within system providers, more than 30 Dual Recovery Anonymous peer-led support groups are now meeting.

The Integrated Treatment Committee met regularly during the year and developed a strategic plan for Integrating Mental Health and Substance Use Disorders. Members, who represent mental health, substance abuse, Medicaid health plans, and consumers met over the summer with groups and committees to share the plan and to get input from these groups about what they considered priorities for improvements in integrated services. This feedback was combined by the Integrated Treatment Committee chairs and then discussed with the committee. From this, the committee is developing its work plan for the next fiscal year.

MDCH sponsored its first statewide conference on Co-occurring Disorders in April 2009. More than 340 people attended the two-day event. This very successful conference included tracks specifically designed for substance abuse administrators and providers.

In order to promote integrated treatment at every level of care and the entire service array within the PIHP/CMHSP region and ensure better coordination and collaboration with the Substance Abuse Coordinating Agencies (CA), a group of approximately 250 change agents were identified from across the PIHP and CA regions and trained by Drs. Minkoff and Cline. Local change agent teams representing PIHPs and CAs have been charged with working within their communities to become an enduring statewide team of clinical and administrative change agents to promote and support the implementation of co-occurring capability, integrated services, and co-occurring clinical competency into every layer of the system of care infrastructure.

In FY 09, much work was done to address physical health care needs of individuals with serious mental illness (SMI) who often have co-morbid medical conditions, take several medications, and see multiple health providers. The provision of services to individuals whose needs span multiple service systems has long been recognized by the public mental health system as a huge challenge. Individuals with multiple medical and social needs have had to navigate through a complex and fragmented system of care.

Since October 2008, MDCH has been working with ten CMHSPs on an initiative to integrate mental health and physical health. The goal is to develop better coordination and integration of mental health and physical health at the service encounter level. This includes partnering with stakeholders including Medicaid Health Plans, federally qualified health centers, primary care physicians, substance abuse agencies, hospitals, and others. MDCH provided four one-day technical assistance meetings for all CMHSPs that were well attended. The trainings and technical assistance were provided by national and state experts.

In FY 09, MDCH was awarded a Transformation Transfer Initiative (TTI) grant through NASMHPD, to support and provide additional state-level staff resources to oversee coordination and strengthen the mental health and physical health services integration; provide education, training and support on the foundation of recovery including trauma-informed care for stakeholders involved in the physical and mental health integration initiative projects; ensure a foundation of health care integration by providing a comprehensive peer-led “Whole Health Initiative” to address morbidity and mortality statistics and determine opportunities and prepare necessary amendments for incorporating certain primary care integration models including disease/management protocols and a “medical home” into the state’s concurrent 1915(b)(c) Medicaid Specialty Services Waiver.

Through the TTI initiative, MDCH provided funding for four CMHSPs to implement the Peer-Led Whole Health Initiative. Through this initiative CMHSPs are able to hire peers to the team to provide variety of related services. Through the TTI initiative MDCH is providing statewide technical assistance and training on the Personal Action Toward Health (PATH) curriculum. MDCH selected and trained several peers as master trainers on the PATH curriculum and expect that they, in turn, train other peers. The PATH training will

help peers help other peers to manage their medical conditions by providing proven tips, helpful suggestions, setting goals, making decisions, finding resources, healthy eating, strategies to deal with chronic medical problems, and information about exercises and support.

- 4) MDCH values employment as an important part of community membership for persons with disabilities. MDCH works to improve and expand employment services and supports for persons with mental illness. As part of its transformation to a recovery-oriented system of care, MDCH has made employment a priority and supports the fundamental principles of recovery for persons with mental illness.

MDCH's Application for Renewal and Recommitment included a section on Supported Employment. Each PIHP was required to submit a quality improvement plan describing how it would advance services in this area with the goal of increasing employment for the people receiving community mental health services.

For persons with serious mental illness, MDCH has made block grant funding available to PIHPs to implement the evidence-based practice of supported employment (EBSE). Service providers in the community mental health system are to provide services and supports that are strength-based and promote recovery principles and values. What makes this practice different from traditional vocational services is that the employment specialist is a part of the mental health team. Previously, if someone expressed interest in vocational services, they were referred to a vocational service provider and were required to demonstrate work readiness. Now, mental health professionals and employment specialists work together to assist the individual in finding and keeping employment in an area that the consumer wants to work. To date, nine PIHPs, out of the state's eighteen PIHPs, have implemented EBSE. Each of them is at a different stage of implementation. In addition, MDCH has established a statewide committee consisting of a diverse group of stakeholders from throughout the Michigan mental health system to coordinate these efforts. In partnership with PIHPs, MDCH will continue to focus on implementation, fidelity monitoring, and sustainability of EBSE.

An interagency agreement, signed in April 2009 between MDCH, Michigan Rehabilitation Services, and the Michigan Commission of the Blind, which are both part of the Michigan Department of Energy, Labor, and Economic Growth (DELEG), addresses a shared vision to move forward together in increasing employment of people served by both MDCH and DELEG. An Operations Committee of representatives of both departments is working on definition clarity, data sharing, and establishing joint goals for increasing employment.

Both a Recharging Competitive Employment Work Group and an EBSE Work Group are meeting regularly and include consumers, and local and regional employment and mental health workers. Workshops have been held on Supported Employment, Benefits Planning, and Job Development.

With Medicaid Infrastructure Grant funds, a Michigan-specific on-line disability benefits calculator has been developed and will be available 24/7 365 days a year to assist individuals and their support networks gain an unbiased perspective to the potential of employment to lessen the fear of benefits loss. The calculator is expected to be on-line in January 2010.

Please note that additional information on all four of these areas is contained in the Purpose of Block Grant Expenditures section of this report.

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

In February 2009, MDCH formally introduced a new and enhanced expectation of performance to revitalize the mental health system's commitment to excellence. This process, called the Application for Renewal and Recommitment (ARR), required a response from all 18 Prepaid Inpatient Health Plans (PIHPs) in Michigan. The purpose of the ARR is to improve equity of service, administrative efficiencies, and improve the quality of services so that the primary stakeholders achieve true community membership. The ARR process begins at the PIHP level with "environmental scans," through which the PIHP scans the services and supports provided by them. MDCH issued a set of "Program Policy Guidelines" (PPGs) along with the ARRs to strengthen and build a stronger system of care for children, improve the quality of life for people with developmental disabilities, administer the Recovery Enhancing Environment (REE) instrument for adults with serious mental illness, and increase access to self-determination and independent facilitation of person-centered planning. PIHPs are required to submit Quality Improvement Plans (QIPs) for each of the eleven topic areas identified in the ARR, after incorporating the PPG responses from the CMHSPs. The QIP must focus on the challenges, or areas of improvement, in meeting the expectations in the topic areas that were identified in the environmental scan process.

Each PIHP has been assigned a MDCH staff team which will work with the PIHP on an ongoing basis. The teams are in the process of discussions with the PIHPs to discuss the PIHP's ARR responses and to work with them on their priority performance objectives. The MDCH teams are composed of approximately four staff members each and provide an opportunity for people from different parts of the administration to work together, as well as form a positive and supportive relationship with the PIHP. The ARR work is a quality improvement initiative.

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. In September 2008, Michigan's unemployment rate was 8.9%; by September 2009, the rate had spiked to 15.3%. Michigan's home foreclosure rate is very high. In addition, total tax revenues decreased significantly by 11.9% from state fiscal year 2008 to state fiscal year 2009.

For people who are eligible for Medicaid, mental health services are available. As the number of people receiving Medicaid rises, PIHPs 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 very limited state general funds. The general fund appropriation, which had been flat for many years and thus eroded by inflation, was cut by \$10 million dollars in May of 2009. The FY 10 state budget, which was signed by the governor on October 30, after a one-month extension of the prior year budget, included a \$40 million decrease from the original FY 09 unrestricted general fund allocation for community mental health services. In addition, line items for children's respite services, older adult respite services, and caregiver education were eliminated.

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 2009 (FY 09), 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 Community Mental Health Services Program (CMHSP)/Prepaid Inpatient Health Program (PIHP) in the state, which is the Detroit-Wayne Community Mental Health Agency. Block grant funds are supporting their system transformation work in the areas of 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 to PIHPs and CMHSPs for adult service projects that began in FY 09. A portion of the funding was 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 were also available for Anti-Stigma; Assertive Community Treatment; 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. Approved projects for FY 09 began on October 1, 2008. Two year projects awarded the previous year were also funded in FY 09.

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

Anti-Stigma

During FY 09, the agencies that were implementing anti-stigma initiatives concentrated their efforts on developing media activities that encompassed many different approaches, including education, sharing of stories, video presentations, art events, brochures, television commercials, community events, and the performing arts. Overall, these campaigns were regarded as impactful and successful. Each project utilized the unique skills of consumers, staff, and community members. The success is in the collaboration between agency staff and consumers and the willingness of consumers to share their stories with vulnerability, honesty, and determination to help others.

At the state level, anti-stigma workshops were facilitated by three MDCH staff, who are also primary consumers, in nine areas of the state. These workshops were well attended by consumers and emphasized to them the importance of creating positive self-esteem in place of the negativism of stigma. It also assisted consumers in changing how they see their illness and showed them how they can be change agents and help to support others.

MDCH has convened an anti-stigma committee, consisting of consumers, families, staff, and administrators throughout the state to address the issue of stigma within the public mental health system of care. The committee has met to discuss their goals, action steps to be taken, and the timeframe to carry out their actions. The outcomes of this committee will be applicable to all mental health systems of care through Michigan.

Assertive Community Treatment

The challenge to the evidence-based practice (EBP) of Assertive Community Treatment (ACT) is not implementing ACT, but creating and sustaining an environment which looks at the practice, identifies needed improvements to attain the essential elements of ACT, applies and maintains them. Implemented in Michigan approximately 20 years ago, over time many ACT teams drifted away from the model. Attention to adhering closely to the model while focusing on recovery has increased as the Improving Practices Initiative continues. Continued attention to ACT in Medicaid now requires for ACT-specific training for each ACT team member including doctors and nurse practitioners. To address concern about program drift throughout the state, a study was completed, team and consumer needs were identified, and a tool called the Field Guide to Michigan ACT was created. Additionally, next year a collaborative related to ACT services will begin.

The Field Guide, now in near final draft, was developed to take into account recovery, fidelity, Medicaid, best practice, and feedback from field visits; it is a self-assessment tool that can be used by teams, agencies, and PIHPs to improve ACT service delivery, support consumers in their recovery journey, and facilitate quality outcomes for the consumers served. The Field Guide integrates Michigan Medicaid and the SAMHSA ACT Implementation Resource Kit evidence-based standards. The Field Guide is a tailored combination of these sources that takes into account Michigan's unique environment and history in provision of ACT services. Michigan ACT teams provide services to a largely rural population and the Michigan expectation is an average team size much smaller than the team size on which the SAMHSA toolkit is based.

Several modifications to the Michigan Medicaid requirements have been made to improve ACT services; it is planned that other changes, including an allowance for a Nurse Practitioner to be a team member working in collaboration with the ACT doctor, will become a part of Medicaid.

Originated in the 1970's in Wisconsin as a 'hospital without walls,' the Programs of Assertive Community Treatment (PACT) model, as advocated by SAMHSA, proved difficult to fund and sustain across the nation. As an early adopter, ACT was moved into Michigan, in concert with Madison, Wisconsin and Harbinger Clinic in Grand Rapids, Michigan. Adaptations were made to address the treatment needs of consumers in our state. The primary differences between ACT and PACT are team size (ACT 4-8 staff with a 1:10 staff to consumer ratio, PACT at least 10 staff with a 1:10 staff to consumer ratio), multiple team shifts (PACT), team qualifications (specific set of professionals (PACT), provision of all needed services within the team (PACT), or the provision or brokering of services by smaller teams (ACT).

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 help from Kalamazoo CMH and 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 training include a two-day statewide conference, director's intensive, and three regional trainings at hosting clubhouses. In this Michigan Clubhouse Training Initiative, clubhouse members are integral part of the project at various capacity levels including

presentation, curriculum development, implementation, and logistical coordination of regional trainings and conferences.

During FY 09, the Clubhouse Assessment Tool developed by clubhouse members and staff was pilot tested. Three clubhouse members and three staff were trained to be peer reviewers. A research team from Michigan State University and six peer reviewers completed nine site visits testing the Tool. Along with the Tool, the manual for using the Clubhouse Assessment Tool is being developed by the research team.

Cognitive Behavior Therapy for Older Adults

People, aged 65 and older, with serious mental illness, continue to be recognized as an underserved population in the public mental health system. Additionally they may be at risk of suicide, experience dementia with depressed mood, behavioral disturbances or delusions, or have co-occurring problems with substance use or dependency, and often there are other complicating factors that can include multiple medical conditions that may mask psychiatric conditions, multiple medication interactions, age-related changes to physical and mental functioning, and increasing isolation.

Older adults have greater mental health needs than are currently being served. The Michigan Mental Health Commission Report of 2004 stated that, "Special outreach efforts need to be targeted to older adults, persons with dementia, and their caregivers." The President's New Freedom Commission recognized the need for increased workforce development. This initiative addresses workforce development but not penetration rates or outreach or service efforts.

Cognitive Behavioral Therapy (CBT), as modified for older adults, is an evidence-based practice (EBP) supported by the department to build capacity in the workforce. The model has been adapted to older adults, and fidelity assessments occur within the supervision activities.

Selected CMHSP older adult treatment staff were offered training in CBT. Training included an initial two-day session with lecture, discussion and practice, monthly individual viewing of provider submitted tapes for supervision and feedback, with additional technical assistance available as needed, and one additional training day at the end of the year. New CMHSP and contract staff working with older adults who have symptoms of serious mental illness receive CBT training.

Consumer-run, Delivered, or Directed Innovations

During FY 09, consumer-run programs and services saw many ups and downs in growth, trials and accomplishments. Due to local CMHSP budget issues, program difficulties, and drop-in staff concerns, some drop-in centers were closed but two new ones were started and one re-opened. The number of currently operating drop-in centers has remained fairly constant over the past five years and, with the training and certification of peer support specialists, most all of the drop-in centers have at least one peer support specialist working out of their center. Drop-in centers have proven to be resilient and are providing a solid foundation for peer-run community-based programming and actual service delivery. Peer support specialists have been very instrumental in assisting consumers who attend the drop-in in accessing community resources and providing staff support for the daily operation of the center as well as center maintenance.

Self-help support groups continue a second year of development and growth, in some cases operating out of drop-in centers, and provide a variety of supports in areas defined by the consumers and led in many cases by a peer support specialist. Through a contract with Justice in Mental Health Organization, a second annual self-help conference was held in Lansing to further define the philosophy that drives consumer-run programs and services, the different types of self-help groups available, and the basis of starting, maintaining, and facilitating a self-help group. Through a combined collaboration between peer support specialists, drop-in centers, and self-help support groups, consumers have more resources available to them in a community setting delivered by their peers.

Co-occurring Disorders: Integrated Dual Disorder Treatment

To date, approximately 78 teams have been identified as providing the SAMHSA evidence-based practice of Co-occurring Disorders: Integrated Dual Disorders Treatment (COD:IDDT) throughout the state. Most of these teams are at varying degrees of implementation. MDCH, through federal 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 run by trained staff from several CMHSPs. Thus far, fidelity assessments were done for more than 40 IDDT teams. The MiFAST team is providing on-site and off-site technical assistance and training for PIHP and CMHSP staff. Also, there are now more than 35 Dual Recovery Anonymous (DRA) groups for people with co-occurring disorders in the state.

The COD: IDDT Subcommittee coordinates a “Learn and Share” quarterly meeting, in which each IDDT team shares what they learned and how they address barriers. MDCH identified two modifier codes and issued instructions to both mental health and substance abuse systems on how to report COD: IDDT and other integrated services. MDCH redefined the disability designation field in the quality improvement file to better capture individual substance use disorder data in the public mental health system. To date, more than 4,000 staff from different PIHPs/CMHSPs and Substance Abuse Coordinating Agencies (CAs) are trained in integrated treatment services at the state level.

In order to promote integrated treatment at every level of care and ensure better coordination and collaboration with the CAs, a group of approximately 250 change agents were identified from across the PIHP and CA regions and trained by Drs. Minkoff and Cline. Local change agent teams representing PIHPs and CAs have been charged with working within their communities to become an enduring statewide team of clinical and administrative change agents to promote and support the implementation of co-occurring capability, integrated services, and co-occurring clinical competency into every layer of the system of care infrastructure.

Crisis Residential Services

Crisis Residential Services (CRS) are designed as an alternative to hospitalization for individuals who are presenting with psychiatric disorders and/or co-occurring substance use disorders. Through the block grant initiative, MDCH supported two CMHSPs in hiring Peer Support Specialists to be part of their Crisis Residential Program. The goal of CRS is to facilitate reduction in the intensity of those factors that lead to admission to this level of care based on the

recovery-centered approach. One of the CMHSPs is using the concept to further advance crisis residential services and developed the “Living Room” model, where the Peers Support Specialist provides a variety of services.

Focusing on building supportive relationships, activities, groups, socialization, and peer and staff interactions will support the individual coming to understand the dynamics of recovery and how their choices can lead to harm or move them toward fulfilling their hopes and dreams. Peer Support Specialists are facilitating some of these activities by facilitating peer support groups, and mentoring toward recovery and a move to less intensive services.

Cultural Competence

MDCH is committed to creating a system of care that creates an environment of inclusion and diversity for all of the individuals and families it serves. Recovery, resiliency, and habilitation are more likely to occur where systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible. Ensuring the provision of culturally competent services to clients places a great deal of responsibility upon the system. In particular, there are a number of generally expected levels of knowledge, skills, and attributes that are essential to providing culturally competent services. MDCH, through a contract with the Michigan Association of Community Mental Health Boards and Wayne State University, developed training curricula to address cultural competency. Along with the National Center for Cultural Competency, a new cultural competency assessment tool is being developed for use by the public mental health system.

Through a survey that was done recently, the point persons and/or cultural competency coordinators from most of the CMHSPs were identified. MDCH invited all of the public mental health and substance abuse systems in Michigan and provided two one-day trainings on cultural competency to the CMHSP/CA identified point persons and/or cultural competency coordinators. MDCH, as a follow up to that training, also offered technical assistance and trainings regarding the assessment tools, developing work plans, and identifying training and technical assistance needs and resources for the mental health system.

Dialectical Behavior Therapy

MDCH, along with Behavioral Tech LLC, provided several trainings to implement DBT systematically. Since FY 07, 35 DBT teams are in different stages of implementing this treatment modality. Approximately 350 CMHSP staff have been trained intensively and another approximately 400 staff received overview trainings. MDCH also issued a directive in 2008 regarding approval of the program, expectations of a DBT program, and how to report DBT to the state’s data warehouse.

It is expected that all DBT teams have a peer support specialist as part of their team. DBT teams serve individuals that are suicidal, engage in suicide attempts or other self-harm, frequently have multiple diagnoses, and have difficulty remaining engaged in treatment. The services are delivered in a bundled fashion. Individuals in the program receive the entire DBT package of services that includes individual therapy, skills training, and 24/7 on-call response. Staff must receive supervision and team consultation. Treatment and support services are provided to the

individuals based on the scope of practice. In order for a program to be considered DBT, all of these elements must be provided. Specific components are not provided *ala carte*.

Family Psychoeducation

Family Psychoeducation (FPE) services in Michigan have been implemented as an evidence-based practice under our federal community mental health block grant consistent with the federal SAMHSA FPE toolkit. The Statewide FPE Steering Committee is developing FPE certification and credentialing guidelines. Training, supervision, and fidelity considerations for sustainability are under development by subcommittees. Billing consistency throughout the state will be addressed in the quarterly meetings of the FPE Learning Collaborative.

FPE Steering Committee minutes from July 2009 indicate the following numbers of staff sent by Michigan agencies to FPE training (through June 2009) include 693 FPE Facilitators, 90 Advanced Facilitators, and 78 FPE Trainers/Supervisors. Currently, the FPE committees are working on the next steps for statewide implementation of FPE.

Homeless/Supported Housing

The Supportive Housing Program and Ending Homelessness Partnership is in its 10th 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 and an inclusion of 10% special needs housing in each project that is built.

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) continues to make funds 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 are being proposed targeted to homeless veterans.

MDCH 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. All of these programs provide outreach to people who are homeless with linkages to support to find and sustain housing.

Community Mental Health Block Grant Initiatives that address homelessness are required to have a linkage to a local 10-year plan to end homelessness. Through these initiatives, supported housing positions were created to identify available housing opportunities, teach landlords and consumers how to work with each other, and have an intervention process with the landlord to prevent evictions. Funding was also provided to transition people from adult foster care to independent living; develop outreach teams for chronically homeless adults with serious mental illness; training for peers, family members, and agency staff so they can help people with mental illness obtain and sustain independent living arrangements. Housing Resource Centers were also established, which will provide professional and peer support services for those seeking or working to maintain independent housing.

Integrating Mental Health, Physical Health, and Substance Abuse

Since October 2008, MDCH has been working with ten CMHSPs on an initiative to integrate mental health and physical health to develop better coordination and integration at the service encounter level. This includes partnering with different stakeholders, including Medicaid Health Plans, federally qualified health centers, primary care physicians, substance abuse agencies, hospitals, and others. MDCH provided four one-day technical assistance meetings for all CMHSPs that were well attended. The trainings and technical assistance were provided by national and state experts.

During this fiscal year, MDCH was also awarded a Transformation Transfer Initiative (TTI) grant through the National Association of State Mental Health Program Directors (NASMHPD). Through the TTI grant, MDCH provided funding for four CMHSPs to implement the Peer Whole Health Initiative. Through this initiative CMHSPs were able to hire peers to the team to provide variety of related services. MDCH is providing statewide technical assistance and training on the Personal Action Toward Health (PATH) curriculum. MDCH selected and trained several peers as master trainers on the PATH curriculum and expects that they, in turn, train other peers. The PATH training will help peers help other peers to manage their medical condition by providing proven tips, helpful suggestions, setting goals, making decisions, finding resources, healthy eating, strategies to deal with chronic medical problems, and provide information about exercises and support.

Intensive Crisis Stabilization Program

Intensive Crisis Stabilization Services are explicitly intended to be a short-term alternative to inpatient psychiatric services. Members of this team provide mobile outreach crisis services, including screening and assessment, counseling/therapy, and therapeutic support services.

Through the block grant funding, two CMHSPs developed new mobile crisis programs in their areas. These teams include peer support specialists and other professional staff and use strategies focusing on wellness and recovery. The program incorporates the belief that consumers of mental health services determine what is important in their life, even in time of crisis. The intervention from the team results in an individualized approach emphasizing personal choice and empowerment through the development of an individualized recovery plan. Intensive Crisis Stabilization programs work as a mobile crisis team that work collaboratively in the community with the law enforcement, Department of Human Services, primary care, hospitals and emergency rooms to coordinate the care and alleviate the crisis. The teams are also available 24/7 and able to screen, assess, diagnose, and develop short-term goals through a person-centered approach.

Jail Diversion

Both pre- and post-booking jail diversion services are still evolving with each CMHSP fine tuning and evaluating their jail diversion efforts, updating interagency agreements with law enforcement and courts, and focusing on evaluating consumers already incarcerated as to their mental health needs. Many CMHSPs are introducing peer support specialists into their jail diversion team approach to the delivery of in jail and community jail diversion service interventions. They serve as liaisons for individuals when they are released from jail and assist in accessing needed community resources.

Several CMHSPs are investigating and some have already developed a mental health court approach to meet the need of this special population with special needs. During FY 09, one new mental health court was funded, one jail diversion program restructured to become a mental health court, and several other CMHSPs are in varying stages of developing mental health courts. All of these strategies and efforts are in agreement and collaborating in making pre- and post-booking jail diversion, in jail services, and mental health courts all a part of a systematic community-based strategy to assist in diverting individuals from incarceration who have been assessed and evaluated to have a mental health need. Local CMHSPs are also continuing their efforts to provide cross-training and identifying statewide and national resources.

Motivational Interviewing

MDCH has have been involved in the development of a statewide capacity for Motivational Interviewing (MI). Many provider agencies across the state have chosen to train their staff in the application of MI, an evidence-based practice model proven to be effective with individuals who have a substance use, a mental health disorder, or a co-occurring disorder. The training project supported six phases of rigorous MI training to develop regional clinical staff/supervisor expertise in motivational interviewing. The staff who complete the training receives the “Michigan Train-the-Trainer” (MTT) status.

Motivational Interviewing training was open to staff from both the mental health and substance abuse provider networks. Approximately 200 staff from both mental health and substance abuse provider networks were accepted to these trainings. After six phases of trainings, to date, 37 staff were awarded a regionally limited, Michigan-specific Motivational Interviewing training credential. It is expected that these 37 staff will train others in the system on MI. During the last two years, several supervisors and managers were also trained on Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA: STEP).

Older Adults

MDCH has addressed the growing need of outreach and servicing the increasing number of older adults (many not utilizing public mental health services because of stigma, denial, inadequate outreach services, lack of education about mental illness and services, lack of staff trained in geriatrics) through Wraparound pilot projects and educational forums for mental health and aging staff. Wraparound is an individualized, needs-driven, strengths-based process for individuals and families with special needs, currently used for children and risk for institutionalization. A model has been developed for persons with dementia with acute behavioral symptoms of distress living in the community at risk for placement in nursing homes. An evidence-based caregiver training program has been added to the three current block grant projects, along with grief and loss continuation following death or placement.

Many initiatives and activities have occurred to benefit older adults through the block grant in Michigan. Education on non-Alzheimer’s disorders and psychiatric disturbances in late life has been provided to mental health and aging network staff. MDCH older adult specialists present concepts of recovery and needs of older adults at the OBRA New Worker Orientation, Mental Health and Aging Conference workshops and regional meetings, Michigan Dementia Educators Network, and Long-Term Care Supports and Services Commission workgroups. Challenges

include the unavailability of competitive block grant funding for new innovative pilot projects. At the same time, there are proposed budget cuts of state-funded Alzheimer's caregiver education and Alzheimer's respite care programs. MDCH staff will continue efforts to collaborate with statewide partners to maintain and extend dementia care education, resources, and programming.

Peer Support Specialists

One of the foundations for system transformation efforts in Michigan includes the initiative of hiring peer support specialists. MDCH provides funding for training leading up to certification. As of September 2009, 641 individuals have received certification. In addition to the initial training, a large amount of continuing education is provided during the fiscal year to increase knowledge and skill level of peer specialists. One of the areas of concentration is related to health and wellness as an intervention in addressing the NASMHPD report that persons with mental illness are dying 25 years earlier than the general population.

Peer Support Specialists in Michigan are a covered service through the 1915 (b) Waiver for Specialty Services. Encounter data on the number of contacts per each county is collected as part of the process for examining the availability of peer supports and the areas that peers provide services in.

Supported Employment/Vocational Services

MDCH continues to support vocational services innovations to move individuals toward gainful employment with an emphasis on evidence-based supported employment practice. The number of PIHPs that implemented the practice increased during FY 09. Implementation of evidence-based supported employment includes monitoring fidelity, forming an ongoing work group with stakeholders, and developing a training plan for the staff.

In April 2009, the interagency agreement for the employment of people with disabilities between Michigan Rehabilitation Services, MDCH, and the Michigan Commission for the Blind was signed. The goals of this agreement include: 1) developing key data indicators, 2) managing referral process, and 3) increasing employment outcomes for persons served jointly by parties. 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 provider by providing education and training on evidence-based practice and recovery-oriented system of care.

To assist local efforts to increase employment outcome, job development training with Mindy Oppenheim was provided in August and another one with Bob Nemick was provided in September. Employment specialists, peer support specialists, clubhouse staff, and administrators participated in these interactive two two-day events.

Trauma

The third year of this federal block grant initiative experienced a greater awareness among CMHSPs on the importance of addressing trauma with individuals with serious mental illness.

During FY 09, successful trauma projects included educating staff on providing "trauma informed care" to consumers at the onset of services, continuing to expand the impact of the trauma group effort and helping those within the PIHP-wide service delivery system to understand the impacts of trauma as fundamental to health and mental health through targeted educational sessions, having a peer support specialist to become more informed about trauma for persons with co-occurring disorders as well as directly providing services that are trauma-specific, and assembling a team of researchers to conduct research on the effectiveness of cognitive behavioral therapy on clients who are severely mentally ill and suffer from post-traumatic stress disorder.

At the state level, "Creating a Trauma-Informed Community" training was held in September 2009, featuring Dr. Roger Fallot and Dr. Ann Jennings. The focus was on the possible misdiagnosis of people with a history of trauma and retraumatization by wrongful treatment. Support groups for persons who have experienced trauma was also discussed as well as how to create a system of care that is emotionally safe, empowering, and caring. Clinicians and consumers had the option of attending this training in person or attending via webinar.

ADULT BLOCK GRANT PROJECTS FUNDED FOR FY09

PIHP/CMHSP	Project Name	Contracted Amount
Assertive Community Treatment Association (ACTA)	Assertive Community Treatment Statewide Training Initiative	\$132,000
Barry County CMH Authority	Lighthouse on the Lake Drop-in Center Enhancement	\$14,992
Bay Arenac Behavioral Health dba Access Alliance of Michigan	IDDT Implementation Continuation Grant	\$40,000
Bay Arenac Behavioral Health dba Access Alliance of Michigan	Family Psychoeducation	\$57,655
Bay-Arenac Behavioral Health	Integrating MH/SA & Physical Health	\$100,000
Bay-Arenac Behavioral Health	Standish Friends Society Drop-in Center Program Enhancement	\$29,000
Bay-Arenac Behavioral Health	Chores R Us - Enhancement	\$9,000
Berrien Mental Health Authority	Recovery-focused Community Integration Program	\$7,250
Berrien Mental Health Authority	Homeless System Transformation Grant	\$50,000
CEI CMH Authority dba CMH Affiliation of Mid-Michigan	Family Psychoeducation	\$61,573
Central Michigan CMH	Integrating MH/SA & Physical Health	\$98,656
Central Michigan CMH	Trauma-Informed Recovery Initiative	\$19,600
Central Michigan CMH	Enhancements/Awareness of MH and CMHSP Services/ Resources	\$100,000
Central Michigan CMH	Anti-Stigma	\$94,157
Central Michigan CMH	Crisis Mobilization & Intervention Team	\$100,000
Central Michigan CMH	Supported Employment Initiative	\$70,000
Central Michigan CMH	Jail Diversion / Peer Support Initiative	\$50,000
Central Michigan CMH	Homelessness/Systems Transformation Project	\$46,852
Central Michigan CMH	Co-occurring Disorders Infrastructure Development	\$108,271
Copper Country CMH Services	Directions Unlimited, Inc. Drop-in Enhancement	\$10,500

PIHP/CMHSP	Project Name	Contracted Amount
Copper Country CMH Services	Wraparound Initiative Focusing on Caregiver Empowerment	\$93,449
Detroit Wayne County CMH Agency	Recovery Center of Excellence	\$200,000
Detroit Wayne County CMH Agency	Comprehensive Systems Transformation	\$4,220,074
Detroit-Wayne County CMH Agency	New Center MH/SA & Physical Health Co-location/Service Coordination Project	\$100,000
Detroit-Wayne County CMH Agency	Peer Support Case Management Program	\$89,330
Detroit-Wayne County CMH Agency	Certified Peer Support Specialists Staff Development	\$75,000
Detroit-Wayne County CMH Agency	CHARGE: Center for Healing arts, Recovery and Empowerment	\$50,000
Detroit-Wayne County CMH Agency	Access Center for Psychological Trauma (ACCESS)	\$50,000
Detroit-Wayne County CMH Agency	Case Management Hospital Outreach Specialist (Community Care Services)	\$49,125
Detroit-Wayne County CMH Agency	Peer Support Specialist Criminal Justice Intervention (Detroit Central City)	\$22,010
Detroit-Wayne County CMH Agency	Recovery - Peer Support Specialists (Lincoln Behavioral Services)	\$35,789
Detroit-Wayne County CMH Agency	ACT Co-occurring Services (New Center)	\$22,260
Detroit-Wayne County CMH Agency	Peer Support Employees Program (New Center)	\$41,804
Detroit-Wayne County CMH Agency	Home Care (Southwest Counseling Solutions)	\$13,968
Detroit-Wayne County CMH Agency	Employment Options (Development Centers, Inc.)	\$46,615
Detroit-Wayne County CMH Agency	Assertive Community Treatment (Community Care Services)	\$32,750
Detroit-Wayne County CMH Agency	ACT Peer Support Specialists (Community Care Services)	\$36,875
Detroit-Wayne County CMH Agency	System Transformation: Recovery Peer Support Specialist (Northeast Guidance Center)	\$50,000
Genesee County CMH Services	Integrating MH/SA & Physical Health	\$59,000
Genesee County CMH Services	Genesee County CMH Jail Diversion	\$82,240
Genesee County CMH Services	Improving Member Employment Outcomes	\$55,027

PIHP/CMHSP	Project Name	Contracted Amount
Genesee County CMH Services	Co-occurring Disorders: Integrated Dual Disorders Treatment	\$81,500
Gerontology Network	Cognitive Behavior Therapy	\$36,000
Huron Behavioral Health	Flashpoint Center Drop-in Enhancement	\$14,500
Inter-Tribal Council of Michigan	Mental Health and Aging Project	\$14,056
Ionia County CMH	Forget-Me-Not	\$100,000
Justice in Mental Health Organization (JIMHO)	Director's Meetings and Self-Help Groups	\$79,100
Kalamazoo CMH & Substance Abuse Services	Kalamazoo Mental Health Court	\$100,000
Kalamazoo CMH & Substance Abuse Services	The Living Room Project	\$100,000
Kalamazoo CMH & Substance Abuse Services	Supported Employment	\$69,420
Kalamazoo CMH & Substance Abuse Services	Consumer Driven Recovery Management and Community Activities	\$69,417
Kalamazoo CMH & Substance Abuse Services	Clubhouse Member Leadership and Empowerment	\$74,258
Kalamazoo CMH and Substance Abuse Services	Healing from Trauma - A Trauma Recovery Planning Group	\$15,000
Kalamazoo CMH and Substance Abuse Services	Michigan Clubhouse Training Initiative	\$75,000
Kalamazoo CMH and Substance Abuse Services	Homelessness/Systems Transformation Project	\$40,638
Kalamazoo CMH dba Southwest MI Urban and Rural Consortium	Region-wide Dual Disorder Capability and Stage-Matched Interventions	\$30,378
Lapeer County CMH Services	Integrating Health Care Information and Coordination of Care	\$75,880
Lapeer County CMH Services	Clubhouse Enhancement - Improving Health Outcomes	\$26,500
Lapeer County CMH Services	Older Adult Services	\$30,920
Lapeer County CMH Services	Clubhouse TEP and Long-Term Housing Assistance Services	\$28,421
Lapeer County CMH Services	Homeless Services for Persons with Co-occurring Disorders	\$33,123
Lapeer County CMH Services	Consumer Leadership Institute	\$12,750

PIHP/CMHSP	Project Name	Contracted Amount
Lansing Community College	Mental Health and Aging Project	\$19,953
LifeWays	MindChangers, LifeWays Mental Health Awareness Committee	\$42,050
LifeWays	Enhanced Adult Jail Diversion	\$30,700
Macomb County CMH Services	Development of Consumer Cooperative in Macomb County	\$30,950
Macomb County CMH Services	Implementation of Family Psychoeducation in Macomb County	\$113,458
Macomb County CMH Services	Coordinated Homeless Housing Resource Center	\$74,881
Macomb County CMH Services	Implementation of a Housing Resource Center for Adults with SMI	\$50,000
Manistee-Benzie CMH	Benzie Community Drop-in Center Enhancement	\$6,050
Manistee-Benzie CMH	Manistee Friendship Society Drop-in Center Enhancement	\$6,750
Manistee-Benzie CMH	Integrated Health and Wellness	\$100,000
Michigan Association of CMH Boards	Mental Health Training Contract	\$1,834,960
Michigan State University	Creating a Quality Improvement Tool for Clubhouses	\$62,299
Michigan State University	Employment and Clubhouse Services	\$97,063
Monroe CMH Authority	New Directions Drop-in Center Development	\$48,996
Muskegon County CMH dba Lakeshore Behavioral Health Alliance	Evidence-Based Practice Supported Employment Implementation	\$17,226
Muskegon County CMH dba Lakeshore Behavioral Health Alliance	Co-occurring Disorders: Integrated Dual Disorders Treatment	\$18,000
Muskegon County CMH Services	Multi-Media Approach to Eliminating Stigma	\$56,888
Muskegon County CMH Services	Clubhouse Relocation	\$50,760
Muskegon County CMH Services	Muskegon County Planning for Integrated Care Initiative	\$20,000
Muskegon County CMH Services	Recovery Cooperative of Muskegon	\$48,000
Muskegon County CMH Services	Health and Wellness Education Program	\$5,000

PIHP/CMHSP	Project Name	Contracted Amount
Muskegon County CMH Services	Speakers' Bureau	\$3,000
NAMI Michigan	Executive Director	\$105,000
network180	Motivational Interviewing Skills Development	\$38,800
network180	Site-Based Housing Enhancement	\$53,500
network180	Integrating Primary and Behavioral Health Care	\$66,525
network180	Suicide Prevention	\$20,000
network180	Consumer Run Drop-in Center Enhancement	\$19,500
network180	Family Psychoeducation	\$61,913
network180	Community Collaboration: The Asian Center	\$750
Newaygo County Mental Health Center	Empowerment Network	\$9,378
North Country CMH	Enhancement of Beacon Center	\$10,123
North Country CMH dba Northern Affiliation	Co-occurring Disorders: Integrated Dual Disorders Treatment	\$117,572
Northern Lakes CMH Authority	Recovery System Change	\$100,000
Northern Lakes CMH Authority	Anti-Stigma	\$59,860
Northern Lakes CMH Authority	Traverse House Clubhouse Start-up	\$45,070
Northern Lakes CMH Authority	Intervention to Address Distress/Difficult Behaviors Among Persons w/Cognitive Behav.	\$40,000
Northern Lakes CMH Authority	New Beginnings Drop-in Program Enhancement	\$7,550
Northern Lakes CMH Authority	Supported Housing	\$41,580
Oakland County CMH Authority	Co-occurring System's Change	\$49,300
Oakland County CMH Authority	Anti-Stigma Community Inclusion Project	\$62,720
Oakland County CMH Authority	Comfort Zone Drop-in Center	\$3,650

PIHP/CMHSP	Project Name	Contracted Amount
Oakland County CMH Authority	South Oakland Drop-in Center	\$9,480
Oakland County CMH Authority	FAIR Drop-in Center	\$7,891
Oakland County CMH Authority	Coordinated Homeless Housing Resource Center	\$74,881
Oakland County CMH Authority	Evidence-Based Supported Employment	\$90,000
Oakland County CMH Authority	Recovery and Evaluation	\$17,140
Oakland County CMH Authority	Crisis Recovery Services - Living Room	\$50,000
Pathways	Wraparound Program	\$100,000
Pathways	Third Annual UP Consumer Conference: Triumphs & Tribulations of Recovery	\$18,400
Pathways	Brantley Drop-in Center	\$31,965
Pathways	Delta County Drop-in Co-occurring Anonymous	\$6,760
Pathways dba NorthCare	Co-occurring Disorders: Integrated Dual Disorders Treatment	\$90,975
Pines Behavioral Health Services	Friendship Center Drop-in Enhancements	\$9,936
Pines Behavioral Health Services	Alzheimer's Respite Program	\$21,346
Pines Behavioral Health Services	Trauma Recovery Program	\$8,750
Pines Behavioral Health Services	Healthy Ideas: Identifying Depression Empowering Activities for Seniors	\$40,700
Pines Behavioral Health Services	Hispanic Outreach Program	\$3,250
Saginaw County CMH Authority	Crisis Residential Treatment Program - Peer Support Specialist	\$29,958
Saginaw County CMH Authority	Jail Diversion Peer Support Specialist	\$34,556
Saginaw County CMH Authority	Evidence-Based Supported Employment Enhancement	\$70,000
Saginaw County CMH Authority	FPE Enhancement	\$26,557
Saginaw County CMH Authority	Clubhouse Enhancements	\$13,666

PIHP/CMHSP	Project Name	Contracted Amount
Saginaw County CMH Authority	CBT Training	\$15,000
Saginaw County CMH Authority	Dementia - How You Can Help: Enhance Lives - Encourage Hope	\$8,827
Saginaw County CMH Authority	Suicide Prevention Activities	\$17,000
Saginaw County CMH Authority	Technical Supports for Anti-Stigma Productions	\$3,100
Saginaw County CMH Authority	Housing Resource Center	\$50,945
Saginaw County CMH Authority	Supported Housing	\$25,000
Sanilac County CMH	Drop-in Enhancement	\$9,299
Southeastern Michigan Health Association (SEMHA)	SEMHA Older Adult MH and Dementia Program Consultant	\$16,126
St. Clair County CMH Authority	Clubhouse Program: Supported Employment Kiosk	\$25,211
St. Clair County CMH Authority	Housing Resource Center	\$35,956
St. Clair County CMH Services	Keeping Recovery Skills Alive (KRSA) Training	\$6,260
St. Clair County CMH Services	CPSS for Community Inclusion of People Released from Psychiatric Hospital Settings	\$17,358
St. Clair County CMH Services	Port of Hopes Drop-in Center Enhancements	\$2,500
St. Clair County CMH Services	Project Stay Enhancements	\$3,000
St. Clair County CMH Services dba Thumb Alliance	Family Psychoeducation Training Plan	\$31,090
St. Joseph County CMH Services	Jail Diversion Program	\$43,590
Summit Pointe	Integrating Mental Health/Substance Abuse & Physical Health	\$100,000
Summit Pointe	Tools for Recovery Mentoring	\$75,000
Summit Pointe	Breaking Through to a Recovery Culture	\$79,000
Summit Pointe	Peer Supports for Homeless in Permanent Supported Housing	\$50,000
Summit Pointe dba Venture Behavioral Health	Co-occurring Disorders: Integrated Dual Disorders Treatment	\$74,760

PIHP/CMHSP	Project Name	Contracted Amount
Tuscola Behavioral Health Systems	Certified Peer Support Specialists Staff Development	\$15,400
Tuscola Behavioral Health Systems	Anti-Stigma	\$37,100
Washtenaw Community Health Organization	Believe in Me! An Anti-Stigma Training Project	\$62,980
Washtenaw Community Health Organization	Intensive Crisis Stabilization Services: Addition of PSS to the Mobile Crisis Team	\$70,000
Washtenaw Community Health Organization	Addressing Trauma within the CMH Population: A Toolkit for Practitioners	\$52,335
Washtenaw Community Health Organization	Expanding Integrated Health Services within the PIHP	\$21,628
Washtenaw Community Health Organization	Getting to the Front Line of Mental Health for Older Adults	\$25,700
Washtenaw Community Health Organization dba CMH Partnership of SE Michigan	Supported Employment Community Collaboration	\$100,897
	TOTAL	\$13,212,731

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

FY2009 Summary of Areas Previously Identified by State as Needing Improvement

Three opportunities to improve the system of care for children were identified in the FY2009 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 many avenues including the Request for Proposal (RFP) process to allocate the Mental Health Block Grant and through collaborative efforts with system partners.

In FY2009, MDCH embarked on the first year of a five year partnership with Community Mental Health Services Providers (CMHSPs) and Pre-paid Inpatient Health Plans (PIHPs) to formally develop and implement local systems of care for children. In February 2009 MDCH introduced the Application for Renewal and Recommitment (ARR) which is a request for feedback from all the 18 PIHPs concerning where they currently stand with regard to service provision and how they plan to improve. In conjunction with the ARR, the CMHSPs were also issued program policy guidelines (PPGs). Annually, each CMHSP must examine and evaluate the mental health needs of the county or counties it serves and submit both a plan and a budget for the program. Each year, MDCH issues the PPGs and related guidance containing the requirements and instructions to satisfy Mental Health Code and legislative reporting requirements and to provide statewide policy direction. The significance of the FY10 PPGs is that each CMHSP was required to report back to MDCH a plan for developing and/or maintaining a system of care for children with serious emotional disturbance and for children with developmental disabilities. Communities are in different stages of developing local systems of care, but for those who had not yet begun actively planning, the PPG and the ARR provided that impetus. It is no longer just a good idea to provide a system of care for children, it is an expectation. MDCH continues to provide technical assistance to CMHSPs as they develop and enhance their local systems of care. The ultimate goal of the ARR and PPGs is to create a supportive partnership between the state mental health agency and mental health providers to collaboratively problem solve and support achievements to provide better mental health services statewide. It is the hope of MDCH that this effort will result in local systems of care that effectively address all three of the areas identified as targets for improvement listed above.

Keeping with the spirit of the promotion of local systems of care, the FY2009 Children's Mental Health Block Grant RFP process once again promoted system of care development. There was a specific emphasis placed upon 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 \$5.5 million in block grant funds were awarded in FY2009 to support system of care development. CMHSPs were also 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 also addressed all three areas previously identified as opportunities for improvement:

To specifically address the issues of differences in services available statewide, work continued in this area and criteria to guide access to services was finalized in FY2009. In addition to the access policy guidelines that were developed by The Standards Group and became an attachment to the FY2009 MDCH contracts with PIHPs and CMHSPs, the MDCH Division of Mental

Health Services to Children and Families, in conjunction with mental health clinicians and parents, revised specific access criteria for children birth through 3 years, 4 through 6 years, and 7 through 17 years with serious emotional disturbance. These access/eligibility criteria were initially issued as a Technical Advisory for use by the field, however, in FY2010 they also became an attachment to MDCH contracts with PIHPs and CMHSPs. It is hoped that this addition will continue to impact the differences in access to mental health services and will create more uniformity across the service system statewide.

Also in an attempt to improve services and availability of services, MDCH is using the plan prepared by the state team that attended the National Federation of Families for Children's Mental Health's Policy Academy on Transforming Children's Mental Health through Family-Driven Strategies in February 2009 to guide service development and improvement. The delegation sent to the policy academy from Michigan included leaders from state departments (mental health, child welfare, education and juvenile justice), state parent advocacy group leadership, local providers, parents and youth. Participation in this policy academy resulted in a plan for expanding family involvement at all levels of service provision and implementing a training curriculum for parent support partners (peer to peer) that had been previously developed. As a result of this policy academy and an important partnership with the Association for Children's Mental Health (ACMH), the Michigan chapter of the National Federation of Families, in a parent has been hired by ACMH through a contract with the Michigan Department of Community Health (MDCH) to be the state lead for coordinating and overseeing the revision of the curriculum and implementation of the parent support partner training statewide. Parents who complete the training curriculum will be state certified parent support partners who will work within the public mental health system to assist other parents in driving the services and supports that their families need. MDCH also hopes to expand on this project eventually to include a youth peer to peer support model since youth peer to peer has been added as an approved Medicaid b3 service under the Michigan mental health specialty services and supports managed care waiver. The planning for this project was finalized in FY2009, but the project will be fully operational in FY2010. With opportunities for parents to be involved at all levels of service planning and provision, parents and families can directly advocate for and influence the services that are available in their local communities. In addition, MDCH is working on refining a Family Driven/Youth Guided policy document that is to be released for public comment in December 2009 and added as an attachment to the FY11 MDCH contracts with Community Mental Health Services Providers (CMHSPs) and Pre-paid Inpatient Health Providers (PIHPs). This will provide parents and youth with another opportunity for both system level involvement and individual family/youth voice and choice in their services.

MDCH also continues to encourage and support evidence-based, promising and innovative practices. Michigan is implementing evidence-based practices for children and youth with block grant and local funding in hopes of creating a structure for sustaining these practices. Three primary models of practice are being supported in the state: Trauma Focused Cognitive Behavior Therapy (TFCBT), Parent Management Training-Oregon Model (PMTO), and Multi-Systemic Therapy (MST). Other EBPs (i.e. Parent Child Interaction Therapy, Brief Strategic Family Therapy, Multidimensional Treatment Foster Care) are also being provided in specific communities if they identified those EBPs as priorities and developed ways to fund those initiatives. The promising practice of Wraparound also continues to be supported and is a Medicaid covered service under the 1915b/c mental health specialty services and supports managed care waiver. Wraparound training is provided in partnership with the Department of Human Services which includes youth and parent trainers. DHS has also contributed substantial

funds to implement wraparound. One major challenge to implementing and sustaining these practices is funding. As funding streams are reduced, many communities have had to reassess how they provide services. In some communities the funding for Wraparound has been reduced or eliminated. In some areas, evidence-based practices are also being eliminated. As of July 2009, one of the seven MST teams in the state, in Detroit, was discontinued. However, MDCH continues to investigate and support ways to maintain these vital services through local partnerships.

Also in FY2009, Michigan communities continued to try to gain access to federally sponsored projects to promote system transformation and innovative services to children and families. In early FY2010 one site in Michigan, in Saginaw County, was notified that they were chosen as a SAMHSA Project LAUNCH site. Also, another Michigan community, Kent County, was also notified that they were awarded a SAMSHA System of Care Grant. They join two other current SAMHSA System of Care sites in Ingham and Kalamazoo Counties and two former SAMHSA sites in Wayne County and with the Sault Saint Marie Chippewa Tribe. These grant awards allow communities to do great work in the area of developing their local systems of care. These communities can also then be used as resources for other communities in the state to assist them in developing strong and meaningful systems of care.

To directly address increasing services to children in foster care, after many years of planning and discussion, MDCH and the Michigan Department of Human Services (MDHS), the child mental health and child welfare agencies respectively, developed a plan to better serve children placed in foster care who experience serious emotional disturbance. Plans are underway to use the 1915 (c) Waiver to serve children in the MDHS system that are in need of mental health services. MDHS will provide the state match for the SED Waiver to draw down federal revenue (Medicaid) to serve children in the MDHS system who are in permanency backlog and at risk for psychiatric hospitalization. A pilot in 5 counties is to begin in FY10. This has been an enormous achievement for the state and proves that barriers can be overcome to better serve children.

Also in FY2009, 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.

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

FY2009 Most Significant Events

Children's Mental Health Block Grant Proposals submitted for funding in FY2009 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. Below are some of the most significant events from FY2009.

Budget Issues

In FY2009, Michigan faced ongoing fiscal hardship. Michigan is experiencing a budget crisis which is the result of the worst economic conditions since the 1930s. The combination of the crisis in the domestic auto industry and the most severe national recession in decades reduced state general fund revenues for FY2009 by 21 percent below January estimates. This is the largest decline in revenue in at least 50 years. The Michigan Department of Community Health (MDCH) FY09 reductions totaled close to \$104 million including \$53.1 million in general funds. All areas of the department were impacted, but effects specific to mental health services to children and families included: the elimination of \$250,000 of General Fund Respite for children with SED funding and a \$10 million reduction in non-Medicaid services for community mental health agencies. Unfortunately, the state budget for FY2010 also includes significant cuts to MDCH, including a \$40 million General Fund cut to CMHSPs and the elimination of the \$1 million General Fund Respite for children with SED line, and will have a long-term impact on the ability of CMHSPs to serve all but the most severely impaired non-Medicaid consumers.

Regional Parent Management Training – Oregon Model (PMTO) Training

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 continued to utilize a system of regional training for PMTO in FY2009 that includes not only training clinicians as service providers, but also training trainers, coaches and fidelity monitors to support the Michigan PMTO system. Also in FY2009, MDCH initiated a process for tracking the services provided by PMTO certified therapists in the public mental health system through a code modifier. We hope that this will give us a more accurate picture of how much of this EBP is actually being provided statewide. 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 (TFCBT)

In FY2009, MDCH supported two training cohorts in TFCBT. The first TFCBT cohort occurred in FY2008. CMHSPs were eligible to submit applications to send staff to be trained in this evidence-based practice. Supervisors, clinicians and intake staff all participate at different levels in the training provided. MDCH is also training trainers and coaches in this EBP in order to

create a Michigan sustained structure. There continued to be a high level of interest expressed by CMHSPs wanting to participate in this training in FY2009 and to 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. The ongoing training plan is to offer two more training cohorts in FY2010, with the hopes of trainings being offered by local trainers at some point. This has continued to be 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. In FY2009, plans were finalized for transitioning the CAFAS to a web-based system that will be fully implemented and available to all CMHSPs in FY2010 through an MDCH block grant contract with the developer. This web-based CAFAS will make it easier for sites to report data and to generate reports for their own internal use. Having immediate access to CAFAS data can assist local mental health staff and supervisors in assessing effectiveness of treatment and in planning for future treatment. MDCH will also continue to utilize this data for planning and reporting purposes.

Supporting Quality Service Provision

In FY2009, MDCH conducted a study to evaluate home-based services statewide. The ultimate purpose of this study was to collect information in order to determine if changes in policy, practice, and professional development are needed to improve the delivery of home-based services. The study included a literature review, surveys of service providers, site visits with CMHSPs who were selected based upon several factors to obtain a representative sample and family interviews. The results of this study were made public in October 2009. In FY2010, these results will be utilized by small workgroups, comprised of MDCH and CMHSP staff and parents, to develop recommendations for a best practice home-based model. These recommendations will be used to inform possible changes in home-based policy, practice and professional development. This process has been extremely informative and will continue to contribute to better service provision in the state.

In addition in FY2009, MDCH continued a partnership with Michigan State University to develop a Michigan specific Wraparound Fidelity Tool. A pilot of the first questionnaire included in the tool was completed in FY09 and work continues on refining that and moving forward on piloting the other sections of the tool in FY10. It is the hope of MDCH that once this

tool is completed and implemented, it will help wraparound providers to ensure that they are providing consistent and effective wraparound services.

Family-Driven Policy Academy

Michigan was one of only seven states chosen to participate in the National Federation of Families for Children's Mental Health's Policy Academy on Transforming Children's Mental Health through Family-Driven Strategies in February 2009. The delegation sent to the policy academy from Michigan included leaders from state departments (mental health, child welfare, education and juvenile justice), state parent advocacy group leadership, local providers, parents and youth. Participation in this policy academy resulted in a plan for expanding family involvement at all levels of service provision and implementing a previously developed training curriculum for developing parent support partners (peer to peer). As a result of this policy academy and an important partnership with the Association for Children's Mental Health (ACMH), the Michigan chapter of the National Federation of Families, in FY2010 a parent has been hired by ACMH through a contract with the Michigan Department of Community Health (MDCH) to be the state lead for coordinating and overseeing the revision of the curriculum and implementation of the parent support partner training statewide. Parents who complete the training curriculum will be state certified parent support partners who will work within the public mental health system to assist other parents in driving the services and supports that their families need. MDCH also hopes to expand on this project eventually to include a youth peer to peer support model since youth peer to peer has been added as an approved Medicaid b3 service under the Michigan mental health specialty services and supports managed care waiver.

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.

FY2009 Purpose of Children's Block Grant Expenditures

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. These Community Collaborative groups are often where local block grant proposals originate. Also in FY2009, the addition of the ARR and PPGs, which prompt PIHPs/CMHSPs to create or enhance local systems of care for children, has contributed to local communities identifying projects and requesting block grant funding for those projects to assist them in achieving this goal.

The Request for Proposals for FY2009 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 \$5.5 million in block grant funds were awarded in FY2009 to support system of care development. Block grant funding in FY2009 continued to support projects like wraparound, evidence-based practices, outcomes measures (i.e. The Michigan Level of Functioning project), system improvements (i.e. home-based study, wraparound fidelity tool) and family support and involvement projects. Many projects requested and were approved for funding for multiple years.

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. In FY2009, youth representation continued on the Advisory Council on Mental Illness (block grant advisory council), in addition to existing parent representation. Michigan is also working on other ways to use block grant funding to strengthen parent and youth participation including supporting locally identified parent support projects, parent advocates through the Association for Children's Mental Health and the implementation of a parent support partners (peer to peer) training curriculum for with the hopes of eventually expanding on this to include a youth peer to peer support model as well.

Below are the projects that were funded in FY2009 with block grant dollars:

CHILDREN'S MENTAL HEALTH BLOCK GRANT		
FY09 PCA	CONTRACT TITLE	FY09
09-27839	ACMH Family Advocacy Project	129,199.00
09-27887	CEI JJD Training and TA	67,699.00
09-27430	CEI Trauma Informed CBT Coordination and Training	245,294.00

09-27843	CEI Home Based Service Manualization	131,783.00
09-27842	EMU LOF Project	120,540.00
09-27899	MACMHB Training ISII (PMTO)	130,042.00
09-27846	MPHI Family Centered Practice	145,742.00
09-27760	SEMHA Community Collaborative Planning/Early Intervention	231,803.00
09-27928	Wraparound National Consultants (Brown/Miles/Burns/Franz)	60,000.00
08-27929	Parent Leadership Training	20,000.00
09-27957	Random Moment Sampling	68,498.00
09-27802	ACMI Parent Support	2,000.00
09-27850	CSSM	4,000.00
09-27801	MHSCF Travel	9,136.00
09-27800	MHSCF Staff	142,526.00
09-27958	MHSCF Staff Indirect	10,333.00
09-27840	MSU Wraparound Fidelity Instrument Devel/Implementation	25,000.00
09-27428	PMTO Trg Support North Care PIHP (Pathways)	50,000.00
09-27426	PMTO Trg Support CMH for Central MI PIHP (Central)	50,000.00
09-27427	PMTO Trg Support Network 180 (Net 180)	50,000.00
09-27425	PMTO Trg Support CMH Partnership of SE MI (Washtenaw)	50,000.00
09-27429	PMTO Trg Support CMH Affiliation of Mid MI PIHP (CEI)	50,000.00
09-27434	DECA-I/T Pilot Coordinator	31,582.00
09-27435	Youth Peer to Peer Training (ACMH)	24,000.00
09-27815	Inter-Tribal Council(GrandTraverse Ottawa/Chippewa Indians)	7,800.00
	SUBTOTAL	1,856,977.00
09-27959	Allegan Early Risers Program	18,300.00
09-27886	Allegan JJ Diversion	14,500.00
09-27803	Allegan Wraparound	15,000.00
09-27409	Allegan Child Expulsion Prevention	40,000.00
09-27501	AuSable Valley Multidimensional Treatment Foster Care	20,960.00
09-27878	Bay-Arenac JJ Diversion	28,594.00
09-27510	Bay-Arenac CBT for Children	41,942.00
09-27964	CMHCM Clare/Gladwin JJ Diversion	30,200.00
09-27965	CMHCM Mecosta/Osceola JJ Diversion	30,200.00
09-27755	CMHCM Midland JJ Diversion	27,940.00
09-27966	CMHCM Structured Mentoring	28,000.00
09-27806	CMHCM Wraparound	20,000.00
09-27410	CMHCM HOPE Campaign Youth Suicide	11,144.00
09-27436	CMHCM Parent Child Interaction Therapy	59,143.00
09-27967	Copper Aggression Replacement Training	40,000.00
09-27517	Copper Wraparound	20,000.00
09-27844	Detroit-Wayne Child	1,043,582.00
09-27437	Detroit-Wayne Parent Partners	75,000.00
09-27438	Detroit-Wayne Support our Young Moms	75,000.00
09-27439	Genesee Maltreated Infant-Toddlers Court	70,835.00
09-27888	Genesee JJ Diversion	40,000.00
09-27745	Genesee MST	40,000.00
09-27761	Gratiot Juvenile Justice	25,000.00
09-27810	Gratiot Wraparound	8,800.00
09-27808	Hiawatha Wraparound	16,000.00
09-27747	Ionia JJ Diversion	37,411.00
09-27812	Ionia Wraparound	40,000.00

09-27813	Kalamazoo Wraparound	25,000.00
09-27411	PMTO Training & TA – SW Urban & Rural (Kalamazoo)	211,337.00
09-27814	Lapeer Wraparound	40,000.00
09-27412	Lapeer Infant/Young Child Mental Health	23,602.00
09-27440	Lapeer System of Care Planning	25,200.00
09-27890	Lifeways JJ Diversion	26,300.00
09-27750	Lifeways MST	18,000.00
09-27441	Lifeways Wraparound	65,000.00
09-27413	Macomb Prep Parent/Rela SED Children	50,000.00
09-27443	Macomb Trauma Informed Community	10,000.00
09-27444	Macomb Juvenile Justice	45,825.00
09-27862	Manistee-Benzie Wraparound	50,000.00
09-27759	Monroe Therapeutic Foster Care	25,000.00
09-27807	Muskegon Family Resource Centers	33,276.00
09-27445	Muskegon Wraparound	53,600.00
09-27851	network180 MST	40,000.00
09-27830	network180 Respite	34,884.00
09-27852	network180 TeenScreen	24,175.00
09-27446	Network180 Prevention Group	75,000.00
09-27447	Network180 Parent Mentor Program	62,001.00
09-27449	Network 180 MST Staff Training	4,637.00
09-27450	Network180 Access Clinician at DHS	34,158.00
09-27451	North Country System of Care Parent Consultants	9,570.00
09-27452	North County (Antrim/Kalkaska) Wraparound	53,643.00
09-27453	Northeast CMH System of Care	28,241.00
09-27540	Northern Lakes Respite	5,000.00
09-27454	Northern Lakes Training for Family/Providers in Youth GF	48,750.00
09-27455	Northern Lakes Wraparound 6 counties	74,317.00
09-27419	Oakland Access Parent Guides	50,000.00
09-27457	Saginaw Mobile Crisis Team	20,250.00
09-27458	Saginaw Creating a Trained Inform Workplace CBT	47,625.00
09-27459	Saginaw System of Care Development	75,000.00
09-27860	Sanilac Infant Mental Health	34,743.00
09-27885	Sanilac JJ Diversion	10,300.00
09-27863	Sanilac MST	34,743.00
09-27821	Shiawasee Wraparound	34,742.00
09-27895	St. Clair Juvenile Justice Screening	37,940.00
09-27422	St. Clair Wraparound	17,086.00
09-27866	St. Joseph Infant Mental Health	27,466.00
09-27535	Summit Pointe Out & About	3,200.00
09-27824	Van Buren Wraparound	40,000.00
09-27875	WCHO Youth Aging Out of Foster Care	40,000.00
09-27876	WCMCHS Youth & Family Enrichment	40,000.00
09-27423	Woodlands (Cass) Wraparound	35,400.00
	SUBTOTAL	3,662,562.00
	TOTAL	5,519,539.00

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	138,505	147,559	138,775	148,760	107.20
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 2008 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 Sandards 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	11.65	12.70	12.50	11.43	109.36
Numerator	521	600	--	585	--
Denominator	4,472	4,723	--	5,119	--

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 Mission-Based Performance Indicator System Report for the period January 1, 2009 to March 31, 2009 (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: This was 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	19.93	14.56	19.40	15.15	128.05
Numerator	3,507	2,537	--	2,616	--
Denominator	17,593	17,429	--	17,266	--

Table Descriptors:

- Goal:** Increase reliance on community-based alternatives to inpatient care.
- Target:** 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:** FY2008 Section 404 Quality Improvement File / Encounter Data for FY2008.
- 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 - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 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: To implement and provide evidence-based services.
Target: To maintain existing services and promote other types of evidence-based practices.
Population: Adults with mental illness (for therapeutic foster care and children with serious emotional disturbance)
Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
 3:Children's Services

Indicator: The eight evidence-based services

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

Sources of Information: State Mental Health Data System; Practice Improvement Steering Committee

Special Issues:

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

Activities and strategies/ changes/ innovative or exemplary model: MDCH's Practice Improvement Steering Committee continues to examine mental health practices that are evidence-based, promising practices, and emerging practices. PIHPs in Michigan continue to focus on Co-occurring Disorders: Integrated Dual Disorder Treatment, Family Psychoeducation, and Parent Management Training - Oregon Model, as well as working on improving model fidelity with the state's existing Assertive Community Treatment services and Supported Employment. The Practice Improvement Steering Committee is also considering other evidence-based or emerging practices for implementation in the future.

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.81	.91	1.20	1.11	92.50
Numerator	1,120	1,309	--	1,652	--
Denominator	138,505	143,541	--	148,760	--

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 receiving supported independent housing.

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

Sources of Information: FY2008 Section 404 Quality Improvement File / Encounter Data for FY2008

Special Issues:

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

Target Achieved or Not Achieved/If Not, Explain Why: This target was achieved at 92.50%. As the number of adults with mental illness served by CMHSPs during the fiscal year has increased, the number of adults with mental illness receiving supported independent housing has not gone up proportionately.

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	2.83	2.59	.69	2.29	331.88
Numerator	3,922	3,722	--	3,407	--
Denominator	138,505	143,541	--	148,760	--

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 (not evidence-based).
- Sources of Information:** FY2008 Section 404 Quality Improvement File / Encounter Data for FY2008
- Special Issues:**
- Significance:** The Practice Improvement Steering Committee selected Supported Employment as the third adult evidence-based practice for statewide implementation and a Supported Employment subcommittee has been convened.
- Activities and strategies/ changes/ innovative or exemplary model:** As the number of local service providers of evidence-based supported employment increases, factors that contribute to successes and barriers to implementation will be used to expand the service provision.
- 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 Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	4.29	4.36	4.10	4.33	105.61
Numerator	5,935	6,252	--	6,442	--
Denominator	138,505	143,541	--	148,760	--

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: FY2008 Section 404 Quality Improvement File / Encounter Data for FY2008.

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 an ACT Field Guide; this self-assessment/quality improvement tool is in the final stages of development. The Field Guide to ACT in Michigan will be used to assess current programs and to plan for technical assistance in areas of need.

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

Not, Explain Why:

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.46	.55	.46	.50	108.70
Numerator	633	794	--	744	--
Denominator	138,505	143,541	--	148,760	--

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: FY2008 Section 404 Quality Improvement File / Encounter Data for FY2008.

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: 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.05	.08	.09	.38	422.22
Numerator	73	119	--	566	--
Denominator	138,505	143,541	--	148,760	--

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:** FY2008 Section 404 Quality Improvement File / Encounter Data for FY2008.
- 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 IDDT teams.
- 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 strategies/ changes/ innovative or exemplary model:** During FY 09, MDCH continued to promote the implementation of COD: IDDT across the public mental health system. The implementation process includes the fidelity of the teams as well as continued quality improvement of the existing teams.
- Target Achieved or Not Achieved/If Not, Explain Why:** 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	87.64	75.09	89	76.73	86.21
Numerator	1,915	838	--	900	--
Denominator	2,185	1,116	--	1,173	--

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 perception of care questions on 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 perception of care questions on the MHSIP consumer satisfaction survey who agree with the statements regarding outcomes resulting from ACT services.
Denominator: Number of adults with mental illness who complete the perception of care questions on the MHSIP survey.
- Sources of Information:** Mental Health Statistics Improvement Program Consumer Survey General Satisfaction Subscale: Statewide Analysis by ACT Team for consumers who received services in May and June 2009.
- Special Issues:**
- Significance:** MDCH collects 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:** The Quality Improvement Council annually selects the target population and reviews the results of the MHSIP survey.
- Target Achieved or Not Achieved/If Not, Explain Why:** This target was achieved at 86.21%. It was recently determined that the FY 2008 calculation was artificially inflated. The FY 2009 target was based on the inaccurate data. Corrected FY 2008 actual data show this indicator achieved at 75.09%. FY 2009 actual data show this indicator achieved at 76.73%, which is an improvement over FY 2008.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	14.50	15.86	14.60	14.90	102.05
Numerator	20,088	22,769	--	22,166	--
Denominator	138,505	143,541	--	148,760	--

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: FY2008 Section 404 Quality Improvement File / Encounter Data for FY2008.

Special Issues:

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.

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	10.20	11.11	10.32	2.55	24.71
Numerator	14,124	15,941	--	3,787	--
Denominator	138,505	143,541	--	148,760	--

Table Descriptors:

Goal: Increase the number of people with mental illness who are diverted from jail into mental health treatment.

Target: To increase the percentage of people diverted from jail.

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 diverted from jail.

Measure: Numerator: The number of adults with mental illness who are diverted from jail through mental health interventions.
Denominator: The number of adults with mental illness served through the CMHSPs.

Sources of Information: 2009 Jail Diversion Special Data Request to CMHSPs

Special Issues:

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.

Target Achieved or Not Achieved/If Not, Explain Why: This target appears to be achieved at 24.71% because we changed the performance indicator numerator for FY 2009 and neglected to change the target percentage accordingly. For FY 2007 and FY 2008, the numerator for this indicator measured adults with mental illness served through the CMHSPs that reported either being in prison, jail, paroled from prison, probation from jail, juvenile detention center, court supervision, awaiting trial, awaiting sentencing, minor referred by court, arrested and booked, and diverted from arrest/booking. The information in this measure did not help us understand if the causes were positive or negative on the part of the CMHSPs. Increasing the number of people with mental illness who are diverted from jail through mental health interventions is a goal and a more meaningful measure. For FY 2009 actual, the numerator now reflects only those adults with mental illness who received pre-booking or post-booking jail diversion.

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	3.08	3.43	3	3.74	80.21
Numerator	4,260	4,930	--	5,564	--
Denominator	138,505	143,541	--	148,760	--

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:** FY2008 Section 404 Quality Improvement File / Encounter Data for FY2008.
- 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 80.21%. There is increased activity in Michigan surrounding outreach programs to the homeless population. 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	73.50	N/A	73.06	N/A
Numerator	N/A	1,226	--	1,296	--
Denominator	N/A	1,668	--	1,774	--

Table Descriptors:

Goal: Assure that mental health services address the social needs of consumers.

Target: To maintain that adults with mental illness who are receiving public mental health services have meaningful ties to their community.

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 Social Connectedness questions on the Mental Health Statistics Improvement Programs' (MHSIP) survey who report having positive social connections.

Measure: Numerator: Number of adults with mental illness who complete the Social Connectedness questions on the MHSIP survey who report having positive social connections.
Denominator: Number of adults with mental illness who complete the Social Connectedness questions on the MHSIP survey.

Sources of Information: Mental Health Statistics Improvement Program Consumer Survey Social Connectedness Subscale: Statewide Analysis by ACT Team who received services in May and June 2009.

Special Issues:

Significance: MDCH collects social connectedness 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: Data results for FY 2008 and FY 2009 will be discussed with the Quality Improvement Council.

Target Achieved or Not Achieved/If Not, Explain Why: FY 2008 and FY 2009 baseline data will enable us to establish a meaningful target for FY 2010.

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	74.33	N/A	77.12	N/A
Numerator	N/A	1,294	--	1,419	--
Denominator	N/A	1,741	--	1,840	--

Table Descriptors:

Goal: Assure that mental health services address the level of functioning of consumers.

Target: To maintain that adults with mental illness who are receiving public mental health services have an improved level of 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 Level of Functioning questions on the Mental Health Statistics Improvement Programs' (MHSIP) survey who report having a positive level of functioning.

Measure: Numerator: Number of adults with mental illness who complete the Level of Functioning questions on the MHSIP survey who report having a positive level of functioning.
Denominator: Number of adults with mental illness who complete the Level of Functioning questions on the MHSIP survey.

Sources of Information: Mental Health Statistics Improvement Program Consumer Survey Level of Functioning Subscale: Statewide Analysis by ACT Team who received services in May and June 2009.

Special Issues:

Significance: MDCH collects level of functioning 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: Data results for FY 2008 and FY 2009 will be discussed with the Quality Improvement Council.

Target Achieved or Not Achieved/If Not, Explain Why: FY 2008 and FY 2009 baseline data will enable us to establish a meaningful target for FY 2010.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	90.27	89.33	89.50	96.27	107.56
Numerator	2,857	2,696	--	3,016	--
Denominator	3,165	3,018	--	3,133	--

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: Final Michigan Performance Indicator Report for the period January 1, 2009 to March 31, 2009 (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: The Health Services Advisory Group (HSAG) has developed plans of corrective action for PIHPs that do not meet the standard for this indicator. The PIHPs have implemented these plans, resulting in improvement.

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	97.90	98.69	98.80	98.68	99.88
Numerator	6,803	6,705	--	7,775	--
Denominator	6,949	6,794	--	7,879	--

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: Final Michigan Performance Indicator Report for the period January 1, 2009 to March 31, 2009 (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 at 99.88% and exceeded the department's standard of 95%.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Rural Services Population

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	27.80	29.42	24.20	27.57	113.93
Numerator	35,309	37,372	--	35,021	--
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:** FY2008 Section 404 Quality Improvement File; 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. Out of the 83 counties in Michigan, only 7 counties are urban, including: 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	30,776	31,545	31,249	30,388	97.24
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 SED children served by CMHSPs

Measure: Number of SED children served by CMHSPs

Sources of Information: CMHSP Encounter Data Reports - FY09 Q1 & Q2.

Special Issues: The above outcome indicator is based on the percentage of children served by CMHSPs 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 the 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.

The FY08 data was updated to reflect the most current, best data available for this indicator. The data reporting for this indicator was refined and the numbers reported above are more accurate. Also, complete FY09 data is not available this close to the end of FY09. Complete FY09 data will be reported in the FY11 MHBG Application.

Significance: The number of children with SED being served by CMHSPs is an important indicator to reflect the rate at which the public system is serving children with SED.

Activities and strategies/ changes/ innovative or exemplary model: Activities to meet the target identified include: FY10 & 11 - Michigan will continue to monitor and gather data on the number of children served by the CMHSPs; FY10 - Use block grant and possibly new Medicaid funding through the 1915(b) waiver to serve more children with SED. FY11 - Use the 1915(c)waiver to expand services across the state.

Target Achieved or Not Achieved/If Not, Explain Why: We did achieve the target of serving more children than were served in FY05, however, we missed the target set for FY09 by 2.76% or 861 children. The number of children served that can be reported at this time is only for half of FY09, therefore, the number reported is lower than the actual number served in FY09. We will not have final FY09 data for several months. Final FY09 data will be reported in the FY11 MHBG Application.

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	7.54	8.74	9	7.43	121.13
Numerator	54	72	--	60	--
Denominator	716	824	--	807	--

Table Descriptors:

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

Target: The percentage of children with SED readmitted to inpatient psychiatric care within 30 days 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 Performance Indicator Report - FY09 Q1.

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%.

The data for FY07 and FY08 was updated to reflect the most current, best data available for this indicator. The data reporting for this indicator was refined and the numbers reported above are more accurate. Also, complete FY09 data is not available this close to the end of FY09. Complete FY09 data will be reported in the FY11 MHBG Application.

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: Activities to meet this target include - FY10 & 11: Michigan will continue to gather data on the number of children readmitted to a inpatient psychiatric hospital within 30 days; Michigan will monitor the CMHSPs that do not meet the 15% standard set by the department; Michigan will publish the results of this indicator and make these available to the public; and Michigan will provide technical assistance to CMHSPs to assure compliance with this indicator if necessary.

Target Achieved or Not Achieved/If Not, Explain Why: 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	19.73	12.72	18.75	14.85	126.26
Numerator	474	433	--	203	--
Denominator	2,402	3,405	--	1,367	--

Table Descriptors:

Goal: Percent of children readmitted within 180 days

Target: To decrease the percentage of children with serious emotional disturbance readmitted to inpatient psychiatric care within 180 days of discharge to 15% by FY2011.

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 Encounter Data Reports- FY09 Q1 & Q2.

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 data for FY08 was updated to reflect the most current, best data available for this indicator. The data reporting for this indicator was refined and the numbers reported above are more accurate. Also, complete FY09 data is not available this close to the end of FY09. Complete FY09 data will be reported in the FY11 MHBG application. The data reported for FY07 and FY08 is full year data while the data reported for FY09 is for only half of the year. That is the reason for the large discrepancy in totals.

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: Activities to meet this target include: FY09 - Michigan completed a monitoring study of home-based programs statewide to determine if this service is providing adequate and appropriate support to families in this area; FY10 & 11 - Michigan will continue to gather data on the number of children readmitted to a inpatient psychiatric hospital within 180 days; Michigan will monitor the CMHSPs that do not meet the 15% standard set by the department; Michigan will publish the results of this indicator and make these available to the public; Michigan will provide technical assistance to CMHSPs to assure compliance with this indicator if necessary.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	4	5	6	6	100
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 maintain or increase the number of Evidence-Based Practices for children with a serious emotional disturbance to at least 7 through FY 2011.

Population: Children diagnosed with serious emotional disturbance.

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

Indicator: The number of Evidence-Based Practices for children with serious emotional disturbance.

Measure: The number of Evidence-Based Practices for children with serious emotional disturbance.

Sources of Information: Reports directly from CMHSP providers - FY09 full year.

Special Issues: Building capacity to sustain evidence-based practices for children with serious emotional disturbance is a significant challenge. Michigan is currently training therapists, trainers, coaches and fidelity monitors in Parent Management Training - Oregon Model and Trauma Focused Cognitive Behavioral Therapy statewide. Other EBPs, including Multi-Systemic Therapy, Multi-Dimensional Treatment Foster Care, Parent Child Interaction Therapy and Wraparound are being provided in specific communities that have identified these as priority services. Michigan supports many of these initiatives with block grant funds.

Significance: The number of evidence-based practices for children with serious emotional disturbance is important to Michigan as they offer intensive community based services to children in the least restrictive environment.

Activities and strategies/ changes/ innovative or exemplary model: Activities to meet the target include: FY10 & 11 - Provide additional training for therapists and supervisors across the state in EBPs; continue to implement data tracking via codes and modifiers to more accurately track EBP provision; and continue to identify new counties that are interested in providing EBPs.

Target Achieved or Not Achieved/If Not, Explain Why: 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	70	.02	.04	.04	100
Numerator	N/A	6	--	11	--
Denominator	N/A	31,454	--	30,388	--

Table Descriptors:

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

Target: To increase the percentage of children with serious emotional disturbance served who receive Therapeutic Foster Care.

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 receive Therapeutic Foster Care.

Measure: Numerator: The number of children with serious emotional disturbance served who receive Therapeutic Foster Care.
Denominator: The number of children with serious emotional disturbance served by CMHSPs

Sources of Information: Reports directly from CMHSPs providers - FY09 full year.

Special Issues: Therapeutic Foster Care is an evidence-based practice for children with serious emotional disturbance. Michigan is training staff in this service 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. The data in FY07 included any child who received any therapeutic service while in foster care. This artificially inflated the number served for FY07. The data for FY08 and forward will include only those children receiving Therapeutic Foster Care services that follow the evidence-based model of TFC.

Significance: The percentage 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: Activities to meet the target include: FY10 - Therapeutic Foster Care will increase through the 1915 (c) Home and Community Based Waiver in several communities; FY 10 & 11 - Block grant funding will be available to communities to support EBPs and assist in improving the array of services for children with SED.

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

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.39	.90	.91	1.01	110.99
Numerator	120	283	--	306	--
Denominator	30,776	31,545	--	30,388	--

Table Descriptors:

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

Target: To increase the percentage of children with serious emotional disturbance served who receive Multi-Systemic Therapy.

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 SED served who receive Multi-Systemic Therapy

Measure: Numerator: The number of children with SED served who receive Multi-Systemic Therapy
Denominator: The number of children with SED served by CMHSPs.

Sources of Information: Reports directly from CMHSP providers - FY09 full year.

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 to achieve better outcomes. As of June 1, 2009, we lost one of the seven MST programs in the state. It is unclear at this time how the loss of that program will ultimately impact the total percentage of youth served by MST. We are hopeful that the other programs will increase the number served and make up the difference, but there is no way to predict this at this time.

Significance: The percentage of children receiving MST is significant in helping to determine access to this evidence-based practice.

Activities and strategies/ changes/ innovative or exemplary model: Activities to meet the target include: FY09, 10 & 11 - Track number of children who receive MST to determine a percentage; FY10 & 11 - Monitor development of MST across the state.

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

CHILD - IMPLEMENTATION REPORT

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

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 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: FFT is no longer offered in Michigan. After a brief trial, it was determined that the practice does not fit with the system of care approach as it not particularly collaborative in nature and it is very expensive to train staff and maintain fidelity to the model as required by the developers. This EBP was not a good fit in Michigan.

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	87.83	56.93	56.95	57.17	100.39
Numerator	1,032	538	--	594	--
Denominator	1,175	945	--	1,039	--

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: Number of 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 family satisfaction with the services they received using the Youth Satisfaction Survey for Families. The FY08 data was updated to report the most current data. There is no obvious reason for the significant drop in this indicator from FY07 to FY08, so additional data was needed to determine a baseline. In FY09, MDCH continued to implement the survey with the CMHSPs and the resulting percentage for this indicator in FY09 was 57.17%. FY08 and FY09 data appear consistent, so FY07 data was not included in the baseline. A baseline of 57.05% (an average of FY08 & FY09 data) has been established for this indicator. This indicator will be modified prior to the FY11 MHBG Application to reflect a new overall target and target figures for FY10 and FY11.

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: FY10 - determine baseline using FY08 & 09 data; FY 10 & 11 - Continue to implement the survey; review results of survey with a variety of stakeholders; and publish results of the survey for public review.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. Baseline has been established for this indicator.

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	47.25	48.58	47.30	53.62	113.36
Numerator	2,453	2,513	--	1,853	--
Denominator	5,191	5,173	--	3,456	--

Table Descriptors:

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

Target: At least 47% 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 2011.

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 number 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 number of children who had a 10, 20, or 30 on the school subscale score at intake.

Sources of Information: The Michigan Level of Functioning (LOF) Project - FY09 partial year data.

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.

The data for FY08 was updated to reflect the most complete data available for this indicator. FY09 data is partial year because full year data is not available this close to the end of FY09. Full year FY09 data will be reported in the FY11 MHBG Application.

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: PIHPs/CMHSPs. Activities to meet this target include: FY09, 10 & 11 - 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 provide this information to the

Target Achieved or Not Achieved/If Not, Explain Why: 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	48.26	50.96	51.46	44.84	87.14
Numerator	984	1,116	--	626	--
Denominator	2,039	2,190	--	1,396	--

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 and another .5% in FY2011 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 (LOF) Project - FY09 partial year data.

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 was changed in 2008. The measure will rely on CAFAS data from the Michigan LOF Project. A reduction in the community sub-scale score on the CAFAS indicates that the youth is improving in his/her behavior in the community and therefore is less of a risk to the community and at less risk for removal from the community through involvement in the juvenile justice system.

The data for FY08 was updated to reflect the most complete data available for this indicator. FY08 data is the baseline for this indicator, therefore the target for FY09 was updated to reflect this. FY09 data is partial year because full year data is not available this close to the end of FY09. Full year FY09 data will be reported in the FY11 MHBG Application.

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 at less risk for removal from the community.

Activities and strategies/ changes/ innovative or exemplary model: Activities to meet this target include: FY10 & 11 - Youth will continue to be screened, assessed and diverted to keep youth with mental health needs out of the juvenile justice system; outcome data will be collected; Mental Health Block Grant funds will continue to be targeted for projects providing screening and assessments to children involved in the juvenile justice system; block grant funds will be used to support the Michigan LOF Project.

Target Achieved or Not Achieved/If Not, Explain Why: This target was not achieved. The data available is partial year data. Full year data will be reported in the FY11 MHBG Application.

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.36	.41	.34	.27	125.93
Numerator	110	129	--	82	--
Denominator	30,776	31,545	--	30,388	--

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 served by CMHSPs.

Sources of Information: CMHSP Encounter Data Reports - FY09 Q1 & Q2.

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.

The data for FY08 was updated to reflect the most current, best data available for this indicator. The data reporting for this indicator was refined and the numbers reported above are more accurate. Also, complete FY09 data is not available this close to the end of FY09. Complete FY09 data will be reported in the FY11 MHBG application.

Significance: The percentage of children with SED served who are not in stable housing is significant because research as far a 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: Activities to meet this target include: FY10 & 11 - CMHSPs will continue to partner with local agencies who provide services to homeless youth; 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: 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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	2.98	3.39	3.39	2.91	85.84
Numerator	918	1,068	--	883	--
Denominator	30,776	31,545	--	30,388	--

Table Descriptors:

Goal: Increase social supports and connectedness

Target: To maintain or increase the percentage of children with severe emotional disturbance served 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 with serious emotional disturbance served 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 Encounter Data Reports - FY09 Q1 & Q2.

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

The data for FY08 was updated to reflect the most current, best data available for this indicator. The FY09 target was updated to reflect this. The data reporting for this indicator was refined and the numbers reported above are more accurate. Also, complete FY09 data is not available this close to the end of FY09. Complete FY09 data will be reported in the FY11 MHBG Application.

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: Activities to meet this target include: FY10 & 11 - Provide additional wraparound services; FY 10 & 11 - continue to implement the 1915(c) waiver and continue to partner with the Department of Human Services in the implementation of Wraparound Services.

Target Achieved or Not Achieved/If Not, Explain Why: The target was not met. This could be due to incomplete data reporting at this time. But what may also be contributing to the lower number of children receiving wraparound services is that extremely difficult economic conditions in the state have impacted both the Department of Community Health and the Department of Human Services, both of which contribute funds to wraparound programs in the state. Some local communities have discontinued wraparound programs due to funding cuts at the state and local level. This could explain why fewer children are receiving wraparound services statewide.

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 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	53.46	56.47	53.50	53.05	99.16
Numerator	3,182	3,396	--	3,071	--
Denominator	5,952	6,014	--	5,789	--

Table Descriptors:

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

Target: Through FY2011, the percentage of children with serious emotional disturbance with meaningful improvement on the CAFAS will remain consistent or increase.

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.

Measure: Numerator: Number of children with serious emotional disturbance that have greater than or equal to a 20 point reduction on Child and Adolescent Functional Assessment Scale.

Denominator: Number of children that completed treatment.

Sources of Information: Michigan Level of Functioning (LOF) Project - FY09 partial year data.

Special Issues: This indicator highlights significant and meaningful change in the level of functioning for a child and family.

The data for FY08 was updated to reflect the most complete data available for this indicator. FY09 data is partial year because full year data is not available this close to the end of FY09. Full year FY09 data will be reported in the FY11 MHBG Application.

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: Activities to meet this target include: FY10 & 11 - Michigan will continue to gather data on this outcome measure and give the information back to participating PIHPs/CMHSPs for quality improvement purposes; FY 10 & 11 - Michigan will highlight and recognize the PIHPs/CMHSPs that achieve superior outcomes; and 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: The target was not achieved, however we are at 99.16% of the target with partial year data reported. It is likely we will meet this target once full year data is reported. Full year data will be reported in the FY11 MHBG Application.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Access to assessment

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	97.76	98.23	98.30	93.07	94.68
Numerator	2,884	3,167	--	3,277	--
Denominator	2,950	3,224	--	3,521	--

Table Descriptors:

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

Target: Through FY2011, 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 Performance Indicator Reports - FY09 Q1.

Special Issues: In the FY07 Application Update of the 2-Year Plan, this indicator was revised because data is now being collected differently. The revision is the percentage of "new" children. 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%.

The data for FY08 was updated to reflect the most complete data available for this indicator. The data reporting for this indicator was refined and the numbers reported above are more accurate. Also, complete FY09 data is not available this close to the end of FY09. Complete FY09 data will be reported in the FY11 MHBG application.

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 to successful treatment.

Activities and strategies/ changes/ innovative or exemplary model: Activities to meet the target include: FY10 & 11 - Michigan will continue to gather data on the quality, access and timeliness of services; Michigan will continue to monitor the quality, access, and timeliness of services; Michigan will publish the results of the quality access, and timeliness data in various reports and make these available to the public; and 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: The target was not met. FY09 data reporting for this indicator is not complete and there are several CMHSPs that are having difficulty reporting accurately on this indicator. DCH staff is working to try to rectify reporting and system errors. Hopefully, accurate full year FY09 data will be available for the FY11 MHBG Application.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: CCEP successful placement outcome

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	92	85.23	81.25	85.07	105
Numerator	226	358	--	319	--
Denominator	245	420	--	375	--

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 graduate, 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 graduate, 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) reports - FY09 full year.

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 and the Department of Community Health and provided through cooperation with CMHSPs, the Michigan Coordinated Child Care Association and MSU Extension. 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. In FY10, the target population for this service and service delivery itself will change dramatically due to funding and structural issues. Only children ages 0-36 months will be eligible for this service. It is unclear how this will impact outcome data in the future.

Significance: The percentage of children receiving child care expulsion prevention services who graduate, 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: Activities to meet the target include: FY10 & 11 - Training will continue to be provided across the state in the CCEP program model; FY 10 - Michigan will complete the evaluation of the CCEP program and disseminate results; FY 10 & 11 - Michigan will continue to review quarterly reports submitted by the programs and to monitor outcomes.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Family Centered training

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	1,877	2,337	2,340	2,640	113
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 people attending trainings.

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

Sources of Information: Training coordinators' attendance data - FY09 full year.

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.

Significance: In FY 2009, 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-centered practice will continue in Michigan, however, it is unclear how the budget situation will impact MDCH's ability to offer trainings and agencies' and individuals' ability to attend trainings in future years.

Activities and strategies/ changes/ innovative or exemplary model: Activities to meet the target identified include: FY10 & 11 - MDCH will provide training in family-centered practice and wraparound to child serving system staff and families.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: No severe impairments at exit

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	51.20	51.90	51.30	52.22	101.79
Numerator	1,556	1,751	--	1,587	--
Denominator	3,041	3,373	--	3,039	--

Table Descriptors:

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

Target: Through FY 2011, the percentage of children with serious emotional disturbance who complete treatment with no severe impairments will remain consistent or increase.

Population: Children diagnosed with serious emotional disturbance.

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

Indicator: The percentage of children with serious emotional disturbance who complete treatment with no severe impairment at exit.

Measure: Numerator: The number of children with serious emotional disturbance that complete treatment and have no severe impairments at exit on the CAFAS.

Denominator: The number of children who had a severe impairment at intake and that completed treatment.

Sources of Information: Michigan Level of Functioning (LOF) Project - FY09 partial year data.

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.

The data for FY08 was updated to reflect the most complete data available for this indicator. FY09 data is partial year because full year data is not available this close to the end of FY09. Full year FY09 data will be reported in the FY11 MHBG Application.

Significance: Not having a 30 on any one sub-scale of the CAFAS increases the likelihood that a child can remain in the community.

Activities and strategies/ changes/ innovative or exemplary model: Activities to meet the target include: FY10 & 11 - Continue to support the Michigan LOF Project. The project has gained national recognition for monitoring outcomes of children and families and CMHSPs and is a national model that has been producing results for the past ten years. This is one of three outcome indicators that demonstrate effectiveness of treatment.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Rural Case Management

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	34.37	53.31	34.45	45.47	131.99
Numerator	5,001	8,024	--	6,236	--
Denominator	14,500	15,052	--	13,716	--

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 FY06 actual rate which was 34.26%.

Population: Children diagnosed with serious emotional disturbance.

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Percentage of children with serious emotional disturbance served receiving case management services in rural settings.

Measure: Numerator: The number of children (rural) diagnosed with SED served 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 Encounter Data Reports - FY09 Q1 & Q2.

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 data for FY08 was updated to reflect the most complete data available for this indicator. The reason for the significant increase in percentage of children with SED in rural areas who received case management services in FY08 is not clear. Also, complete FY09 data is not available this close to the end of FY09. Complete FY09 data will be reported in the FY11 MHBG application. However, the partial FY09 data suggests that the major increase in case management services reported in FY08 is an anomaly.

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: FY10 & 11 - 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; use block grant funding to support the initial development and implementation of MST, PMTO and Wraparound, all of which include case management services in rural areas of the state; maximize federal Medicaid funding to sustain these programs; use the 1915 (c) waiver to expand wraparound across the state; and continue to develop alternative intensive community based services through the use of 1915 (b)(3) services in rural areas of the state.

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

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Transformation Outcome PMTO

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.04	.47	.29	.71	244.83
Numerator	11	147	--	217	--
Denominator	30,776	31,545	--	30,388	--

Table Descriptors:

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

Target: To increase the percentage of children with serious emotional disturbance served who received PMTO.

Population: Children diagnosed with serious emotional disturbance.

Criterion: 3:Children's Services

Indicator: The percentage of children with SED served who receive PMTO.

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

Sources of Information: Reports from PMTO training coordinator - FY09 full year.

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 receive an evidence-based practice and will achieve better outcomes.

Significance: The percentage of children with SED served receiving PMTO is significant in helping to determine access to this evidence-based practice.

Activities and strategies/ changes/ innovative or exemplary model: Activities to meet the target include: FY 09 - Begin to collect data on number of children with SED served who receive PMTO to determine a percentage versus the number of therapist trained in PMTO; FY10 & 11 - Provide additional training for therapists across the state in PMTO; continue to provide coaching in PMTO; continue to provide training in how to teach others PMTO; FY 10 & 11 - maintain a system of fidelity monitoring for PMTO statewide.

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

Upload Planning Council Letter for the Implementation Report

November 18, 2009

Ms. Janet Olszewski, Director
Michigan Department of Community Health
201 Townsend Street
Lansing, MI 48913

Dear Ms. Olszewski:

The state's Advisory Council on Mental Illness met on November 13, 2009, to review and discuss Michigan's fiscal year 2009 Community Mental Health Services Block Grant Implementation Report.

The Advisory Council, comprised of consumers, family members, advocates, service providers, and representatives of state departments, appreciates the opportunity to offer input on the Block Grant Implementation Report. We hope that the submission of this report is met with favorably by the federal government.

We look forward to continuing our advisory role related to the state's federal Mental Health Block Grant activities, and we appreciate the support the department has continually given to the Council's work.

Sincerely,



Jeff Patton
Chair, Advisory Council on Mental Illness

Contact information:
Telephone: (269) 553-8000
E-mail: jpatton@kazoocmh.org

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.