

Michigan

UNIFORM APPLICATION 2011

STATE PLAN COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 08/06/2008 - Expires 08/31/2011

(generated on 8-26-2010 2.57.30 PM)

Center for Mental Health Services

Division of State and Community Systems Development

Introduction:

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

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0168.

Table of Contents

State: Michigan

Face Page	pg.4	Executive Summary	pg.5
Certifications	pg.7	Public Comments on State Plan	pg.18
Set-Aside For Children Report	pg.20	MOE Report	pg.21
Council List	pg.24	Council Composition	pg.34
Planning Council Charge, Role and Activities	pg.35	Adult - Overview of State's Mental Health System	pg.41
Adult - New Developments and Issues	pg.43	Adult - Legislative Initiatives and Changes	pg.45
Adult - Description of State Agency's Leadership	pg.47	Child - Overview of State's Mental Health System	pg.49
Child - New Developments and Issues	pg.51	Child - Legislative Initiatives and Changes	pg.53
Child - Description of State Agency's Leadership	pg.55	Adult - Service System's Strengths and Weaknesses	pg.57
Adult - Unmet Service Needs	pg.59	Adult - Plans to Address Unmet Needs	pg.61
Adult - Recent Significant Achievements	pg.63	Adult - State's Vision for the Future	pg.68
Child - Service System's Strengths and Weaknesses	pg.70	Child - Unmet Service Needs	pg.72
Child - Plans to Address Unmet Needs	pg.74	Child - Recent Significant Achievements	pg.76
Child - State's Vision for the Future	pg.78	Adult - Establishment of System of Care	pg.80
Adult - Available Services	pg.82	Adult - Estimate of Prevalence	pg.84
Adult - Quantitative Targets	pg.86	Adult - Outreach to Homeless	pg.88
Adult - Rural Area Services	pg.90	Adult - Older Adults	pg.92
Adult - Resources for Providers	pg.94	Adult - Emergency Service Provider Training	pg.96
Adult - Grant Expenditure Manner	pg.98	Table C - MHBG Transformation Expenditures Reporting Form	pg.101
Table C - Description of Transformation Activities	pg.102	Adult - Goals Targets and Action Plans	pg.104
Child - Establishment of System of Care	pg.124	Child - Available Services	pg.126
Child - Estimate of Prevalence	pg.128	Child - Quantitative Targets	pg.131
Child - System of Integrated Services	pg.133	Child - Geographic Area Definition	pg.135
Child - Outreach to Homeless	pg.137	Child - Rural Area Services	pg.139
Child - Resources for Providers	pg.141	Child - Emergency Service Provider Training	pg.143
Child - Grant Expenditure Manner	pg.145	Child - Goals Targets and Action Plans	pg.148
Planning Council Letter for the Plan	pg.170	Appendix A (Optional)	pg.172

FACE SHEET
FISCAL YEAR/S COVERED BY THE PLAN
X FY2011

STATE NAME: Michigan

DUNS #: 11-370-4139

I. AGENCY TO RECEIVE GRANT

AGENCY: Michigan Department of Community Health

ORGANIZATIONAL UNIT: Mental Health Administration

STREET ADDRESS: 320 South Walnut St.

CITY: Lansing

STATE: MI

ZIP: 48913

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

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

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

AGENCY: Michigan Department of Community Health

ORGANIZATIONAL UNIT: Mental Health Administration

STREET ADDRESS: 320 South Walnut St.

CITY: Lansing

STATE: MI

ZIP CODE: 48913

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

III. STATE FISCAL YEAR

FROM: 10/01/2010

TO: 09/30/2011

IV. PERSON TO CONTACT WITH QUESTIONS REGARDING THE APPLICATION

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

AGENCY: Michigan Department of Community Health

ORGANIZATIONAL UNIT: Bureau of Community Mental Health Services

STREET ADDRESS: 320 South Walnut St.

CITY: Lansing

STATE: MI

ZIP: 48913

TELEPHONE: 517-373-2845 FAX: 517-335-6775 EMAIL: degnanp@michigan.gov

Please respond by writing an Executive Summary of your current year's application.

No changes for FY11.

Attachment A. COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT FUNDING AGREEMENTS

FISCAL YEAR 2011

I hereby certify that Michigan agrees to comply with the following sections of Title V of the Public Health Service Act [42 U.S.C. 300x-1 et seq.]

Section 1911:

Subject to Section 1916, the State¹ will expend the grant only for the purpose of:

- i. Carrying out the plan under Section 1912(a) [State Plan for Comprehensive Community Mental Health Services] by the State for the fiscal year involved;
- ii. Evaluating programs and services carried out under the plan; and
- iii. Planning, administration, and educational activities related to providing services under the plan.

Section 1912

(c)(1)& (2) [As a funding agreement for a grant under Section 1911 of this title] The Secretary establishes and disseminates definitions for the terms “adults with a serious mental illness” and “children with a severe emotional disturbance” and the States will utilize such methods [standardized methods, established by the Secretary] in making estimates [of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children].

Section 1913:

(a)(1)(C) In the case for a grant for fiscal year 2011, the State will expend for such system [of integrated services described in section 1912(b)(3)] not less than an amount equal to the amount expended by the State for the fiscal year 1994.

[A system of integrated social services, educational services, juvenile services and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (which includes services provided under the Individuals with Disabilities Education Act)].

(b)(1) The State will provide services under the plan only through appropriate, qualified community programs (which may include community mental health centers, child mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental-health primary consumer-directed programs).

(b)(2) The State agrees that services under the plan will be provided through community mental health centers only if the centers meet the criteria specified in subsection (c).

(C)(1) With respect to mental health services, the centers provide services as follows:

²¹. The term State shall hereafter be understood to include Territories.

- (A) Services principally to individuals residing in a defined geographic area (referred to as a “service area”)
- (B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
- (C) 24-hour-a-day emergency care services.
- (D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
- (E) Screening for patients being considered for admissions to State mental health facilities to determine the appropriateness of such admission.

(2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed in the service area of the center regardless of ability to pay for such services.

(3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.

Section 1914:

The State will establish and maintain a State mental health planning council in accordance with the conditions described in this section.

(b) The duties of the Council are:

- (1) to review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;
- (2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and
- (3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

(c)(1) A condition under subsection (a) for a Council is that the Council is to be composed of residents of the State, including representatives of:

- (A) the principle State agencies with respect to:
 - (i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and
 - (ii) the development of the plan submitted pursuant to Title XIX of the Social Security Act;
- (B) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;
- (C) adults with serious mental illnesses who are receiving (or have received) mental health services; and
- (D) the families of such adults or families of children with emotional disturbance.

(2) A condition under subsection (a) for a Council is that:

- (A) with respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council; and

(B) not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services.

Section 1915:

(a)(1) State will make available to the State mental health planning council for its review under section 1914 the State plan submitted under section 1912(a) with respect to the grant and the report of the State under section 1942(a) concerning the preceding fiscal year.

(2) The State will submit to the Secretary any recommendations received by the State from the Council for modifications to the State plan submitted under section 1912(a) (without regard to whether the State has made the recommended modifications) and comments on the State plan implementation report on the preceding fiscal year under section 1942(a).

(b)(1) The State will maintain State expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

Section 1916:

(a) The State agrees that it will not expend the grant:

(1) to provide inpatient services;

(2) to make cash payments to intended recipients of health services;

(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition of the receipt of Federal funds; or

(5) to provide financial assistance to any entity other than a public or nonprofit entity.

(b) The State agrees to expend not more than 5 percent of the grant for administrative expenses with respect to the grant.

Section 1941:

The State will make the plan required in section 1912 as well as the State plan implementation report for the preceding fiscal year required under Section 1942(a) public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.

Section 1942:

(a) The State agrees that it will submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the States) to be necessary for securing a record and description of:

(1) the purposes for which the grant received by the State for the preceding fiscal year under the program involved were expended and a description of the activities of the State under the program; and

(2) the recipients of amounts provided in the grant.

(b) The State will, with respect to the grant, comply with Chapter 75 of Title 31, United States Code. [Audit Provision]

(c) The State will:

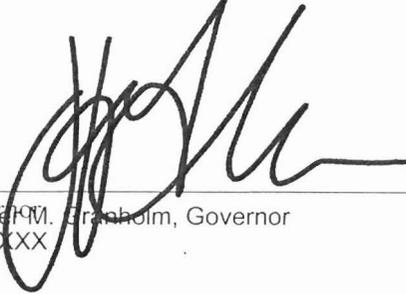
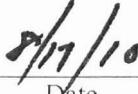
- (1) make copies of the reports and audits described in this section available for public inspection within the State; and
- (2) provide copies of the report under subsection (a), upon request, to any interested person (including any public agency).

Section 1943:

(a) The State will:

- (1)(A) for the fiscal year for which the grant involved is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved; and
- (B) ensure that, in the conduct of such peer review, not fewer than 5 percent of the entities providing services in the State under such program are reviewed (which 5 percent is representative of the total population of such entities);
- (2) permit and cooperate with Federal investigations undertaken in accordance with section 1945 [Failure to Comply with Agreements]; and
- (3) provide to the Secretary any data required by the Secretary pursuant to section 505 and will cooperate with the Secretary in the development of uniform criteria for the collection of data pursuant to such section

(b) The State has in effect a system to protect from inappropriate disclosure patient records maintained by the State in connection with an activity funded under the program involved or by any entity, which is receiving amounts from the grant.

	
_____ Jennifer M. Granholm, Governor XXXXXX	_____ Date

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
 Office of Grants Management
 Office of the Assistant Secretary for Management and Budget
 Department of Health and Human Services
 200 Independence Avenue, S.W., Room 517-D
 Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Director	
APPLICANT ORGANIZATION MI Department of Community Health	DATE SUBMITTED 8-13-10	

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____
4. Name and Address of Reporting Entity: Prime _____ Subawardee _____ Tier _____, if known: Congressional District, if known: _____		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____
6. Federal Department/Agency: 	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known: 	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Entity <i>(if individual, last name, first name, MI):</i> 	b. Individuals Performing Services <i>(including address if different from No. 10a.)</i> <i>(last name, first name, MI):</i> 	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10.(a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No.0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

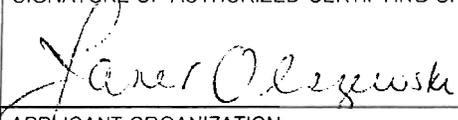
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age;
- (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Director	
APPLICANT ORGANIZATION MI Department of Community Health		DATE SUBMITTED 8-13-10

Section 1941 of the Block Grant legislation stipulates that as a condition of the funding agreement for the grant, States will provide opportunity for the public to comment on the State Plan. States will make the mental health plan public in such a manner to facilitate comment from any person (including Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.

States should describe their efforts and procedures to obtain public comment on the plan on the plan in this section.

Michigan's Community Mental Health Block Grant Application is posted on the Department of Community Health's website with information about how to provide comment on the plan.

All Prepaid Inpatient Health Plans and Community Mental Health Services Programs in the state are given information on the availability of the plan and contact information for comments. A notice soliciting comments is provided for them with the request that they post the notice in their lobbies and to provide the information to all of their subcontract agencies. As was done last year, a press release will be issued by the department's Communications Office for publication in newspapers. As a result of this effort last year, numerous comments were received from the public on the block grant program and on mental health services in general.

In addition, all meetings of the Advisory Council on Mental Illness (Planning Council) are open to the public with an opportunity for public comment listed on each agency. The dates of the meetings are posted on the department's website.

II. SET-ASIDE FOR CHILDREN'S MENTAL HEALTH SERVICES REPORT

States are required to provide systems of integrated services for children with serious emotional disturbances(SED). Each year the State shall expend not less than the calculated amount for FY 1994.

Data Reported by:

State FY X Federal FY _____

State Expenditures for Mental Health Services

Calculated FY 1994	Actual FY 2009	Estimate/Actual FY 2010
<u>\$3,509,106</u>	<u>\$4,649,528</u>	<u>\$3,509,106</u>

Waiver of Children's Mental Health Services

If there is a shortfall in children's mental health services, the state may request a waiver. A waiver may be granted if the Secretary determines that the State is providing an adequate level of comprehensive community mental health services for children with serious emotional disturbance as indicated by a comparison of the number of such children for which such services are sought with the availability of services within the State. The Secretary shall approve or deny the request for a waiver not later than 120 days after the request is made. A waiver granted by the Secretary shall be applicable only for the fiscal year in question.

III. MAINTENANCE OF EFFORT(MOE) REPORT

States are required to submit sufficient information for the Secretary to make a determination of compliance with the statutory MOE requirements. MOE information is necessary to document that the State has maintained expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

MOE Exclusion

The Secretary may exclude from the aggregate amount any State funds appropriated to the principle agency for authorized activities of a non-recurring nature and for a specific purpose. States must consider the following in order to request an exclusion from the MOE requirements:

1. The State shall request the exclusion separately from the application;
2. The request shall be signed by the State's Chief Executive Officer or by an individual authorized to apply for CMHS Block Grant on behalf of the Chief Executive Officer;
3. The State shall provide documentation that supports its position that the funds were appropriated by the State legislature for authorized activities which are of a non-recurring nature and for a specific purpose; indicates the length of time the project is expected to last in years and months; and affirms that these expenditures would be in addition to funds needed to otherwise meet the State's maintenance of effort requirement for the year for which it is applying for exclusion.

The State may not exclude funds from the MOE calculation until such time as the Administrator of SAMHSA has approved in writing the State's request for exclusion.

States are required to submit State expenditures in the following format:

MOE information reported by:

State FY X Federal FY _____

State Expenditures for Mental Health Services

Actual FY Actual FY Actual/Estimate FY

2008	2009	2010
<u>\$426,650,531</u>	<u>\$354,547,198</u>	<u>\$349,454,432</u>

MOE Shortfalls

States are expected to meet the MOE requirement. If they do not meet the MOE requirement, the legislation permits relief, based on the recognition that extenuating circumstances may explain the shortfall.

These conditions are described below.

(1). Waiver for Extraordinary Economic Conditions

A State may request a waiver to the MOE requirement if it can be demonstrated that the MOE deficiency was the result of extraordinary economic conditions that occurred during the SFY in question. An extraordinary economic condition is defined as a financial crisis in which the total tax revenues declined at least one and one-half percent, and either the unemployment increases by at least one percentage point, or employment declines by at least one and one-half percent. In order to demonstrate that such conditions existed, the State must provide data and reports generated by the State's management information system and/or the State's accounting system.

(2). Material Compliance

If the State is unable to meet the requirements for a waiver under extraordinary economic conditions, the authorizing legislation does permit the Secretary, under certain circumstances, to make a finding that even though there was a shortfall on the MOE, the State maintained material compliance with the MOE requirement for the fiscal year in question. Therefore, the State is given an opportunity to submit information that might lead to a finding of material compliance. The relevant factors that SAMHSA considers in making a recommendation to the Secretary include: 1) whether the State maintained service levels, 2) the State's mental health expenditure history, and 3) the State's future commitment to funding mental health services.

Michigan received a waiver of the Community Mental Health Block Grant Maintenance of Effort requirement from SAMHSA for state fiscal year 2009. Michigan will submit a request for a waiver from the Maintenance of Effort requirement for state fiscal year 2010. Please note that Michigan's fiscal year ends on September 30, 2010.

**TABLE 1.
Members**

List of Planning Council

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Allen, Regina	Family Members of adults with SMI	State Advisory Council on Aging	2309 Belaire Drive Lansing, MI 48911 PH:(517) 708-7972 FAX:	signothetimes@comcast.net
Berman, Joel	Consumers/Survivors/Ex-patients(C/S/X)	Detroit Central City	1101 W. Warren #413 Detroit, MI 48201 PH:(313) 831-1128 FAX:	berman_joeli@yahoo.com
Boatwright, Jasmine	Consumers/Survivors/Ex-patients(C/S/X)		11789 Farley Redford, MI, MI 48239 PH:(313) 658-5145 FAX:	jboatwri@co.wayne.mi.us
Cerano, Elmer	Others(not state employees or providers)	Michigan Protection and Advocacy Services	4095 Legacy Parkway, Suite 500 Lansing, MI 48911 PH:(517) 487-1755 FAX:(517) 487-0827	ecerano@mpas.org
			320 S. Walnut, 5th	degnanp@michigan.gov

Degnan, Patricia	State Employees	Mental Health	Floor Lansing, MI 48913 PH:(517) 373-2845 FAX:(517) 335-6775	
Hart, Dennis	State Employees	Vocational Rehabilitation	11611 W. Pine Lake Road Plainwell, MI 49080 PH:(269) 664-9212 FAX:	hartd1@michigan.gov

**TABLE 1.
Members**

List of Planning Council

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Hight, Dwane	Consumers/Survivors/Ex-patients(C/S/X)		1370 Lakeview Drive Gladwin,MI 48624 PH:(989) 426-9295 FAX:(989) 426-2251	dhight@cmhcm.org
Irrer, Janet	State Employees	Housing	735 East Michigan Avenue P.O. Box 30044 Lansing,MI 48912 PH:(517) 241-1157 FAX:(517) 241-6672	irrerj@michigan.gov
Isom-Jackson, Vanessa	Others(not state employees or providers)	Association for Children's Mental Health	5900 McGraw Street Detroit,MI 48210 PH:(313) 895-2860 FAX:(313) 895-2867	acmh-vanessa@sbcglobal.net
Jasper, Colleen	Consumers/Survivors/Ex-patients(C/S/X)	Office of Consumer Relations Department of Community Health	2529 Limerick Holt,MI 48842 PH:(517) 373-1255 FAX:(517) 335-6775	jasper@michigan.gov
			5938 W. Fourth Street	shareenmm@yahoo.com

McBride-Wicklund, Shareen	Others(not state employees or providers)	Association for Children's Mental Health	Ludington, MI 49431 PH:(231) 499-3333 FAX:(231) 843-2066	
McCants, LaTrice	Consumers/Survivors/Ex-patients(C/S/X)		6900 McGraw Street Detroit, MI 48210 PH:(313) 895-2860 FAX:	lmccants@swsol.org

TABLE 1.

List of Planning Council

Members

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Naganashe, Arlene	Family Members of adults with SMI	Inter-Tribal Council of Michigan	34 Bridge Street Petosky, MI 49770 PH:(231) 347-9093 FAX:(231) 487-4673	anaganashe@northernhealth.org
Patton, Jeff	Providers	Kalamazoo CMH & Substance Abuse Services	3299 Gull Road P.O. Box 63 Nazareth, MI 49074 PH:(269) 553-8000 FAX:(269) 553-8012	jpatton@kazooocmh.org
Pearson, Malisa	Family Members of Children with SED	Association for Children's Mental Health	6017 W. St. Joe Highway, Suite 200 Lansing, MI 48917 PH:(517) 372-4016 FAX:(517) 372-4032	acmhmalisa@aol.com
Pennell, Jamie	Family Members of Children with SED		211 Butler Leslie, MI 49251 PH:(517) 589-9074 FAX:	bnj00@cablespeed.com
Reagan, Jane	State Employees	Education	Office of Special Education and Early Intervention 2nd Floor Hannah Bldg. Lansing, MI 48933 PH:(517) 335-	reaganj@michigan.gov

			2250 FAX:(517) 373-7504	
Reinstein, Mark	Others(not state employees or providers)	Mental Health Association in Michigan	30233 Southfield Road, Suite 220 Southfield,MI 48076 PH:(248) 647- 1711 FAX:(248) 647-1732	mstrmha@aol.com

**TABLE 1.
Members**

List of Planning Council

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Robinson, Ben	Others(not state employees or providers)	Rose Hill Center	5130 Rose Hill Boulevard Holly,MI 48442 PH:(248) 634-5530 FAX:(248) 634-7754	brobinson@rosehillcenter.org
Scanlon, Kerin	Consumers/Survivors/Ex-patients(C/S/X)		3877 S. Shepherd Road Mt. Pleasant,MI 48858 PH:(989) 772-9630 FAX:	kscanlon@tm.net
Steiner, Sally	Others(not state employees or providers)	Office of Services to the Aging	300 E. Michigan Avenue P.O. Box 30676 Lansing,MI 48909 PH:(517) 373-8810 FAX:(517) 373-4092	steiners@michigan.gov
Straseske, Clayton	State Employees	Criminal Justice	P.O. Box 30003 Lansing,MI 48909 PH:(517) 373-3318 FAX:(517)	straseca@michigan.gov

			335-8071	
Taylor, Kristen	Others(not state employees or providers)	NAMI - Michigan	921 N. Washington Avenue Lansing, MI 48906 PH:(517) 853-0950 FAX:	ktaylor@namimi.org
Vanda, Jocelyn	State Employees	Social Services	Grand Tower, Suite 1514 Lansing, MI 48909 PH:(517) 373-7985 FAX:(517) 335-6101	vandaj@michigan.gov

**TABLE 1.
Members**

List of Planning Council

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Wellwood, Brian	Consumers/Survivors/Ex-patients(C/S/X)	Justice in Mental Health Organization	520 Cherry Street Lansing, MI 48933 PH:(517) 371-2221 FAX:(517) 371-5770	brwellwood@yahoo.com

Patricia Degnan represents Medicaid as well as Mental Health. In Michigan, the Department of Community Health includes both Mental Health and Medicaid. Mental Health staff are responsible for the Medicaid policy and contract mechanisms for Medicaid funding for mental health services.

TABLE 2. Planning Council Composition by Type of Member

Type of Membership	Number	Percentage of Total Membership
TOTAL MEMBERSHIP	25	
Consumers/Survivors/Ex-patients(C/S/X)	7	
Family Members of Children with SED	2	
Family Members of adults with SMI	2	
Vacancies(C/S/X and Family Members)	0	
Others(not state employees or providers)	7	
TOTAL C/S/X, Family Members and Others	18	72.00%
State Employees	6	
Providers	1	
Vacancies	0	
TOTAL State Employees and Providers	7	28.00%

Note: 1) The ratio of parents of children with SED to other members of the Council must be sufficient to provide adequate representation of such children in the deliberations of the Council, 2) State Employee and Provider members shall not exceed 50% of the total members of the Planning Council, and 3) Other representatives may include public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services. 4) Totals and Percentages do not include vacancies.

State Mental Health Planning Councils are required to perform certain duties. If available, a charter or a narrative summarizing the duties of the Planning Council should be included. This section should also specify the policies and procedures for the selection of council members, their terms, the conduct of meetings, and a report of the Planning Council's efforts and related duties as mandated by law:

reviewing plans and submitting to the State any recommendations for modification

serving as an advocate for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems, monitoring, reviewing, and evaluating, not less than once each year, the allocation and adequacy of mental health services within the State.

the role of the Planning Council in improving mental health services within the State.

In addition to the duties mandated by law, States should include a brief description of the role of the Planning Council in the State's transformation activities that are described in Part C, Section II and Section III.

ADVISORY COUNCIL ON MENTAL ILLNESS
Bylaws

ARTICLE I

Name

1. The name of this unincorporated association shall be the Advisory Council on Mental Illness.

ARTICLE II

Function

1. The purpose of the Advisory Council on Mental Illness shall be to advise the Michigan Department of Community Health (MDCH) concerning proposed and adopted plans affecting mental health services provided or coordinated by the State of Michigan and the implementation thereof.
2. The Council's responsibilities as defined in P.L. 102-321 include, but are not limited to:
 - a. To assist the Department of Community Health in planning for community-based programs targeted to persons with serious mental illness or serious emotional disturbance.
 - b. To advocate for improved services to persons with serious mental illness or serious emotional disturbance.
 - c. To monitor and evaluate the implementation of the "State Comprehensive Mental Health Service Plan for Persons with Serious Mental Illness (P.L. 102-321)."
 - d. To advise the Director of the Department of Community Health as to service system needs for persons with serious mental illness or serious emotional disturbance.
3. The Director of the Department of Community Health may assign additional areas of responsibilities to the Council.

ARTICLE III

Members

1. Members shall be appointed by the Director of the Michigan Department of Community Health in accordance with the requirements of P.L. 102-321.
2. Council member composition shall follow the guidelines set forth in P.L. 102-321 and any subsequent regulations pertaining to council membership.
3. The Council shall have a minimum of 22 members.
 - a. More than fifty per cent of the members shall be consumers/advocates.

- b. Every effort shall be made to assure the composition of the Council reflects the social and demographic characteristics of Michigan's population.
4. Members shall be appointed for two-year terms and may be re-appointed.
5. Each member may designate to the Department an alternate to represent the member at Council meetings. The officially designated alternates attending as representatives of members shall be given voting privileges at the Council meeting.
6. Attendance:
 - a. Members shall be excused by notifying Council staff when unable to attend a scheduled meeting.
 - b. Absent members who do not notify staff to be excused from a meeting and do not send an alternate shall be noted as un-excused.
 - c. Three absences during one year shall trigger an evaluation of the member's status on the Council.
7. Vacancies: Vacancies on the Council shall be filled by appointment by the Director of the Department of Community Health in accordance to P.L. 102-321
8. The department director may remove any member from the council if the department director determines the member has not fulfilled his or her council responsibilities in a manner consistent with the council's or department's best interests. If exercising this authority, the department director shall inform the removed member of the reason(s) supporting such action.

ARTICLE IV Officers

1. The Council shall use the calendar year for appointments and terms of officers. Officers serve for one calendar year. The officers of the Council shall consist of chairperson, vice-chairperson, and recording secretary, who shall be elected by the council.
2. The chairperson shall be responsible for conducting the meetings. The chairperson shall be an ex-officio member of all committees formed by the Council. The chairperson shall serve for a one-year term with a maximum of two consecutive years.
3. The vice chairperson shall act in the absence of the chair. The vice chairperson shall serve for a one-year term with a maximum of two consecutive years.
4. The recording secretary shall be responsible for keeping minutes, recording attendance and working with the other officers. The recording secretary shall serve for a one-year term with a maximum of two consecutive years.

5. Vacancies among officers: A vacancy shall exist when an officer resigns from the office held or ceases to be a member of the Council. In the event the position of the chairperson becomes vacant, the vice chairperson shall perform the duties and exercise the powers of the chairperson for the remainder of the term. The Council shall fill vacancies in the offices of vice-chairperson and recording secretary for the remainder of the term.

ARTICLE V

Meetings

1. The regular meetings of the Council will occur no less than four (4) times per calendar year.
2. Notice of the dates, time, location and agenda of regular meetings of the Council shall be distributed in accordance with the Open Meetings Act (P.A. 267 of 1976). In addition, notice of the dates, time, location and agenda of regular meetings shall be posted publicly at least three days prior to any meeting of the Council.
3. The Director of the Department of Community Health, Council chairperson or six (6) members may call a special meeting of the Council as necessary.
4. A quorum shall be more than one-half of the number of members serving on the Council at the time of the vote.
5. Council action is determined by a majority vote. A majority vote is defined as a majority of those members present.
6. Robert's Rules of Order shall govern the conduct of all meetings.
7. Electronic meetings, using telephone conference calls or video conferencing are allowed when circumstances require Council action or to establish a quorum

ARTICLE VI

Executive Committee

1. The Council's executive committee shall consist of the chairperson, vice chairperson, recording secretary and immediate past chairperson, if still a Council member. If none of the described positions includes a consumer/advocate, then a consumer/advocate member will be added to the executive committee.
2. The executive committee may draft and finalize letters and communications on behalf of the Council as directed by the Council.
3. The executive committee members may represent the Council in meetings with state and federal government officials within the scope of the Council's business.

The executive committee may act on behalf of the Council when it is in the Council's best interests to do so. Any action by the executive committee shall be subject to subsequent ratification by the Council.

4. Any other duties, tasks or responsibilities assigned to the executive committee shall be delegated by official Council action at a Council meeting.

ARTICLE VII

Committees

1. The Council or its chairperson may create special committees for a specific period of time. The Council chairperson shall designate the members of a special committee and assure each committee has representation from at least one primary consumer, and at least one family member of an adult with serious mental illness, or one parent/caregiver of a minor with serious emotional disturbance. The nature of the committee shall dictate the type of consumer / family member representation that is needed. The director of the department of community health may appoint persons to serve as ex-officio members, without voting rights, of Council special committees. The Council chairperson may serve as the committee chair or designate a committee chairperson.
2. The scope and tenure of special committees shall terminate when the designated period of time has lapsed or the task is completed.
3. Special committees shall report on the committee's work to the Council. The establishment and dissolution of special committees shall be noted in the Council minutes.
4. A special committee may request the invitation of technical resource persons to provide information and answer questions, or the Council chairperson may appoint persons outside the Council to serve on a committee.

ARTICLE VIII

Amendments

1. These bylaws shall be amended by a two-thirds vote of the Council at a regularly scheduled meeting following a 30-day review period of the proposed amendments and enacted with the concurrence of the Director of the Department of Community Health.
2. A committee of the Council shall review these bylaws not less than every four years.
3. These bylaws were last amended by the Advisory Council on Mental Illness at its regular meetings held on May 12, 2006 and November 9, 2006, and concurred by the Director on January 1, 2007.

Role of the ACMI in the State's Transformation Activities

Michigan's planning council, the Advisory Council on Mental Illness (ACMI), has identified and discussed weaknesses and recommended changes in the mental health system during the past twelve months. ACMI representatives, including consumers, met with the MDCH Director and the Mental Health and Substance Abuse Administration Director on the reduction in the general fund budget for community mental health services. With additional cuts proposed by the legislature, ACMI representatives met with a group of legislators and provided information on the importance of the system on people's lives; presentations were made by both an adult consumer and an adolescent who receives services. Additionally, the ACMI discussed extensively the new CMHSP guidelines for managing waiting lists of people who would be eligible for services but are not able to access them immediately due to general fund limitations. The council composed and sent a letter to the MDCH Director expressing concerns in this area.

The council is involved in system transformation work both at the state and regional levels. ACMI members participate in the state Recovery Council, the state Practice Improvement Steering Committee and its subcommittees, the state Quality Improvement Council, and at the regional level are members of Improving Practices Leadership Groups, evidence-based practice implementation groups, and CMHSP boards of directors. Council members have shared their personal experiences with evidence-based practices, including Supportive Housing.

ACMI members include Certified Peer Support Specialists. There is a strong link between the Michigan Recovery Center of Excellence (MRCE) and the ACMI. MRCE staff participate in council meetings and information is shared between the groups. Council information and minutes are posted on the MRCE website (www.mirecovery.org). The ACMI Vice-chair, who is a consumer, participated in the state's FY 10 Block Grant Application peer review and attended the annual national Block Grant meeting.

Additional issues being discussed and monitored by the council include group home development, health care reform and integrating behavioral health with physical health care, and trauma-informed systems of care.

Adult - A brief description of how the public mental health system is currently organized at the State and local levels, including the State Mental Health Agency's authority in relation to other State agencies.

No changes for FY11.

Adult - New developments and issues that affect mental health service delivery in the State, including structural changes such as Medicaid waivers, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangements.

Michigan's Medicaid Managed Specialty Supports and Services Programs concurrent 1915 (b) (c) waiver was due for renewal on October 1, 2009. Provisional approval was granted and the Center for Medicare and Medicaid Services (CMS) and MDCH mental health leadership staff have engaged in bi-weekly telephone consultations to address increased attention to cost distribution on the part of CMS. The waiver was renewed for one year beginning May 1, 2010.

The funding decreases described in the Legislative Initiatives and Changes section of this update have resulted in reduced capacity to serve state residents who are not Medicaid recipients. Community Mental Health Services Programs (CMHSPs) are required to keep waiting lists when people meeting basis eligibility standards cannot be served. The state Mental Health Code requires that priority be given to the provision of services to individuals with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority must also be given to the provision of services to individuals with a serious mental illness, serious emotional disturbance, or developmental disability in urgent or emergency situations.

An Access Guideline drafted by The Standards Group has gone out for statewide review and comment. After final revisions, this Guideline will be used by CMHSPs in an attempt to bring more statewide consistency and standardization to access to mental health services.

The state's Adult Benefit Waiver, which provides basic services to a limited number of single adults with low income, transitioned from unused Title XX funds to other Medicaid funding this fiscal year.

Adult - Legislative initiatives and changes, if any.

Michigan continues in a state of extreme economic hardship. Continuing reductions in revenues have resulted in additional spending cuts each year. During the last quarter of fiscal year 2009, state general funding for mental health services was reduced by \$10 million. That amount was annualized for the fiscal year 2010 budget and Community Mental Health Services Programs received \$40 million less in state general funds.

Restricted state funding of \$1,049.2 million for older adult respite services and caregiver education, first cut in the last quarter of fiscal year 2009, was eliminated in fiscal year 2010.

The current year state budget is operating in deficit, and next year's budget is yet to be determined. The expected extension of increased Federal Medicaid Assistance Percentages (FMAP) into next fiscal year will assist, but not solve, next year's funding gap.

Governor Jennifer Granholm is serving her eighth year, and a new state governor will be elected this fall.

Adult - A description of how the State mental health agency provides leadership in coordinating mental health services within the broader system.

No changes for FY11.

Child - A brief description of how the public mental health system is currently organized at the State and local levels, including the State Mental Health Agency's authority in relation to other State agencies.

A new SAMHSA System of Care grant was awarded in Michigan to Kent County in FY10. This site joins current System of Care sites in Ingham County and Kalamazoo County and a former grant site in Southwest Detroit. MDCH is also working in partnership with Saginaw County CMHSP who was awarded a federal Project Launch grant in FY10 to develop a system of care for children ages 0-8 in that community. These communities serve as system leaders and resources for other communities in the state who are working toward building and sustaining comprehensive systems of care for children.

Also, Michigan funded a co-occurring home-based program for youth with block grant funds in FY10. This is one example of how communities are attempting to address the multiple needs of youth by integrating mental health and substance abuse services.

MDCH also has continued to partner with the PIHPs to provide technical assistance and follow the progress of the goals set in the Application for Renewal and Recommitment (ARR) that each PIHP submitted. PIHPs have been asked to submit a progress report to MDCH by September 1, 2010 that includes a status report on goals as of June 30, 2010, revised milestones, timelines and/or data, and their top five accomplishments and top five challenges since the beginning of the ARR process. As the MDCH teams assigned to the 18 PIHPs have discovered, many PIHPs have excellent systems and services in place and those ideas can be shared with PIHPs that are struggling in some areas. MDCH continues to view the ARR as a quality improvement effort in collaboration with the PIHPs.

Child - New developments and issues that affect mental health service delivery in the State, including structural changes such as Medicaid waivers, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangements.

Michigan continues to experience devastating financial difficulties. In FY10, the public mental health system took significant cuts to the general fund support that it had previously received. New cuts to general funds are proposed in the yet to be finalized FY11 state budget. There is no way to predict how the public mental health system will cope with additional cuts.

Child - Legislative initiatives and changes, if any.

Currently, legislation is pending regarding juvenile competency to stand trial which includes some concerning language and concepts about juvenile mental health and the capacity of the public mental health system. The legislation as it is currently written creates the possibility of overwhelming the already over-taxed public mental health system with requests for competency evaluations and restoration services with no established regulations or requirements for evaluators or content of evaluations and no plan for who will provide and what will constitute restorations services. MDCH and other organizations are actively attempting to educate legislators about the importance of having a thoughtful and meaningful plan for evaluation and restoration prior to enacting any legislation to address juvenile competency.

Child - A description of how the State mental health agency provides leadership in coordinating mental health services within the broader system.

No changes for FY11.

Adult - A discussion of the strengths and weaknesses of the service system.

No changes for FY11.

Adult - An analysis of the unmet service needs and critical gaps within the current system, and identification of the source of data which was used to identify them.

No changes for FY11.

Adult - A statement of the State's priorities and plans to address unmet needs.

No changes for FY11.

Adult - A brief summary of recent significant achievements that reflect progress towards the development of a comprehensive community-based mental health system of care.

Evidence-Based Practices Expansion

Beginning this fiscal year (09/10), the service array for adults with serious mental illness must include Co-occurring Disorders: Integrated Dual Disorders Treatment (COD: IDDT) and Family Psychoeducation. Contract language for these services was incorporated into contracts between MDCH and the Prepaid Inpatient Health Plans (PIHPs). Additionally, language requiring that the mental health system be co-occurring mental health and substance use disorder capable was included. It is expected that the substance use disorder service needs of people being served by the public mental health system be identified and addressed in the person's individual plan of service.

The work of MDCH's Practice Improvement Steering Committee (PISC) has been reenergized by the development of a new charter to update and expand the role of the group. The expertise and dedication of stakeholders from throughout the state has been instrumental in bringing a clearer focus on the work needed to implement, support, and sustain evidence-based practices as well as improving services and supports for all populations served.

PISC subcommittees for Measurement, Supported Employment, Family Psychoeducation (FPE), and COD: IDDT meet regularly and advance implementation and evaluation of the practices. Over the past 18 months, an FPE Certification document has been developed and is available to help PIHPs and Family Psychoeducation Teams make decisions about training, certification, and supervision.

A new Subcommittee of the group was established this year for Assertive Community Treatment (ACT). This practice has been in place throughout the state for many years, but this committee is addressing fidelity concerns; use of the recently developed ACT Field Guide; and consideration of modifications to state ACT Medicaid provider requirements. Each PIHP was offered two positions on the committee, one for a present or former client/consumer familiar with ACT services, and one for an administrator or clinical staff involved in ACT.

The evidence-based practice of Supported Employment is not yet required statewide. Community mental health block grant funds have been made available to PIHPs to assist in its implementation. Most of the PIHPs are in some stage of planning for implementation of this practice. With the financial support of Michigan's Medicaid Infrastructure Grant, fourteen people from around the state have recently completed initial training from staff of the Ohio Coordinating Center of Excellence to conduct readiness reviews and fidelity assessments of Supported Employment teams implementing the evidence-based practice. Training is being completed by shadowing opportunities both in Ohio and in Michigan with an in-state individual who was trained by Dartmouth.

These individuals are joining the group of Michigan trained fidelity reviewers for COD:IDDT know as the Michigan Fidelity Assessment Support Team (MiFAST). MiFAST team members provide reviews, assessments, and consultation as needed to evidence-based COD:IDDT teams, and now evidence-based Supported Employment teams.

Training and expansion of Dialectical Behavior Treatment has been very well received in the services system. Teams are required to participate in intensive training and complete extensive practice before gaining approval from MDCH.

A network of Motivational Interviewing trainers has been developed in the state and the use of that technique to engage and support people served to make positive self-directed changes in their lives is assisting people with mental health and/or substance use disorders.

More System Transformation Work

MDCH is working continuously to improve all services to best support the recovery of the people it serves. Examples include a revision in process to simplify and clarify the Person-Centered Planning and Practice Guidelines used to develop individual plans of service for individuals people receiving services in the public mental health system.

A Self-Determination Committee is working to promote expansion of consumer choice and control through self-determination arrangements chosen by individuals with mental illness. An informational booklet and brochure are being finalized and will be disseminated to local Community Mental Health Services Providers. The Medication Algorithms Initiative, modeled after the Texas Medication Algorithms, provides computerized medication guidelines, and tracks information in a database.

There are now over 700 Certified Peer Support Specialists in the state and work continues to integrate peer-delivered services into all phases of care, in access centers, emergency rooms, case management services, and the full array of mental health services available to persons with serious mental illness. Specific work is addressing their role in evidence-based practices, with special attention to COD: IDDT services and DBT services.

During FY 10 all 46 community mental health services programs completed The Recovery Enhancing Environment (REE) Measure. The REE is a paper and pencil self-report survey that collects information about recovery from people who use mental health services. The instrument is made up of several subscales. The REE asks people where they are in the process of mental health recovery, and what markers of recovery they are currently experiencing. People rate the importance of several elements (such as hope, sense of meaning, and wellness) to their personal recovery, and rate the performance of their mental health program on activities associated with each of these elements. The REE asks people if they are members of certain demographic and cultural groups, such as racial minorities or parents, and, if so, they are asked to rate their mental health program on how well it meets their needs in this area. The survey results show how successful a program is in creating an atmosphere in which recovery can flourish – whether the program has an environment that enhances recovery.

The REE also provides mental health programs and systems with answers to other important questions like:

- Where are the people we serve on their personal journeys of recovery?
- What factors are important to address in a recovery-oriented mental health system?

- What recovery-promoting practices are already in place in our program or system? Which services and supports are not yet fully developed?
- How well do we help people develop their potential for resilience and recovery?
- What aspects of our program or system need to change to better support people's natural capacities for healing and growth?

The results of the REE will be used by CMHSP organizations learn, change, and become more recovery-oriented in ways that make sense to all parties involved. It is meant to be part of an organizational development process that includes all stakeholders, not just a one-time event.

Primary Care Integration

During the past year, MDCH's Mental Health and Substance Abuse Administration formed an internal Integrated Health Care Workgroup to foster the integration of physical health care with mental health care, substance use disorder care and care for developmental disabilities with the PIHPs and in their relationships with Medicaid Health Plans, Federally Qualified Health Centers, Rural Health Centers, primary and specialty providers, Health Departments, Community Agencies and Substance Abuse Coordinating Agencies.

Application for Renewal and Recommitment Progress

Reviews of all 18 PIHP Applications for Renewal and Recommitment (ARRs) have been completed by MDCH review teams. This quality improvement initiative is forming meaningful ongoing partnerships between each PIHP and its stakeholders and the MDCH ARR team, whose membership is from across the administration. Most work is conducted via conference call, complemented with annual on-site meetings. Reports and Updated Plans have been requested from the PIHPs by September 1, and year two work will commence in the fall.

Planning for Use of Block Grant funds for FY 11

On March 29, 2010, a Request for Applications was sent to the Community Mental Health Services Programs (CMHSPs). Each CMHSP was eligible to apply for up to \$70,000 for each of the next two fiscal years. Each CMHSP planned, with people who receive mental health services in their region, how best to use the funding for services and supports to best assist people to have meaningful lives in the community. The funding assists to expand the scope and quality of services available to adults with serious mental illness who are not eligible for Medicaid. The services funded by the block grant must complement the service transformation work of the PIHP.

A Request for Proposals was sent to each of the 18 PIHPs on April 26, allowing them to apply for up to \$20,000 for FY 11 to improve the work of its Improving Practices Leadership Team. A combined meeting of regional IPLT representatives and the Practices Improvement Steering Committee was held in May to discuss and promote the state's transformation work. Each region shared their tentative plans for use of the block grant funds which allowed all to expand their thinking and planning.

PIHPs not previously funded for the purposes, were also allowed to apply for funding to implement the evidence-based practice of Supported Employment. Another use of the block grant funds is to support system development and transformation through training and consultation related to evidence-based practices and other improved services.

Funding is being used to promote Co-occurring Disorder System Change and COD: IDDT; Supported Employment; and Supportive Housing in Detroit. Additionally other multiple-year projects continue into FY 11. Detail is contained in the spending plan provided as part of this application.

Adult - A brief description of the comprehensive community-based public mental health system that the State envisions for the future.

No changes for FY11.

Child - A discussion of the strengths and weaknesses of the service system.

No changes for FY11.

Child - An analysis of the unmet service needs and critical gaps within the current system, and identification of the source of data which was used to identify them.

The ongoing financial crisis in Michigan is having a direct impact on the availability of services in the public mental health system. The Standards Group, in conjunction with MDCH, has released *Guidelines for Establishing and Managing General Fund Waiting Lists*. These guidelines were developed to assist CMHSPs in prioritizing and maintaining waiting lists of individuals who are not Medicaid eligible, and who are requesting CMHSP services, according to urgency and severity. This is not at all a solution to the problem of insufficient general fund support for the public mental health system, but it is instead an attempt to deal with the reality that there are not enough funds available to the public mental health system to meet the demand for services.

Child - A statement of the State's priorities and plans to address unmet needs.

Despite on going financial challenges, work continues to maximize the resources we have to provide appropriate mental health services to children and families. The following two examples demonstrate this work.

MDCH, MDHS and the CMHSPs involved have worked tirelessly to implement the SED Waiver initiative in 8 pilot communities to provide mental health services, including wraparound, to children in MDHS foster care. This initiative provided the impetus for further collaboration between MDCH and MDHS to provide additional support to serve other children in the foster care system who may not meet the criteria for the SED Waiver, but who still require specialized mental health services. This collaboration has resulted in MDHS providing funds to MDCH to match Medicaid in order to increase and enhance access to mental health services through CMHSPs/PIHPs for children in MDHS foster care.

Also, MDCH has continued to work with the developers of the Parent Management Training – Oregon Model (PMTO) evidence-based practice to tailor it to meet the needs of the families who receive services through the Michigan public mental health system. Through this collaborative work, a plan for providing PMTO in a group format has been developed and is the initial stages of implementation. The plan is to continue state support for this group model in hopes of having it available statewide. This will increase the capacity of the public mental health system to provide this evidence-based practice to families who need and want it in a cost effective way that takes full advantage of the established pool of PMTO trained therapists in the state.

Child - A brief summary of recent significant achievements that reflect progress towards the development of a comprehensive community-based mental health system of care.

Along with support for mental health services to children in foster care and the PMTO groups mentioned in the previous section, MDCH has recently achieved some additional accomplishments in the following areas:

After many years of discussion, development and review, an official MDCH policy on Family-Driven Youth-Guided Practice has been released to the field. It is the hope that the information in this document will be used in conjunction with the revised Person Centered Planning policy that is currently being developed and assist providers in being better able to operationalize the concepts of family-driven youth-guided service provision.

Along that same vein, MDCH in collaboration with the Association for Children's Mental Health (ACMH), has successfully provided the first round of Parent Support Partner Training, using the plan developed as a result of the February 2009 Policy Academy on Transforming Children's Mental Health through Family-Driven Strategies, to parents employed by CMHSPs who will begin to provide a Medicaid covered parent support service to families. A second round of training occurred in August 2010.

Training cohorts in another evidence-based practice that is slated for state-wide implementation, Trauma-Focused Cognitive Behavior Therapy (TF-CBT), continue to provide an excellent opportunity for CMHSPs to enhance the array of services they provide. The TF-CBT training includes multiple facets which target different areas of service provision. Access staff, clinicians, supervisors and parent support staff all participates in the training at levels appropriate to their role in service provision. The comprehensive instruction and support provided in the TF-CBT training cohorts contributes to an agency-wide trauma informed approach to services.

Finally, MDCH in collaboration with Dr. Kay Hodges and the CMHSPs, rolled out a web-based version of the Child and Adolescent Functional Assessment Scale (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS), which are the outcome measures that all CMHSPs use to measure treatment progress. This new web-based system allows CMHSPs easier use of the tools, immediate access to outcome data on individuals and groups to assist in crisis intervention and treatment planning and more consistent and accurate reporting of data to the state. This was an overwhelming project, but with the diligent work of many state, local and development staff, the overall transition has been a success.

Child - A brief description of the comprehensive community-based public mental health system that the State envisions for the future.

No changes for FY11.

Adult - Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.

No changes for FY11.

Adult - Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services in the comprehensive system of care to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:

Health, mental health, and rehabilitation services;
Employment services;
Housing services;
Educational services;
Substance abuse services;
Medical and dental services;
Support services;
Services provided by local school systems under the Individuals with Disabilities Education Act;
Case management services;
Services for persons with co-occurring (substance abuse/mental health) disorders; and
Other activities leading to reduction of hospitalization.

No changes for FY11.

Adult - An estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children

The following information represents a slight decrease in numbers from MDCH's FY09 block grant application; percentages show no change.

According to the estimate provided by the National Research Institute, Michigan's population of adults age 18 and older who have a serious mental illness is about 411,191 (or between 281,742 and 540,641). The average estimate is 5.4% of Michigan's 2009 adult population of 7,614,655. The lower limit of the estimate is 3.7% of that population and the upper limit is 7.1%.

Adult - Quantitative targets to be achieved in the implementation of the system of care described under Criterion 1

No changes for FY11.

Adult - Describe State's outreach to and services for individuals who are homeless

No changes for FY11.

Adult - Describes how community-based services will be provided to individuals in rural areas

The majority of Michigan's population lives in the eight counties (up from seven counties in 2008) that the U.S. Census Bureau categorizes as urban. The remaining 75 counties are classified as rural. Many rural communities have a disproportional population of older adults as rural communities continue to lose younger people to the metropolitan area, leaving many older adults aging in place (<http://www.rupri.org>).

People living in rural areas tend to have lower paying jobs than those living in urban areas and they are less likely to have health insurance with mental health coverage. Michigan continues to have the highest unemployment rate in the United States and recently has had a high rate of home foreclosures. People living in rural areas tend to have a higher poverty level than those in urban areas.

Population shifts, closing and relocation of businesses and factories, loss of personal income, insurances, loss or threats of loss of homes, the reduction of general fund dollars for mental health (among other public health/human service areas) has put additional stress and strain on individuals and families, as well as additional strain on the public mental health system that previously had been able to serve people with serious mental illness, whether with Medicaid of general fund dollars. Additionally, some CMHSPs report fewer community services are available for collaboration and referral.

Many Michigan residents continue to suffer during the current economic downturn. The Rural Policy Research Institute reports that, in Michigan, 10 counties are designated as having adequate professional health care, 27 counties have a partial shortage, and 46 counties have been designated as health professional shortage areas. 19 counties are designated as having adequate dental care, 5 entire counties do not have adequate dental care available, and 59 counties have only partially adequate dental care. 19 counties are designated as having adequate professional mental health care, 20 counties have a designation of partial professional mental health care, and 44 counties are listed as having a shortage in professional mental health care available to the people living in those counties.

Challenges to the public mental health system are reported. These include an increased service demand, lack of public transportation, long distances, adequate mental health services in jails, being the only mental health provider in the area, loss of adult Medicaid as children are placed in foster care resulting in increased demand for general fund services, mental health staff reductions and realignments in CMHSPs, increased waiting lists that result in emergency services. In Newaygo County, the hospital used by many counties' CMHSPs closed. Barry County reports providing supports that keep people in the community so that more expensive services are not needed. In the Northwest Affiliation, psychiatric availability decreased.

In spite of the significant challenges to providing adequate public mental health services to adults with serious mental illness who live in rural communities, CMHSPs are continuing to move forward and are serving an increasing number of rural consumers.

Adult - Describes how community-based services are provided to older adults

No changes for FY11.

Adult - Describes financial resources, staffing and training for mental health services providers necessary for the plan;

No changes for FY11.

Adult - Provides for training of providers of emergency health services regarding mental health;

No changes for FY11.

Adult - Describes the manner in which the State intends to expend the grant under Section 1911 for the fiscal years involved

DRAFT Spending Plan for FY11			Revised
Adult Mental Health Block Grant			8/26/10
Index	PCA	Contract Title	Amount
	27900	Admin Costs (Estimated)	\$374,600
78988	20294	Assertive Community Treatment Association (Ongoing)	\$119,121
30082	27911	Detroit-Wayne - Comprehensive (Ongoing)	\$4,500,000
78248	20304	Inter-Tribal Council of MI (Ongoing)	\$14,056
78874	20532	JIMHO - Director's Meetings / Self-Help Groups (Ongoing)	\$240,545
78343	20295	Michigan State University - Su Min Oh (Ongoing)	\$99,932
30052	20883	Northcare - UP Consumer Conference (Ongoing)	\$19,840
30009	20298	Bay-Arenac - Integrating MH/SA and Physical Health (3rd Year)	\$50,000
30037	20296	Central MI - Anti-Stigma (3rd Year)	\$50,000
30042	20304	Copper Country - Wraparound (3rd Year)	\$34,853
30082	20298	Detroit - New Center MH/SA & PH Co-location (3rd Year)	\$50,000
30082	20301	Detroit - Certified PSS Staff Development (3rd Year)	\$36,750
30082	20302	Detroit - Peer Support Case Management Program (3rd Year)	\$45,390
30025	20299	Genesee - Genesee County CMH Jail Diversion (3rd Year)	\$42,607
30025	20297	Genesee - Improving Member Employment Outcomes (3rd Yr)	\$33,786
30025	20298	Genesee - Integrating MH/SA & Physical Health (3rd Year)	\$46,596
30034	20304	Ionia - Forget-Me-Not (3rd Year)	\$50,000
30039	20299	Kalamazoo - Kalamazoo Mental Health Court (3rd Year)	\$50,000
30039	20306	Kalamazoo - The Living Room Project (3rd Year)	\$50,000
30041	20309	network180 - Site-Based Housing Enhancement (3rd Year)	\$50,000
30041	20307	network180 - Suicide Prevention (3rd Year)	\$9,000
30045	20296	Northern Lakes - Anti-Stigma (3rd Year)	\$16,100
30045	20308	Northern Lakes - Recovery System Change (3rd Year)	\$17,000
30052	20304	Pathways - Wraparound Program (3rd Year)	\$50,000
30074	20301	St. Clair - CPSS as Psychiatric Hospital Settings Liaisons (3rd Yr)	\$11,245
30013	20298	Summit Pointe - Integrating MH/SA & Physical Health (3rd Year)	\$50,000
30081	20310	Washtenaw - Intensive Crisis Stabilization (3rd Year)	\$43,068
30003	20302	Allegan - Drop-In Enhancement Grant	\$23,833
30008	20301	Barry - Recovery and Relapse Prevention	\$28,248
30009	20301	Bay-Arenac - Supporting Recovery Through Collaboration	\$70,000
30037	20302	Central MI - Consumer Run Drop-in Center (CRDIC)	\$70,000
30082	20301	Detroit - Systems Trans. to Empower Peer Support Practices	\$70,000
30025	20308	Genesee - Development of a Recovery Oriented System of Care	\$70,000
30027	20302	Gogebic - Encouraging Recovery	\$70,000
30029	20302	Gratiot - Mental Health Services for Uninsured Adults	\$60,900
30077	20301	Hiawatha - Peer Support Expansion	\$68,000
30032	20325	Huron - Community Recovery Services & Supports Grant	\$70,000
30034	20298	Ionia - Wellness First	\$70,000
30044	20301	Lapeer - Expansion of CPSS's to Enhance Recovery	\$70,000
30046	20298	Lenawee - Promoting Recovery	\$70,000
30038	20301	LifeWays - Recovery Environment Enhancement through CPSS	\$70,000
30050	20301	Macomb - PSS Activities in Early Engagement & Health Promotion	\$70,000
30058	20301	Monroe - Community Outreach Initiative	\$61,405
30059	20303	Montcalm - Promoting Recovery	\$26,800
30061	20312	Muskegon - Change Agent Team for Recovery	\$70,000
30041	20301	network180 - Community Recovery Services & Supports	\$70,000
30062	20298	Newaygo - Community Recovery Services and Supports	\$70,000
30083	20308	North Country - Community Based Services Program	\$66,432
30004	20302	Northeast MI - Bay View Center	\$66,156
30024	20322	Northern Lakes - Culture Change to Embrace Recovery	\$63,154
30023	20304	Northpointe - Supporting the Community	\$68,857
30063	20298	Oakland - Integrated Healthcare	\$70,000

Index	PCA	Contract Title	Amount
30070	20326	Ottawa - Group Counseling/WRAP Expansion Project	\$70,000
30052	20301	Pathways - Pathways Peer Supported Recovery Initiative	\$60,498
30012	20301	Pines - Recovery Support Services Project	\$70,000
30073	20298	Saginaw - Primary Health Care Co-Location	\$70,000
30076	20324	Sanilac - Enhancement of EBP's and Peer Support Services	\$70,000
30078	20301	Shiawasee - Certified Peer Support Partnership Project	\$39,888
30074	20324	St. Clair - Community Recovery Services and Supports	\$70,000
30075	20327	St. Joseph - Bienvenido Implementation Project	\$3,659
30013	20301	Summit Pointe - Peer Support Health Services	\$68,000
30079	20302	Tuscola - Community Integration and Recovery Initiative	\$70,000
30080	20326	Van Buren - Community Recovery Group Services and Supports	\$70,000
30081	20323	Washtenaw - Recovery Training and Resource Academy	\$56,442
30054	20302	West MI - PILLARS Vocational Program	\$70,000
		Mental Health Practice Improvements:	
30033	20300	CEI dba CMH Affiliation of Mid-Michigan - Supported Employment	\$70,000
30037	20328	Central MI - IPLT	\$20,000
30082	20328	Detroit - IPLT	\$20,000
30025	20328	Genesee - IPLT	\$20,000
30061	20328	Lakeshore - IPLT	\$20,000
30038	20328	LifeWays - IPLT	\$20,000
30038	20300	LifeWays - Supported Employment	\$80,310
30050	20328	Macomb - IPLT	\$20,000
30033	20328	Mid-Michigan - IPLT	\$20,000
30041	20328	network180 - IPLT	\$20,000
30041	20300	network180 - Supported Employment	\$67,564
30052	20328	NorthCare - IPLT	\$20,000
30016	20328	Northern Affiliation - IPLT	\$20,000
30045	20328	Northwest - IPLT	\$20,000
30052	20300	Pathways dba NorthCare - Supported Employment	\$89,599
30063	20328	Oakland - IPLT	\$20,000
30073	20328	Saginaw - IPLT	\$20,000
30081	20328	Southeast - IPLT	\$20,000
30039	20328	Southwest MI - IPLT	\$20,000
30074	20300	St. Clair dba Thumb Alliance - Integrated Supported Employment	\$70,000
30013	20300	Summit Pointe dba Venture - Supported Employment	\$53,800
30074	20328	Thumb Alliance - IPLT	\$20,000
30013	20328	Venture - IPLT	\$20,000
		Miscellaneous Projects:	
		MACMHB Statewide Training & Consultation	\$1,628,044
78676	20301	Michigan Disability Rights Coalition - Peer Staffing	\$65,000
78148	20501	NAMI - Michigan	\$125,000
30082	20321	Recovery Center of Excellence	\$200,000
78476	20911	SEMHA Older Adult MH and Dementia Program Consultant	\$64,140
78964	20304	Eastern Michigan University - Older Adult	\$63,103
83640	20304	Lansing Community College - Older Adult	\$99,040
78343	20297	MSU - Creating a Quality Improvement Tool for Clubhouses	\$54,859
		Subtotal	\$11,597,220
		FY11 Award	\$8,532,115
		FY10 Carryforward (Est.)	\$3,715,771
		Total Remaining	\$650,666

Table C. MHBG Funding for Transformation Activities

State: Michigan

	Column 1	Column 2	
	Is MHBG funding used to support this goal? If yes, please check	If yes, please provide the <i>actual or estimated</i> amount of MHBG funding that will be used to support this transformation goal in FY2011	
		Actual	Estimated
GOAL 1: Americans Understand that Mental Health Is Essential to Overall Health	<input checked="" type="checkbox"/>		1,632,779
GOAL 2: Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/>		3,315,927
GOAL 3: Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/>		1,302,955
GOAL 4: Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	<input checked="" type="checkbox"/>		1,617,673
GOAL 5: Excellent Mental Health Care Is Delivered and Programs are Evaluated*	<input checked="" type="checkbox"/>		8,766,083
GOAL 6: Technology Is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/>		200,000
Total MHBG Funds	N/A	0	16,835,420.00

*Goal 5 of the Final Report of the President's New Freedom Commission on Mental Health states: Excellent Mental Health Care is Delivered and Research is Accelerated. However, Section XX of the MHBG statute provides that research ... Therefore, States are asked to report expected MHBG expenditures related to program evaluation, rather than research.

For each mental health transformation goal provided in Table C, briefly describe transformation activities that are supported by the MHBG. You may combine goals in a single description if appropriate. If your State's transformation activities are described elsewhere in this application, you may simply refer to that section(s).

No changes for FY11.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	143,541	151,641	151,948	152,327
Numerator	N/A	N/A	--	--
Denominator	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 2009 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.

Action Plan: FY11 – CMHSPs will welcome people into the system of care; with increased availability of evidence-based and other practices that assist people in recovery, access should be available to increased numbers of people, even with dwindling state resources.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: []

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	12.70	11.91	11.87	11.70
Numerator	600	600	--	--
Denominator	4,723	5,039	--	--

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 CMH Final Report for the period October 1, 2009 to December 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.
- Action Plan:** FY11 – It is believed the performance improvement projects will have moved all regions into compliance with this indicator; continued monitoring by the department will occur.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: []

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	14.56	18.71	18.60	18.45
Numerator	2,537	3,307	--	--
Denominator	17,429	17,676	--	--

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:** FY 2009 Section 404 Quality Improvement File / Encounter Data for FY 2009.
- Special Issues:** Currently, the CMHSPs 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.
- Action Plan:** FY11 – Quality data will provide accurate reports and communication will take place, as needed, between MDCH and any CMHSPs with unacceptably high rates of readmission.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	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.

Action Plan: FY11 - MDCH will focus on implementing Supported Employment within several more PIHP regions of the state.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	.91	1	1	1.10
Numerator	1,309	1,510	--	--
Denominator	143,541	151,641	--	--

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 percentage of adults with mental illness receiving supported independent housing.

Measure: Numerator: The number of adults with mental illness receiving supported independent housing.
Denominator: The number of adults with mental illness served by CMHSPs.

Sources of Information: FY 2009 Section 404 Quality Improvement File / Encounter Data for FY 2009

Special Issues:

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

Action Plan: FY11 - MDCH will continue to apply for Shelter Plus Care and Supportive Housing Program resources for rental assistance and will encourage CMHSPs to continue to apply for block grant funds for the development of Housing Resource Centers or the enhancement of existing Centers.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	2.59	2.43	2.46	2.50
Numerator	3,722	3,691	--	--
Denominator	143,541	151,641	--	--

Table Descriptors:

Goal: To provide supported employment to 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 percentage of persons receiving supported employment.

Measure: Numerator: The number of adults with mental illness receiving supported employment (not evidence-based).
Denominator: The number of adults with mental illness served by CMHSPs.

Sources of Information: FY 2009 Section 404 Quality Improvement File / Encounter Data for FY 2009

Special Issues:

Significance: MDCH will be working collaboratively with Michigan Rehabilitation Services and Michigan Commission for the Blind, through a jointly signed agreement, to increase efforts related to supported employment throughout the state. In addition, statewide interest in the implementation of evidence-based supported employment practices has been increased due to system transformation efforts, statewide training including job development training, benefits counseling education, and conference presentations.

Action Plan: FY11 – Based on outcomes from local service providers, consumers will make informed choices and know what to look for in a supported employment service.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	4.36	3.91	3.95	4
Numerator	6,252	5,929	--	--
Denominator	143,541	151,641	--	--

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 percentage of adults with mental illness receiving ACT services.
- Measure:** Numerator: The number of adults with mental illness receiving ACT services.
Denominator: The number of adults with mental illness served by CMHSPs.
- Sources of Information:** FY 2009 Section 404 Quality Improvement File / Encounter Data for FY 2009.
- Special Issues:**
- Significance:** ACT is an evidence-based practice implemented in Michigan. Program fidelity is assessed prior to approval and monitored regularly.
- Action Plan:** FY11 - The ACT Field Guide will be placed on the MDCH website, updates will be included as they occur, and processes to include the Field Guide to ACT as a part of quality improvement plans will proceed.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	.55	.55	.57	.60
Numerator	794	835	--	--
Denominator	143,541	151,641	--	--

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 percentage of adults with mental illness receiving Family Psychoeducation.

Measure: Numerator: The number of adults with mental illness receiving Family Psychoeducation.
Denominator: The number of adults with mental illness served by CMHSPs.

Sources of Information: FY 2009 Section 404 Quality Improvement File / Encounter Data for FY 2009.

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.

Action Plan: FY11 – Technical assistance and statewide training will continue to be available to all PIHPs.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	.08	.34	.35	.38
Numerator	119	510	--	--
Denominator	143,541	151,641	--	--

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 increase the availability of COD:IDDT teams.
- Population:** Adults with a co-occurring mental illness and substance use disorders
- Criterion:** 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services
- Indicator:** The percentage of adults with mental illness and a substance use disorder receiving co-occurring disorders treatment in COD:IDDT services.
- Measure:** Numerator: The number of adults with mental illness and a substance use disorder receiving the evidence-based practice of COD:IDDT.
Denominator: The number of adults with mental illness served by CMHSPs.
- Sources of Information:** FY 2009 Section 404 Quality Improvement File / Encounter Data for FY 2009.
- Special Issues:** The integration of mental health and substance abuse treatment for persons with co-occurring disorders has become a major treatment initiative in Michigan. Historically, individuals receive sequential or parallel treatment for their co-occurring disorders. The system of care must be able to address individuals with COD at any level of care and able to address specifically those individuals who have multiple needs and treatment through the Evidence-Based Practice Integrated Dual Disorders Treatment teams.
- 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.
- Action Plan:** FY11 – Through the continued implementation, all 46 CMHSPs will have an evidence-based practice COD: IDDT team available. This will be accomplished through fidelity reviews and corrective action plans, trainings, policy direction, and contract requirements. MDCH will monitor progress through data monitoring, quarterly reports, and the COD: IDDT subcommittee meetings.

ADULT - GOALS TARGETS AND ACTION PLANS

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

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	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:

Action Plan:

ADULT - GOALS TARGETS AND ACTION PLANS

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

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	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:

Action Plan:

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	75.09	89.73	89.73	90
Numerator	838	1,747	--	--
Denominator	1,116	1,947	--	--

Table Descriptors:

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

Target: To maintain consumer satisfaction with mental health services.

Population: Adults with mental illness.

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

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

Measure: Numerator: Number of adults with mental illness who complete the MHSIP consumer satisfaction survey who agree with the statements regarding outcomes resulting from ACT services received at PIHP facilities.
Denominator: Number of adults with mental illness who complete the MHSIP survey.

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

Special Issues:

Significance: MDCH collects satisfaction information at the program level in order to render the data more relevant for quality improvement purposes.

Action Plan: FY11 – MDCH will review results of previous fiscal years' data and continue to collect the most meaningful data possible for this indicator.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	15.86	14.50	14.60	14.75
Numerator	22,769	21,993	--	--
Denominator	143,541	151,641	--	--

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: FY 2009 Section 404 Quality Improvement File / Encounter Data for FY2009.

Special Issues:

Significance: Meaningful employment is an important component in the recovery of many people with mental illness. Efforts are underway to provide training on job development and benefits counseling education.

Action Plan: FY11 – Support and services to find and retain employment will be implemented through various venues including evidence-based supported employment and self-employment.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	11.11	2.55	2.60	2.65
Numerator	15,941	3,787	--	--
Denominator	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: For FY 2008, the numerator for this indicator measured adults with mental illness served through the CMHSPs that reported either being in prison, jail, parolled 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.

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.

Action Plan: FY11 - The department will be working with CMHSP jail diversion staff on using a new statewide data reporting mechanism for jail diversion activities.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	3.43	3.80	3.65	3.50
Numerator	4,930	5,760	--	--
Denominator	143,541	151,641	--	--

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:** FY 2009 Section 404 Quality Improvement File / Encounter Data for FY2009.
- Special Issues:** 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.
- Significance:** An increase in stability in housing is a significant factor in a person's recovery.
- Action Plan:** FY11 – Block grant funds will continue to be offered for new homeless/housing initiatives from CMHSPs. MDCH will apply for Shelter Plus Care and Supportive Housing Program resources for rental assistance and will work with the Michigan State Housing Development Authority to carry out Michigan's 10-year Plan to End Homelessness.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:]

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	73.50	73.06	73.06	73.25
Numerator	1,226	1,296	--	--
Denominator	1,668	1,774	--	--

Table Descriptors:

- Goal:** Assure the existence of a quality, comprehensive service array responsive to consumer needs through planning.
- Target:** To maintain consumer satisfaction regarding Social Connectedness.
- Population:** Adults with mental illness.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percentage of adults with mental illness who complete the Mental Health Statistics Improvement Programs' (MHSIP) consumer satisfaction survey who are satisfied with social supports and social connectedness.
- Measure:** Numerator: Number of adults with mental illness who complete the MHSIP consumer satisfaction survey who agree with the statements regarding satisfaction with social supports/social connectedness.
Denominator: Number of adults with mental illness who complete the MHSIP survey who had valid, non-missing responses.
- Sources of Information:** Mental Health Statistics Improvement Program Consumer Survey General Satisfaction Subscale: Statewide Analysis by ACT Team
- Special Issues:**
- Significance:** In 2007, Michigan revised its approach to the collection of MHSIP consumer survey data. Rather than conducting a single statewide probability survey of adults with mental illness, MDCH decided to have the state's 18 PIHPs collect satisfaction information at the program level in order to render the data more relevant for quality improvement purposes. In June and July 2008, all consumers receiving Assertive Community Treatment (ACT) services were again asked to complete the 44-item version of the MHSIP consumer survey. This version includes items measuring: (a) functioning (29-32), (b) social connectedness (33-36), and (c) criminal justice involvement (37-41). Given that the three additional scales are required as part of the set of National Outcome Measures (NOMs), MDCH's Quality Improvement Council decided to adopt this lengthier version of the MHSIP beginning with the 2008 data collection.
- Action Plan:** FY11 – Data will be collected and analyzed for the full 41-item MHSIP for NOM reporting purposes. Social connectedness will be measured in the type of programs for adults that is selected by the Quality Improvement Council.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	74.33	77.12	77.12	77.25
Numerator	1,294	1,419	--	--
Denominator	1,741	1,840	--	--

Table Descriptors:

- Goal:** Assure the existence of a quality, comprehensive service array responsive to consumer needs through planning.
- Target:** To maintain consumer satisfaction with Improvement in Functioning.
- Population:** Adults with mental illness.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations
- Indicator:** Percentage of adults with mental illness who complete the Mental Health Statistics Improvement Programs' (MHSIP) consumer satisfaction survey who are satisfied with their functioning.
- Measure:** Numerator: Number of adults with mental illness who complete the MHSIP consumer satisfaction survey who agree with the statements regarding functioning.
Denominator: Number of adults with mental illness who complete the MHSIP survey who had valid, non-missing responses.
- Sources of Information:** Mental Health Statistics Improvement Program Consumer Survey General Satisfaction Subscale: Statewide Analysis by ACT Team.
- Special Issues:**
- Significance:** In 2007, Michigan revised its approach to the collection of MHSIP consumer survey data. Rather than conducting a single statewide probability survey of adults with mental illness, MDCH decided to have the state's 18 PIHPs collect satisfaction information at the program level in order to render the data more relevant for quality improvement purposes. In June and July 2008, all consumers receiving Assertive Community Treatment (ACT) services were again asked to complete the 44-item version of the MHSIP consumer survey. This version includes items measuring: (a) functioning (29-32), (b) social connectedness (33-36), and (c) criminal justice involvement (37-41). Given that the three additional scales are required as part of the set of National Outcome Measures (NOMs), MDCH's Quality Improvement Council decided to adopt this lengthier version of the MHSIP beginning with the 2008 data collection.
- Action Plan:** FY11 – Data will be collected and analyzed for the full 41-item MHSIP for NOM reporting purposes. Level of functioning will be measured in the type of programs for adults that is selected by the Quality Improvement Council.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	89.33	95.87	95.91	96
Numerator	2,696	2,875	--	--
Denominator	3,018	2,999	--	--

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 CMHSP Indicator Report for the period October 1, 2009 to December 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.

Action Plan: FY11 – It is MDCH's goal for all regions to be in compliance with this indicator as a result of the performance improvement projects; continued monitoring by the department will occur.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Access: Face-to-Face

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	98.69	98.49	98.60	98.75
Numerator	6,705	7,169	--	--
Denominator	6,794	7,279	--	--

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 CMHSP Indicator Report for the period October 1, 2009 to December 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.
- Action Plan:** FY11 - MDCH will continue monitoring to assure compliance with MDCH's 95% standard.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Rural Services Population

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	29.42	30.56	30.70	30.85
Numerator	37,372	38,813	--	--
Denominator	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: FY 2009 Section 404 Quality Improvement File; Draft Estimate of the 12-month Prevalence of Serious Mental Illness in Michigan in 2000.

Special Issues: In 2009, there were eight counties in Michigan with populations greater than 250,000 that are considered urban: Genesee, Ingham, Kent, Macomb, Oakland, Ottawa (rural in 2008), 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.

Action Plan: FY11 - MDCH will continue to emphasize the importance of rural service initiatives in our annual block grant request for proposals to the PIHPs/CMHSPs.

Child - Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.

No changes for FY11.

Child - Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services in the comprehensive system of care to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:

Health, mental health, and rehabilitation services;
Employment services;
Housing services;
Educational services;
Substance abuse services;
Medical and dental services;
Support services;
Services provided by local school systems under the Individuals with Disabilities Education Act;
Case management services;
Services for persons with co-occurring (substance abuse/mental health) disorders; and
Other activities leading to reduction of hospitalization.

One significant change to the services available to children and families in Michigan is the likely elimination of the statewide Child Care Expulsion Prevention (CCEP) program, which provides trained early childhood mental health professionals to consult with child care providers and parents of children who are experiencing behavioral and emotional challenges in their child care setting. Although the FY11 budget is not final, the state financial support for this program has been eliminated from the Governor's proposed budget and given the proposed shortfall that Michigan is facing in FY11, it is not likely that these funds will be replaced by the legislature. Funding for the program was cut significantly in FY10 resulting in a complete revision of the program requirements and structure (e.g. reducing the age of eligibility from 0-6 years to 0-36 months) so the program was able to serve less than half as many children in FY10 as it did in FY09. This project is proposed to be cut in spite of an evaluation by Michigan State University which demonstrated that participation in the CCEP program resulted in: 1) a reduction in a child's negative behaviors; 2) an increase in a child's pro-social behavior; 3) an increase in the skills of the childcare provider to manage children's behavior; 4) a decrease in parent stress; and 5) a decrease in interruption of parent work and/or school. This is just one example of how the fiscal climate in Michigan is negatively impacting children and families as even programs with proven outcomes are not safe from elimination.

Child - An estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children

Chart #1 illustrates the number of children per CMHSP catchment area in Michigan, the general population per catchment area in Michigan, the percentage of children in the general population for CMHSP catchment areas, the estimated number of children with SED served by CMHSPs in FY09, the percentage of the child population that received services from the identified CMHSPs in FY09, and the calculation of 11% of children per CMHSP catchment area. Chart #1 utilizes 2000 census data.

Chart #1

CMHSP	# OF CHILD 0-18	# GEN. POP	% OF GEN. POP 0-18	Number of Children Served	Number of SED Children Served 84% of # Served	% of 0-18 Pop. Served	11% OF CHILD 0-18
ALLEGAN	30,495	105,665	28.86%	298	250	.98%	3,354
AUSABLE VALLEY	13,409	58,402	22.96%	587	493	4.38%	1,475
BARRY	15,433	56,755	27.19%	276	232	1.79%	1,698
BAY-ARENAC	30,972	127,426	24.31%	736	618	2.38%	3,407
BERRIEN	42,302	162,453	26.04%	713	599	1.69%	4,653
CENTRAL MI	64,257	267,250	24.04%	1,565	1314	2.44%	7,068
C.E.I.	110,643	447,728	24.71%	1,342	1127	1.21%	12,171
COPPER COUNTRY	11,969	54,881	21.81%	184	155	1.54%	1,317
DETROIT-WAYNE	577,680	2,061,162	28.03%	11,183	9393	1.94%	63,545
GENESEE	119,601	436,141	27.42%	1,861	1563	1.56%	13,156
GOGEBIC	3,548	17,370	20.43%	102	86	2.87%	390
GRATIOT	10,058	42,285	23.79%	347	291	3.45%	1,106
HIAWATHA	12,892	59,389	21.71%	199	167	1.54%	1,418
HURON	8,749	36,079	24.25%	128	108	1.46%	962
IONIA	16,554	61,518	26.91%	500	420	3.02%	1,821
KALAMAZOO	57,391	238,603	24.05%	1,240	1042	2.16%	6,313
KENT	162,259	574,335	28.25%	2,675	2246	1.65%	17,848
LAPEER	24,601	87,904	27.99%	245	206	1.00%	2,706
LENAWEE	25,658	98,890	25.95%	250	210	.97%	2,822
LIFEWAYS	52,840	204,949	25.78%	1,117	938	2.11%	5,812
LIVINGSTON	45,125	156,951	28.75%	362	304	.80%	4,964

MACOMB	189,784	788,149	24.08%	1,881	1580	.99%	20,876
MANISTEE-BENZIE	9,294	40,525	22.93%	340	286	3.66%	1,022
MONROE	39,993	145,945	27.40%	274	230	.69%	4,399
MONTCALM	16,580	61,266	27.06%	282	237	1.70%	1,824
MUSKEGON	46,878	170,200	27.54%	712	598	1.52%	5,157
NEWAYGO	13,933	47,874	29.10%	303	255	2.17%	1,533
NORTHEAST	14,757	67,759	21.78%	338	284	2.29%	1,623
NORTHERN LAKES	45,569	183,477	24.84%	1,101	925	2.42%	5,013
NORTH COUNTRY	37,013	143,957	25.71%	782	657	2.11%	4,658
NORTHPOINTE	15,678	65,936	23.78%	262	220	1.67%	1,725
OAKLAND	300,760	1,194,156	25.19%	1,629	1368	.54%	33,084
OTTAWA	68,396	238,314	28.70%	250	210	.37%	7,524
PATHWAYS	26,519	120,040	22.09%	341	286	1.29%	2,917
PINES (BRANCH)	11,698	45,787	25.55%	450	378	3.85%	1,287
ST. CLAIR	43,971	164,235	26.77%	593	498	1.35%	4,837
ST. JOSEPH	17,180	62,422	27.52%	507	426	2.95%	1,890
SAGINAW	55,890	210,039	26.61%	786	660	1.41%	6,148
SANILAC	11,992	44,547	26.92%	187	157	1.56%	1,319
SHIAWASSEE	19,244	71,687	26.84%	240	202	1.25%	2,117
SUMMIT POINTE	35,854	137,985	25.98%	1,134	953	3.16%	3,944
TUSCOLA	15,606	58,266	26.78%	256	215	1.64%	1,717
VAN BUREN	21,406	76,263	28.07%	414	348	1.93%	2,355
WASHTENAW	71,288	322,895	22.08%	483	406	.68%	7,842
WEST MICHIGAN	16,905	66,480	25.43%	509	428	3.01%	1,860
WOODLANDS	13,053	51,104	25.54%	219	184	1.68%	1,436
TOTAL	2,595,767	9,938,444	26.12%	40,183	33,753	1.55%	285,534

Child - Quantitative targets to be achieved in the implementation
of the system of care
described under Criterion 1

The Michigan Mission Based Performance Indicator System requires a measure of system access related specifically to children with SED. The outcome indicator is based of the percentage of children served by CMHSPs that are diagnosed as having SED. This percentage, based on CAFAS scores, is computed by dividing the number of children reported with CAFAS scores of 50 or more by the number of children reported assessed using the CAFAS.

In keeping with the President's New Freedom Commission Report Goal 3, the following is an estimate of the number of children with a serious emotional disturbance that will receive services through the State of Michigan for FY2009 through FY2011

<u>FY2009</u>	<u>FY2010</u>	<u>FY2011</u>
33,753	33,760	33,765

Child - Provides for a system of integrated services appropriate for the multiple needs of children without expending the grant under Section 1911 for the fiscal year involved for any services under such system other than comprehensive community mental health services. Examples of integrated services include:

Social services;
Educational services, including services provided under the Individuals with Disabilities Education Act;
Juvenile justice services;
Substance abuse services; and
Health and mental health services.

Please see **Part C, Section III, #2, Available Services** for an update on the Child Care Expulsion Program. Otherwise, there are no major changes to this section for FY11.

Child - Establishes defined geographic area for the provision of the services of such system.

No changes for FY11.

Child - Describe State's outreach to and services for individuals who are homeless

No changes for FY11.

Child - Describes how community-based services will be provided to individuals in rural areas

No changes for FY11.

Child - Describes financial resources, staffing and training for mental health services providers necessary for the plan;

Funds for FY11 continue to target developing and maintaining local systems of care and intensive, evidence-based, community-based services that are alternatives to outpatient and inpatient services. State-supported training opportunities in TF-CBT, PMTO, wraparound and the Parent Support Partners curriculum are being offered state-wide. Other evidence-based and promising practices are being supported in specific communities as they identify needs. Collaboration with other child serving agencies, including child welfare, schools and courts is being maintained. Children's block grant funding has evolved in Michigan to provide support in a more individualized way to communities rather than to provide support for a limited number of discrete service categories. This allows CMHSPs to be innovative and responsive to their unique communities. A specific list of funded projects is provided in the Grant Expenditures section of this application.

Child - Provides for training of providers of emergency health services regarding mental health;

In FY10 Saginaw County CMH began a block grant funded mobile crisis team pilot in partnership with local DHS, schools, court and police to attempt to intervene during crisis situations that involve children/youth with mental health concerns. This pilot is just getting off the ground, but has been well received by the community and is an example of how the public mental health system can effectively interact with other emergency service personnel to ensure that youth with serious emotional disturbance receive appropriate interventions.

Child - Describes the manner in which the State intends to expend the grant under Section 1911 for the fiscal years involved

FY11 CHILDREN'S MHBG DRAFT BUDGET

FY11 PCA	PROJECT TITLE	FY11 AMOUNT
11-27839	ACMH Family Advocacy Project	\$ 136,600.00
11-27976	ACMH Parent Support Partners	\$ 150,951.00
11-27430	CEI TFCBT Coordination and Training	\$ 297,695.00
11-27988	CEI Home Based Service Manualization	\$ 138,870.00
11-27993	CEI SEDW DHS Access Position	\$ 92,672.00
11-27842	EMU LOF Project	\$ 105,471.31
11-27988	MACMHB Training ISII (PMTO & PTC)	\$ 197,972.00
11-27968	MACMHB FAS CAFAS/PECFAS Software	\$ 180,131.00
11-27846	MPHI Family Centered Practice	\$ 210,805.00
11-27760	SEMHA Community Collaborative Planning/Early Intervention	\$ 211,553.00
11-27981	Wraparound National Consultants (Brown/Miles/Burns/Franz)	\$ 60,000.00
11-27976	Parent Leadership Training	\$ 20,000.00
11-27957	Random Moment Sampling	\$ 68,498.00
11-27977	ACMI Parent Support	\$ 3,000.00
11-27800	CSSM	\$ 4,000.00
11-27800	MHSCF Travel	\$ 9,136.00
11-27800	MHSCF Staff	\$ 142,526.00
11-27800	MHSCF Staff Indirect	\$ 10,333.00
11-27969	MSU Wraparound Fidelity Instrument Devel/Implementation	\$ 48,000.00
11-27968	PMTO Training & TA (Kalamazoo)	\$ 186,388.00
11-27968	PMTO Trg Support Access Alliance PIHP (Bay Arenac)	\$ 50,000.00
11-27968	PMTO Trg Support North Care PIHP (Pathways)	\$ 50,000.00
11-27968	PMTO Trg Support CMH for Central MI PIHP (Central)	\$ 50,000.00
11-27968	PMTO Trg Support Lakeshore PIHP (Muskegon)	\$ 50,000.00
11-27968	PMTO Trg Support CMH Partnership of SE MI (Washtenaw)	\$ 50,000.00
11-27968	PMTO Trg Support CMH Affiliation of Mid MI PIHP (CEI)	\$ 50,000.00
11-27434	DECA-I/T Pilot Coordinator	\$ 32,025.00
11-27434	Mary Mackrain - Early Childhood	\$ 82,151.00
11-27815	Inter-Tribal Council(Grand Traverse Ottawa/Chippewa Indians)	\$ 7,800.00
	Subtotal	\$ 2,696,577.31
	CMHSP MULTI-YEAR PROPOSALS	FY11 AMOUNT
11-27982	Central Michigan Parent Child Interaction Therapy (yr 3 of 5)	\$ 27,885.00
11-27992	Central Michigan BSFT (yr 2 of 5)	\$ 14,400.00
11-27985	Copper Country School Social Work Program (yr 1 of 5)	\$ 75,000.00
11-27977	Detroit-Wayne Parent Partners (yr 3 of 5)	\$ 50,000.00
11-27973	Detroit-Wayne Support Our Young Moms (yr 3 of 5)	\$ 50,000.00
11-27982	Detroit-Wayne Adolescent FPE (yr 2 of 5)	\$ 56,250.00
11-27844	Detroit Wayne Child (including SEDW position if necessary)	\$ 1,043,582.00
11-27982	Genesee Maltreated Infant/Toddler Treatment Court (MITC) (yr 3 of 5)	\$ 50,000.00
11-27993	Genesee SEDW DHS Access Position (FY11 only)	\$ 100,000.00
11-27991	Gratiot Home-Based JJ Co-Occuring (yr 2 of 5)	\$ 51,279.00
11-27989	Kalamazoo Northside Community Outreach (yr 2 of 5)	\$ 34,165.00
11-27993	Kalamazoo SEDW DHS Access Position (FY11 only)	\$ 75,511.00
11-27969	Lifeways Wraparound (yr 3 of 3)	\$ 50,000.00

11-27982	Lifeways MST (yr 2 of 3)	\$	56,000.00
11-27993	Macomb SEDW DHS Access (FY11 only)	\$	100,000.00
11-27985	Monroe JIFF (yr 2 of 2)	\$	25,350.00
11-27969	Muskegon Wraparound (yr 3 of 3)	\$	44,371.00
11-27980	Network 180 Prevention Groups (yr 3 of 5)	\$	50,000.00
11-27989	Network 180 Access Clinician at DHS (yr 3 of 5)	\$	74,259.00
11-27985	Northeast Michigan Implementing the SOC (yr 2 of 5)	\$	72,501.00
11-27982	Northern Lakes Triple-P Parenting Program (yr 1of 2)	\$	72,595.00
11-27973	Oakland Child Care Expulsion Prevention Services Project (yr 3 of 5)	\$	50,000.00
11-27993	Oakland SEDW DHS Access Position (FY11 only)	\$	94,000.00
11-27977	Ottawa Parent Peer (yr 1 of 5)	\$	57,160.00
11-27989	Saginaw Mobile Crisis Team (yr 2 of 4)	\$	56,250.00
11-27993	Saginaw SEDW DHS Access Position (FY11 only)	\$	83,000.00
11-27982	St. Joseph Treatment Foster Care (yr 1 of 2)	\$	75,000.00
11-27990	West Michigan Youth Advisory Council (yr 2 of 5)	\$	75,000.00
	SUBTOTAL	\$	2,663,558.00
	TOTAL (APPROXIMATE)	\$	5,360,135.31
	FY11 Award (SAMHSA FY11 Estimate)	\$	4,266,057.00
	FY10 Carry Forward (estimate - unobligated from FY10)	\$	1,449,735.00
		\$	5,715,792.00
		\$	5,715,792.00
		\$	5,360,135.31
	TOTAL LEFT TO ALLOCATE IN FY11	\$	355,656.69

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	31,545	33,753	33,760	33,765
Numerator	N/A	N/A	--	--
Denominator	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 and Michigan Level of Functioning Project

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 FY09 total was updated to reflect the most accurate data available at this time.

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.

Action Plan: Activities to meet the target identified include: FY11 - Michigan will continue to monitor and gather data on the number of children served by the CMHSPs; use block grant and possibly Medicaid funding through the 1915(b) waiver to serve more children with SED; use the 1915(c)waiver to expand wraparound services across the state.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:]

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	8.74	7.43	11.73	11
Numerator	72	60	--	--
Denominator	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 Encounter Data Reports, Performance Indicator Reports.
- Special Issues:** For some children with serious emotional disturbance, the occasional use of inpatient psychiatric care is necessary. However, a rapid readmission following discharge may suggest that persons were prematurely discharged or that the post discharge follow-up was not timely or sufficient. The department standard for this indicator is 15%. FY10 Projection is based on partial year data.
- 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.
- Action Plan:** Activities to meet this target include: FY11- Michigan will continue to gather data on the number of children readmitted to an 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; Michigan will provide technical assistance to assure compliance with this indicator with the PIHPs/CMHSPs if necessary.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:]

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	17.11	17.82	16.50	15
Numerator	434	424	--	--
Denominator	2,536	2,379	--	--

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 Data Reports, Performance Indicator Reports.

Special Issues: For some children with serious emotional disturbance, the occasional use of inpatient psychiatric care is necessary. However, a rapid readmission following discharge may suggest that persons were prematurely discharged or that the post discharge follow-up was not timely or sufficient.

The data for FY08 and FY09 was updated to reflect the most current, best data available for this indicator.

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.

Action Plan: Activities to meet this target include: FY11 - Michigan will continue to gather data on the number of children readmitted to a inpatient psychiatric hospital within 180 days and moniotr home-based programs statewide to determine if this service is providing adequate and appropriate support to families in this area; 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 assure compliance with this indicator with the PIHPs/CMHSPs as necessary.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	5	6	7	8
Numerator	N/A	N/A	--	--
Denominator	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:** CMHSP Data Reports, Performance Indicator reports
- 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, Wraparound and Brief Strategic Family Therapy, 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.
- Action Plan:** Activities to meet the target include: FY11 - Provide additional training for therapists and supervisors across the state in EBPs; FY11- Implement data tracking via codes and modifiers to more accurately track EBP provision; FY11 - Continue to encourage and support communities that are interested in providing EBPs.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	.02	.03	.06	.07
Numerator	6	11	--	--
Denominator	31,454	33,753	--	--

Table Descriptors:

- Goal:** Maintain a statewide integrated children’s services system to provide comprehensive community-based care.
- Target:** To maintain or increase the percentage of children with serious emotional disturbance served who receive Therapeutic Foster Care each fiscal year.
- 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 from CMHSPs
- 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 for FY08 and forward includes only those children receiving therapeutic foster care services that follow an established model of Treatment Foster Care.
- 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.
- Action Plan:** Activities to meet the target include: FY11 - Therapeutic Foster Care will increase through the 1915 (c) Home and Community Based Waiver in several communities; and FY11 - Block grant funding will be available to communities to support EBPs and assist in improving the array of services for children with SED.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	.90	.91	.95	.96
Numerator	283	306	--	--
Denominator	31,545	33,753	--	--

Table Descriptors:

- Goal:** Maintain a statewide integrated children’s services system to provide comprehensive community-based care.
- Target:** To maintain or increase the percentage of children with serious emotional disturbance served who receive Multi-Systemic Therapy each fiscal year.
- 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 from CMHSPs
- Special Issues:** MST is an evidence-based practice for children involved with the juvenile justice system and Michigan is currently training staff in this evidence-based practice. This will allow children with a conduct disorder diagnosis to receive an evidence-based practice and to achieve better outcomes. FY09 data was updated to reflect the most complete data for this indicator.
- Significance:** The percentage of children receiving MST is significant in helping to determine access to this evidence-based practice.
- Action Plan:** Activities to meet the target include: FY11 - Monitor development of MST across the state; block grant funding will be available to communities to support EBPs and assist in improving the array of services for children with SED.

CHILD - GOALS TARGETS AND ACTION PLANS

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

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	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: One site in Michigan was trained in and using the FFT model through FY08. However, in FY09 the site discontinued the program due to staffing issues and the prohibitive cost of training more staff. There are currently no sites in Michigan providing FFT.

Significance:

Action Plan:

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ⌋

Name of Performance Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	56.93	57.17	57.05	57.06
Numerator	538	594	--	--
Denominator	945	1,039	--	--

Table Descriptors:

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

Target: At least 57.05% of children with serious emotional disturbance served and their families will report positively on outcomes through FY11.

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: Percentage of children with serious emotional disturbance and their families surveyed who report positively on outcomes.
Denominator: Children with serious emotional disturbance and their families who are surveyed.

Sources of Information: MDCH/CMHSP Consumer Surveys

Special Issues: This indicator focuses on child and family satisfaction with the outcomes they experience from utilizing mental health services as reported on the Youth Satisfaction Survey for Families. Baseline was established as of FY10 Implementation Report. Baseline was used to update target for this indicator. FY10 data is not yet available, projections are based on target.

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.

Action Plan: Activities to meet this target include: FY11 - Obtain FY10 data for this indicator; continue to implement the survey; publish results of the survey for public review.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:]

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	48.58	47	47.10	47.20
Numerator	2,513	2,437	--	--
Denominator	5,173	5,185	--	--

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 Project (MLOF)
- Special Issues:** Scoring a 10, 20 or 30 on the school subscale score means a child is missing or 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 FY09 was updated to reflect the most complete data available at this time.
- 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.
- Action Plan:** Activities to meet this target include: FY11 - 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; provide this information to the PIHPs/CMHSPs.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:]

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	50.96	45.13	48.05	48.06
Numerator	1,116	926	--	--
Denominator	2,190	2,052	--	--

Table Descriptors:

- Goal:** Maintain a statewide integrated children’s services system to provide comprehensive community-based care.
- Target:** At least 48.05% of the youth served with a CAFAS score of 10, 20 or 30 at intake have a decrease in their community subscale score by at least 10 points by FY11.
- Population:** Children diagnosed with serious emotional disturbance.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percentage of youth who scored a 10, 20, or 30 on the community sub-scale of the CAFAS during any time in treatment and dropped 10 or more points on the community subscale score.
- Measure:** Numerator: The number of youth with a 10, 20, or 30 on the community subscale who drop 10 or more points.
Denominator: The number of youth assessed with a 10, 20, or 30 on the community sub-scale at intake.
- Sources of Information:** The Michigan Level of Functioning Project.(MLOF)
- Special Issues:** Because of the difficulty in gathering data from CMHSP staff in tracking youth involvement with the court for six months after they have been screened and diverted from the courts to mental health services,the measure for this indicator was changed in 2008. The measure will rely on CAFAS data from the Michigan Level of Functioning Project. The measure is the percentage of youth who scored a 10, 20, or 30 on the Community sub-scale of the CAFAS at intake and decreased 10 or more points during the course of treatment on the community sub-scale. This indicates that the youth is improving in his/her behavior in the community and therefore is not as much of a risk to the community or at as much risk for removal from the community. This is an indicator that the mental health services are helping the youth to remain in the community and be less likely to be involved in the juvenile justice system.
- Significance:** Because FY08 data continued to be unusually high for this indicator, a baseline was established by using an average of FY08 and updated FY09 data. This baseline was used to create a more straight forward target for this indictaor.
The percentage of youth who show a reduction on the community subscale of the CAFAS of at least 10 points indicates that a youth is functioning better in the community and is not at as much risk for removal from the community.
- Action Plan:** Activities to meet this target include: FY11 - Youth will continue to be screened and assessed and diverted to keep youth with mental health needs out of the juvenile justice system; outcome data will continue to be collected; block grant

funds will continue to be used for projects serving children involved in the juvenile justice system; block grant will be used to support the Michigan Level of Functioning Project.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	.41	.33	.24	.32
Numerator	129	112	--	--
Denominator	31,545	33,753	--	--

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.
Special Issues:	In a 1995 report (the most recent homelessness study in Michigan) on the youth served by Runaway and Homeless Youth Programs, over 2,000 reported depression; 1,318 indicated loss or grief; 992 reported being abandoned; 735 were treated as suicidal; 694 displayed behavioral disorders; 454 had family mental health problems. Although, data is not available for specific diagnosis, it is assumed that a number of these children are SED and are being served within programs on a short-term basis and referred for mental health services. Because of their transient "homeless" lifestyle, it is difficult to consistently track and document service needs and service outcomes for this population. Several agencies and CMHSPs have established relationships to facilitate services for mutual clients. MDCH continues to encourage the development of these relationships. Addressing housing stability before a youth or family becomes homeless could preempt some of these ongoing issues.
Significance:	The data for FY09 was updated to reflect the most current, best data available for this indicator. FY10 projection is based on partial year data. Because FY10 data is partial year and appears a low estimate, FY11 target is based on FY09 actual data.
Action Plan:	Activities to meet this target include: FY11 - 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.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:]

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	3.39	3.50	2.99	3.25
Numerator	1,068	1,182	--	--
Denominator	31,545	33,753	--	--

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 each fiscal year.

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 data reports.

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

The data for FY09 was updated to reflect the most current, best data available for this indicator. FY10 Projection is based on partial year data.

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.

Action Plan: Activities to meet this target include: FY11 - Provide additional wraparound services, continue to implement the 1915(c) waiver; continue to partner with the Department of Human Services in the implementation of Wraparound Services.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	56.47	52.84	53	53.25
Numerator	3,396	3,170	--	--
Denominator	6,014	5,999	--	--

Table Descriptors:

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

Target: At least 50% of youth with serious emotional disturbance served will show meaningful improvement on the CAFAS as demonstrated by a reduction of at least 20 points in their overall CAFAS score.

Population: Children diagnosed with serious emotional disturbance.

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

Indicator: Percentage of children with serious emotional disturbance that have greater than or equal to a 20 point reduction on Child and Adolescent Functional Assessment Scale in the Michigan Level of Functioning Project (MLOF).

Measure:
 Numerator: 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 in the MLOF.
 Denominator: Number of children participating in the MLOF that completed treatment.

Sources of Information: Michigan Level of Functioning Project

Special Issues: This indicator reviews significant and meaningful change in the level of functioning for a child and family. CMHSPs that participate in the MLOF (participation is voluntary) also tend to be those that are interested in outcomes and using information for continuous quality improvement efforts. CMHSPs that are new to the MLOF may bring averages down due to previous lack of organized efforts to improve services. Thus, as new CMHSPs continue to join the project, the average for this indicator may continue to fall slightly until continuous quality improvement process is fully implemented. The data for FY09 was updated to reflect the most complete data available for this indicator.

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.

Action Plan: Activities to meet this target include: FY11 - Michigan will continue to gather data on this outcome measure and give the information back to participating PIHPs/CMHSPs for quality improvement purposes; Michigan will highlight and recognize the PIHPs/CMHSPs that achieve superior outcomes; Michigan will contact the PIHPs/CMHSPs that achieve poor results and discuss a plan of action for improvement with them.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Access to assessment

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	98.23	93.07	98.08	95
Numerator	3,167	3,277	--	--
Denominator	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 FY11, 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 Report.

Special Issues: Quick, convenient entry in the mental health system is a critical aspect of accessibility of services. Delays can result in inappropriate care or exacerbation of symptomatology. It is crucial to families and children to be able to access services in a short time frame to promote follow through with services and decrease the rate of dropout. By measuring and focusing on quick access to services, the MDCH is encouraging CMHSPs to be responsive to the needs of children and families. The Department standard is 95%. FY09 presented some data reporting problems for this indicator, however, FY10 partial year data appears to be better. FY10 Projection was based on partial year data.

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.

Action Plan: Activities to meet the target include: FY 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; Michigan will provide technical assistance to assure compliance with this indicator with the participating PIHPs/CMHSPs as necessary.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: CCEP successful placement outcome

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	85.23	85.07	80	0
Numerator	358	319	--	--
Denominator	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) quarterly reports
- Special Issues:** CCEP programs in the past have provided 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 has been 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.
- Due to funding cuts in FY10, the target population and service delivery requirements for this service changed to serve only children 0-36 months. This resulted in a reduction in the number of children served from FY09 to FY10 by over half. The program is currently in jeopardy of losing all of the funding from the Michigan Department of Human Services that supports this effort statewide. If this occurs, the program as it currently stands will cease to exist. The loss of this program will be a glaring example of the negative impact the financial situation in Michigan continues to have on children and families. Because the FY11 state budget is not final, there is no way to predict if this program will continue in FY11. Therefore, a target for FY11 has not been identified.
- Significance:** The percentage of children receiving child care expulsion prevention 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.
- Action Plan:** Activities to meet the target include: FY11 - Determine if the CCEP program will continue.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Family Centered training

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	2,337	2,640	1,911	2,000
Numerator	N/A	N/A	--	--
Denominator	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 increase 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.
- 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:** There continues 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 clear that budget constraints have impacted the number of trainings that were offered in FY10 and the number of individuals who were able to attend trainings. Many CMHSPs have eliminated training budgets at this point. FY10 Projection is based on partial year data.
- Action Plan:** Activities to meet the target identified include: FY11 - MDCH will provide training in family-centered practice and wraparound to child serving system staff and families.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: No severe impairments at exit

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	51.90	51.65	51.66	51.67
Numerator	1,751	1,625	--	--
Denominator	3,373	3,146	--	--

Table Descriptors:

- Goal:** The Department of Community Health will monitor the quality, access, timeliness and outcomes of community based services.
- Target:** Through FY11, 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 participating in MLOF who had a severe impariment at intake and that completed treatment.
- Sources of Information:** Michigan Level of Functioning Project (MLOF)
- 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 FY09 was updated to reflect the most complete data available for this indicator.
- Significance:** Not having a 30 on any one sub-scale will increase the likelyhood that a child can remain in the community.
- Action Plan:** Activities to meet the target include: FY11 - Continue to support the MLOF. The MLOF has gained national recognition for monitoring outcomes of children and families and CMHSPs and is a national model that has been producing results for the past ten years; continue to support the web-based application of the CAFAS which offers CMHSPs the ability to closely track treatment progress.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Rural Case Management

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	53.31	45.47	48.68	48.75
Numerator	8,024	6,236	--	--
Denominator	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.
- 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. As of 2010, Michigan has 8 urban counties and the rest are considered rural counties. FY10 Projection is based on partial year data.
- Significance:** The percentage of children with serious emotional disturbance receiving case management services indicate that intensive community-based services continue to be provided, thus reducing the need for more restrictive out-of-home placements.
- Action Plan:** Activities to meet this target include: FY11 - 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; 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; continue to develop alternative intensive community based services through the use of 1915(b)(3) services in rural areas of the state.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Transformation Outcome PMTO

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	.47	.64	.61	.62
Numerator	147	217	--	--
Denominator	31,545	33,753	--	--

Table Descriptors:

- Goal:** Maintain a statewide integrated children’s services system to provide comprehensive community-based care.
- Target:** To maintain or increase the percentage of children with serious emotional disturbance served who receive PMTO each fiscal year.
- 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 and CMHSPs who provide PMTO.
- 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. FY10 Projection based on partial year data.
- Significance:** The percentage of children with SED served receiving PMTO is significant in helping to determine access to this evidence-based practice.
- Action Plan:** Activities to meet the target include: FY11 - 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; maintain a system of fidelity monitoring for PMTO statewide.

August 20, 2010

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 (ACMI) met on August 13, 2010, to review and discuss Michigan's fiscal year 2011 Community Mental Health Services Block Grant Application.

The ACMI, which is comprised of consumers, family members, advocates, service providers, and representatives of state departments, appreciates the opportunity to offer input on the Block Grant Application. 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 work of the ACMI.

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.