

Michigan

UNIFORM APPLICATION
FY 2018 BEHAVIORAL HEALTH REPORT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

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

I: State Information

State Information

State DUNS Number

Number 113704139

Expiration Date

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III. State Expenditure Period (Most recent State expenditure period that is closed out)

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To

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V. Contact Person Responsible for Report Submission

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Footnotes:

II: Annual Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: System of Care for Children/Youth with Serious Emotional Disturbance (SED) and Their Families
Priority Type: MHS
Population(s): SED

Goal of the priority area:

Treatment outcomes for children/youth with SED and their families improve statewide.

Strategies to attain the goal:

1. Develop a structure to expand the availability and access to a statewide comprehensive system of care (SOC) for children/youth and their families that includes improved treatment outcomes, using block grant funding in addition to other resources.
2. Engage system partners and stakeholders in the process of developing a statewide SOC.
4. Utilize block grant funding to support system improvement activities such as statewide PMTO and Trauma Informed Initiative for children with SED, state supported training and technical assistance in targeted areas such as co-occurring treatment, wraparound, home-based services, early childhood screening and assessment, family-driven and youth-guided service provision and peer-to-peer parent and youth support activities.
5. Utilize block grant funding to support projects identified by CMHSPS to fill gaps in their local systems of care for services that improve outcomes for children/youth with SED and their families.
6. Utilize data to inform policy and program decision making and improvements.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The percent of children assessed with the CAFAS statewide who demonstrate at least a 20 point (statistically significant) reduction in their overall CAFAS score from intake to discharge will increase in FY16 and again in FY17 from a baseline average obtained in FY14.
Baseline Measurement: FY14 Baseline = 56% of children assessed
First-year target/outcome measurement: FY16 Target = 58% of children assessed
Second-year target/outcome measurement: FY17 Target = 60% of children assessed

New Second-year target/outcome measurement(if needed):

Data Source:

John Carlson, PhD and the Michigan Level of Functioning Project.

New Data Source(if needed):

Description of Data:

Statewide aggregate CAFAS data

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The data collection for this indicator will be changed in FY16 and we are hoping to see a more accurate representation of the progress children/youth make in treatment. Previously, we have only been analyzing data from one fiscal year at a time, however, treatment episodes from intake to discharge for many children/youth cross fiscal year boundaries. In FY16 we will be able to analyze data across fiscal years.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

58% of children demonstrated at least a 20 point drop in their overall CAFAS score.

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

55% of children demonstrated at least a 20 point drop in their overall CAFAS score. This measure has remained between 55-58% for many years. Even with the improvement in looking at data across fiscal years for a true pre-post measure of improvement, this measure is relatively the same each year. The way this measure is analyzed will be changed for future FYs as it appears that it has been established that 55-58% of children served by the public mental health system will demonstrate at least a 20 point drop in their CAFAS score from intake to discharge and that this percentage does not change significantly from year to year.

How second year target was achieved (optional):

Indicator #:

2

Indicator:

The number of children/youth with SED served in the public mental health system that receive wraparound services will increase in FY16 and again in FY17 from a baseline of number served in FY14.

Baseline Measurement:

FY14 Baseline = 1,457 children served by Wraparound

First-year target/outcome measurement:

FY16 Target = 1,500 children served by Wraparound

Second-year target/outcome measurement:

FY17 Target = 1,550 children served by Wraparound

New Second-year target/outcome measurement(if needed):

Data Source:

MDHHS Division of Quality Management and Planning state Fingertip Report.

New Data Source(if needed):

MDHHS Division of Quality Management and Planning BH TEDS data.

Description of Data:

Numbers served in wraparound

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

2,171 Children served in Wraparound

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

2,062 Children served in Wraparound. It is important to note the MDHHS data collection system changed over to BH TEDS with this report. The data reporting systems are not completely consistent therefore, comparisons from year to year are not equivalent. BH TEDS data is the only data available from this point forward so it is what is being reported.

Indicator #:

3

Indicator:

The number of children/youth with SED served in the public mental health system that receive PMTO will increase in FY16 and again in FY17 from a baseline of number served in FY14.

Baseline Measurement:

FY14 Baseline = 1,394 children received PMTO

First-year target/outcome measurement:

FY16 Target = 1,410 children received PMTO

Second-year target/outcome measurement:

FY17 Target = 1,430 children received PMTO

New Second-year target/outcome measurement(if needed): FY17 Target = 1,050 children received PMTO

Data Source:

MDHHS Division of Quality Management and Planning state Fingertip Report

New Data Source(if needed):

Description of Data:

Numbers served in PMTO

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

1,042 children received PMTO services. Additional push for clinician participation in PMTO training has been ongoing. Clinicians continue to educate community child serving systems about the purpose and benefits of PMTO to stimulate additional referrals.

How first year target was achieved (optional):

Second Year Target:

Achieved

Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

910 children received PMTO services in FY17. This decrease is likely due to the system losing 25 PMTO trained clinicians to other jobs which do not allow them to continue to provide PMTO services. This is the biggest one year decrease in clinicians since PMTO has been offered in Michigan. MDHHS is evaluating proposed changes to the training and fidelity structure of PMTO in hopes of increasing the number of clinicians trained in the PMTO model.

How second year target was achieved (optional):

Indicator #:

4

Indicator:

The number of children/youth with SED served in the public mental health system that receive Trauma-Focused Cognitive Behavior Therapy (TFCBT) will increase in FY16 and again in FY17 from a baseline of number served in FY14.

Baseline Measurement:

FY14 Baseline = 635 children received TFCBT

First-year target/outcome measurement: FY16 Target = 650 children received TFCBT

Second-year target/outcome measurement: FY17 Target = 665 children received TFCBT

New Second-year target/outcome measurement(if needed): FY17 Target= 800 children received TFCBT

Data Source:

MDHHS Division of Quality Management and Planning state encounter data.

New Data Source(if needed):

Description of Data:

Number served in TFCBT

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

790 children received TFCBT.

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

900 children received TFCBT.

Indicator #:

5

Indicator:

The number of certified Parent Support Partners trained to work in the public mental health will increase in FY16 and again in FY17 from a baseline of number trained in FY14.

Baseline Measurement:

FY14 Baseline = 85 Parent Support Partners certified

First-year target/outcome measurement:

FY16 Target = 100 Parent Support Partners certified

Second-year target/outcome measurement:

FY17 Target = 115 Parent Support Partners certified

New Second-year target/outcome measurement(if needed): FY17 Target= 140 Parent Support Partners certified

Data Source:

Michigan Parent Support Partner Training Project

New Data Source(if needed):

Description of Data:

Number of Parent Support Partners trained

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

136 Parent Support Partners certified.

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

159 Parent Support Partners certified.

Priority #: 2

Priority Area: Enhanced Partnerships

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Enhanced partnerships exist to serve children/youth with SED and their families, including traditionally underserved populations, using block grant funds and other resources; that reduce duplication of efforts.

Strategies to attain the goal:

1. Continue to support the SED Waiver (SEDW).
2. Continue to support joint projects and foster the relationship between MDHHS child welfare, juvenile justice, child mental health, child and family health, MDE, State Court Administrative Office and other child serving systems to encourage more collaborative work.
3. Continue to pursue and support integrated physical health and behavioral health initiatives for children and youth with SED and their families.
4. Continue to utilize the 5% set-aside for integrated first episode psychosis services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of children enrolled in the SEDW will increase in FY16 and again in FY17 from FY14 baseline.

Baseline Measurement: FY14 Baseline = 621 children served by the SED Waiver

First-year target/outcome measurement: FY16 Target = 650 children served by the SED Waiver

Second-year target/outcome measurement: FY17 Target = 670 children served by the SED Waiver

New Second-year target/outcome measurement(if needed): FY17 Target = 500

Data Source:

SEDW Pilot Specialist

New Data Source(if needed):

Description of Data:

Number of children enrolled in SEDW

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

535 children served on the SED Waiver. CMHSPs are finding other ways to serve children without utilizing the Waiver. They are also very cautious about adding additional children to the Waiver at this time as multiple changes to the Waiver are proposed in conjunction with the proposed 1115 Waiver that Michigan is currently pursuing with CMS.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

645 children served on the SEDW. Target for FY17 was lowered due to a significant decrease in children served in FY16.

Indicator #: 2

Indicator: The number of youth who are involved in the juvenile justice system and need mental health services will be identified and served by the public mental health system.

Baseline Measurement: FY14 Baseline = 1,729 youth served

First-year target/outcome measurement: FY16 Target = 1,740 youth served

Second-year target/outcome measurement: FY17 Target = 1,760 youth served

New Second-year target/outcome measurement(if needed): FY17 Target=1,200 youth served

Data Source:

MDHHS Division of Quality Management and Planning state full 404 Report.

New Data Source(if needed):

MDHHS Division of Quality Management and Planning BH TEDS data.

Description of Data:

Number of children served by mental health and juvenile justice system.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

1224 youth involved in the juvenile justice system were served in the public mental health system. Fewer youth are involved in juvenile justice statewide in Michigan and the number is going down annually. Also, this indicator is typically collected at intake into the public mental health system and relies on self report of court involvement which may not be revealed until later in treatment. Diversion activities are also increasing statewide.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

2715 youth involved in the juvenile justice system were served in the public mental health system. It is important to note the MDHHS data collection system changed over to BH TEDS with this report. The data reporting systems are not completely consistent therefore, comparisons from year to year are not equivalent. BH TEDS data is the only data available from this point forward so it is what is being reported.

Indicator #: 3

Indicator: The number of children served in integrated physical and mental health projects will increase in FY16 and again in FY17 from FY14 baseline.

Baseline Measurement: FY14 Baseline = 857 children served

First-year target/outcome measurement: FY16 Target = 880 children served

Second-year target/outcome measurement: FY17 Target = 900 children served

New Second-year target/outcome measurement(if needed): FY17 Target = 1630 children served

Data Source:

Michigan Child Collaborative Care Project data

New Data Source(if needed):

Description of Data:

Number of children served by integrated physical and mental health projects.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

1615 children were served by integrated physical and mental health projects

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

2048 children were served by integrated physical and mental health projects.

Indicator #: 4

Indicator: The number of youth receiving co-occurring services will increase in FY16 and again in FY17 from FY14 baseline.

Baseline Measurement: FY14 Baseline = 2,421 children served

First-year target/outcome measurement: FY16 Target = 2,460 children served

Second-year target/outcome measurement: FY17 Target = 2,470 children served

New Second-year target/outcome measurement(if needed): FY17 Target = 1350 children served

Data Source:

MDHHS Division of Quality Management and Planning Encounter data

New Data Source(if needed):

MDHHS Division of Quality Management and Planning BH TEDS data.

Description of Data:

Number of children receiving co-occurring services

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

The FY14 baseline was inflated.

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The FY14 numbers were inflated and thus set an unrealistic baseline. The baseline will be changed to the FY15 number served which was 988. 1345 were served in FY16, so that surpasses the FY15 amount served. The target for FY17 is changed to 1350.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

1145 children received co-occurring services in FY17. Number served does surpass FY15 baseline. It is important to note the MDHHS data collection system changed over to BH TEDS with this report. The data reporting systems are not completely consistent therefore, comparisons from year to year are not equivalent. BH TEDS data is the only data available from this point forward so it is what is will be reported.

How second year target was achieved (optional):

Indicator #:

5

Indicator:

A baseline of young adults receiving RAISE model services through the 5% set-aside pilots will be obtained in FY16 and the number served will increase in FY17.

Baseline Measurement:

FY16 Baseline = 75 young adults served

First-year target/outcome measurement:

FY16 Baseline = 75 young adults served

Second-year target/outcome measurement:

FY17 Target = 85 young adults served

New Second-year target/outcome measurement(if needed): FY17 Target= 130 young adults served

Data Source:

5% set-aside contract manager

New Data Source(if needed):

Description of Data:

Number of young adults receiving RAISE model services

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

122 young adults were served in First Episode Psychosis programs.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

176 young adults were served in First Episode Psychosis programs.

Priority #: 3

Priority Area: Provide integrated treatment to adult SMI service recipients with co-occurring mental health and substance use disorders.

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

To improve the penetration of integrated co-occurring mental health and substances use disorder treatment services within the adult CMHSP provider network.

Strategies to attain the goal:

1. Continue to provide training to the CMHSP workforce on co-occurring disorders treatment knowledge and skills, including motivational interviewing, and other IDDT and/or DDCMHT framework domains areas.
2. Continue to provide IDDT and/or DDCMHT program site reviews and subsequent associated technical assistance/coaching input for advancing service development and implementation.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of program fidelity and ascertainment reviews will increase in FY16 and FY17 from its current level in FY15.

Baseline Measurement: FY15 Baseline = 22 reviews

First-year target/outcome measurement: FY16 Target = 24 reviews

Second-year target/outcome measurement: FY17 Estimate = 26 reviews

New Second-year target/outcome measurement(if needed):

Data Source:

Michigan Fidelity Assessment Support Team (MIFAST) data from MDHHS Specialist tracking the number of reviews taking place.

New Data Source(if needed):

Description of Data:

Reflects the number of reviews conducted that are monitoring the implementation and ongoing use of practices and/or readiness.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

26 program fidelity and ascertainment reviews were conducted during FY16.

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The Target was achieved as a result of:
- Expansion of Fidelity Reviewer Teams to cover additional Evidence-Based Practices, including Motivational Interviewing, Dual Disorder Capability for Addiction Treatment, and Trauma Informed Care
- Increased Fidelity Reviewer Staff Training and Development
- Identification and coordination of reviews for provider EBP teams who have not had reviews in the past
- Follow-up to provider EBP teams who have had reviews in the past but have not had reviews in more than 2 years

Indicator #: 2
Indicator: The number of behavioral health consumers receiving treatment services for co-occurring mental health and substance use disorders will increase in FY16 and FY17 from its current level in FY15.
Baseline Measurement: FY15 Baseline = 60,300
First-year target/outcome measurement: FY16 Target = 61,500
Second-year target/outcome measurement: FY17 Target = 62,750
New Second-year target/outcome measurement(if needed): FY17 Target = 10,750

Data Source:

MDHHS data warehouse, Quality Improvement Data (soon to be Behavioral Health TEDS)

New Data Source(if needed):

Description of Data:

Count of adults receiving co-occurring disorder services

New Description of Data:(if needed)

Number of adults receiving a co-occurring service (HH modifier)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Michigan is modifying this indicator to have an accurate reflection of the individuals being served. The current manner in which it is written used units of service reported instead of the number of people served (an error in how we wrote it) which will not provide a realistic number of people served. The newly worded indicator matches our intent. The new FY15 Baseline = 9,750 and the new FY16 Target = 10,250. The number of adults who received a co-occurring service (HH modifier) is 10,535, thus the new indicator is achieved.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 3

Indicator: The number of CMHSP and/or Primary Care Provider staff receiving training and/or education on integrated behavioral and physical healthcare services will increase in FY16 and FY17 from its current level in FY15.

Baseline Measurement: FY15 Baseline = 560

First-year target/outcome measurement: FY16 Target = 700

Second-year target/outcome measurement: FY17 Target = 850

New Second-year target/outcome measurement(if needed):

Data Source:

Integrated health learning community reports and attendance rosters.

New Data Source(if needed):

Description of Data:

Count of the number of individuals participating in training and activities that are part of the Integrated Health Learning Collaborative

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Structural changes were made after FY15 related to Integrated Health services; Tier 1 participants experienced beginning/intermediate information related to delivery of integrated health services-Tier 1 focused on individuals not sites; Tier 2 LC participants were chosen through an application process that required certain developmental site achievements for participation eligibility. While this structural change likely reduced the actual participation number of individuals, it provided focused and individualized site development, technical assistance, and skills based knowledge transfer that enhanced site capacity for providing integrated health services.

FY16 data sources for Integrated Healthcare activities - webinar: 99; coaching calls to site teams: 97; site visits: 97; Tier 1-1: 118; Tier 1-2: 73; Tier 2-1: 72; Tier 2-2: 67; Total contacts = 623

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 4
Priority Area: Promote and protect health, wellness and safety of consumers with serious mental illness who have contact with law enforcement.
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

To increase the safety of consumers with serious mental illness and to gain swifter access to services by means of referral or intervention of police officers trained in Crisis Intervention Team Training (CIT).

Strategies to attain the goal:

1. Leverage monies allocated to the Governor's Mental Health Diversion Council that would support pilots across the State who would use CIT as a model for their communities.
2. Give priority consideration (funding) to those communities that would use CIT as a primary means to help divert the mentally ill from jail on a pre-emptive basis for future pilot sites.
3. Provide support to pilots that have opted to utilize CIT as their primary innovation within their community by means of data sharing, access to resources and networking with other communities that have been successful in their efforts.
4. Utilize the efforts of the data and evaluation team from Michigan State University to analyze the progress of each pilot and note the amount of consumers with serious mental illness being served as a result of CIT intervention.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The number of CIT trained officers will increase in FY16 and again in FY17 from the FY14 baseline.
Baseline Measurement: FY14 Baseline = 103 officers trained
First-year target/outcome measurement: FY16 Target = 150 officers trained
Second-year target/outcome measurement: FY17 Target = 175 officers trained

New Second-year target/outcome measurement(if needed):

Data Source:

MSU data and evaluation team

New Data Source(if needed):

Description of Data:

Count of police, dispatch, and jail personnel trained from data evaluation team

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The Michigan State University evaluation team review of FY16 Diversion project data found that 203 officers were CIT trained.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 5

Priority Area: Promote and protect health, wellness and safety of consumers with serious mental illness who have interactions with criminal justice systems.

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

To reduce the number of consumers with serious mental illness being arrested or incarcerated and to divert them to treatment.

Strategies to attain the goal:

1. Leverage monies allocated to the Governor's Mental Health Diversion Council to bolster efforts statewide in diverting consumers with serious mental illness through innovative, replicative, and cost effective pilots.
2. Provide support to pilots through data sharing, networking and regular contact to promote growth and cohesiveness within individual communities and all stakeholders.
3. Evaluate the effectiveness of pilots through data collection and evaluation efforts with Michigan State University to document success/hurdles.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of statewide pilots initiated through the Mental Health Diversion Council will increase in FY16 and again in FY17 from the FY14 baseline.

Baseline Measurement: FY14 Baseline = 5 statewide diversion pilots

First-year target/outcome measurement: FY16 Target = 6 statewide diversion pilots

Second-year target/outcome measurement: FY17 Target = 7 statewide diversion pilots

New Second-year target/outcome measurement(if needed):

Data Source:

MSU data and evaluation team

New Data Source(if needed):

Description of Data:

Count of pilot programs statewide from project reporting

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The target was achieved through a competitive grant process. After the review of submitted diversion proposals, the Diversion Council approved supporting 5 additional projects, bringing the total to 11 pilots for FY16.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 6

Priority Area: Promote Healthy Births

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Healthy births will be promoted.

Strategies to attain the goal:

1. Increase outreach to pregnant women to increase the population's access to treatment.
2. Provide extended case management to pregnant women to provide support after the treatment episode in order to promote a healthy birth.
3. Promote recovery support services to extend engagement and support retention.
4. Build capacity to provide trauma-informed care.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of reported drug free births

Baseline Measurement: FY12 Baseline = 200 drug free births reported by programs serving PWWDC

First-year target/outcome measurement: FY16 Target = 210 drug free births

Second-year target/outcome measurement: FY17 Target = 215 drug free births

New Second-year target/outcome measurement(if needed):

Data Source:

Women's Specialty Services Report

New Data Source(if needed):

Description of Data:

Raw count of women who enter treatment pregnant or become pregnant while in treatment and have a subsequent substance free birth, based on the results of meconium testing.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

This measure must be tracked by hand and, if a woman leaves treatment unexpectedly, a program may never know if she has a healthy birth. MDHHS has worked diligently to ensure numbers are reported accurately and continue to encourage case management and recovery supports for pregnant women as they exit formal treatment.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 7

Priority Area: Reduce IVDU wait times

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

IVDU wait times will be reduced.

Strategies to attain the goal:

1. Encourage case management services for IVDUs entering services to promote sustained recovery and manage the multiple issues that this population experiences when they participate in treatment services.
2. Work with regional Prepaid Inpatient Health Plans to manage wait lists and expand services as needed to limit wait times for methadone treatment.
3. Encourage the use of recovery support services to extend engagement and support retention.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Time to Treatment

Baseline Measurement: FY12 Baseline = 12.1% of individuals waiting over 10 days to enter treatment

First-year target/outcome measurement: FY16 Target = 9.7% of individuals

Second-year target/outcome measurement: FY17 Target = 8.7% of individuals

New Second-year target/outcome measurement(if needed):

Data Source:

TEDS treatment admission record will be used to track the elapsed number of days between date of service request and actual services.

New Data Source(if needed):

Description of Data:

Days of waiting are derived by subtracting the date of first request from the date of admission in the TEDS admission records.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 8

Priority Area: Increased Access to Treatment

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Access to treatment will be increased.

Strategies to attain the goal:

1. Outreach to collaborative partners to ensure that parents are identified as priority populations.
2. Ensure that programs identified as serving pregnant and parenting women are able to serve the entire family or have agreements for referral to other agencies.
3. Encourage the use of recovery support services to extend engagement and support retention.
4. Encourage case management services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Parents with Dependent Children Access/Retention in Residential Care

Baseline Measurement: FY12 Baseline = 36.3% of parents with dependent children who continue 14 days in residential treatment

First-year target/outcome measurement: FY16 Target = 38.2% of parents with dependent children

Second-year target/outcome measurement: FY17 Target = 39.2% of parents with dependent children

New Second-year target/outcome measurement(if needed):

Data Source:

TEDS treatment admission and discharge data will be used to track the elapsed number of days between admission and discharge. Authorizations for stays less than 14 days would be excluded.

New Data Source(if needed):

Description of Data:

Matched cases of admission and discharge TEDS data per individual in treatment.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 9

Priority Area: Increase the use of integrated services

Priority Type: SAT

Population(s): Other (Individuals with Co-occurring Disorders)

Goal of the priority area:

The use of integrated services will be increased.

Strategies to attain the goal:

1. Encourage case management when an individual entering treatment is identified as having a co-occurring disorder (COD) to help manage the many issues resulting from their disorder.
2. Encourage regions to provide technical assistance to those agencies working to become co-occurring capable and enhanced.
3. Encourage the use of recovery support services to extend engagement and support retention.
4. Build capacity to provide trauma-informed care.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of Prepaid Inpatient Health Plan expenditures on integrated services for individuals with co-occurring disorders.

Baseline Measurement: FY12 Baseline = 13.1% of expenditures

First-year target/outcome measurement: FY16 Target = 14.4%

Second-year target/outcome measurement: FY17 Target = 15.1%

New Second-year target/outcome measurement(if needed):

Data Source:

Section 408 of the Legislative Report provides information on expenditures for integrated services for individuals with co-occurring disorders. TEDS admission and discharge data indicates those individuals who had HH modified encounters reported.

New Data Source(if needed):

Description of Data:

Data are selected from line-item block grant expenditures per licensed provider and the integrated service sub-report.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 10
Priority Area: Underaged Drinking
Priority Type: SAP
Population(s): Other (Adolescents w/SA and/or MH, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Childhood and underage drinking is reduced.

Strategies to attain the goal:

1. Increase multi-system collaboration to implement strategies identified in the Underage Drinking Strategic Plan.
2. Reduce adult abuse by engaging all segments of the community in establishing a recovery-oriented system of care and increase the use of brief intervention.
3. Engage parents and other adults in helping reduce underage drinking.
4. Community coalitions will implement at least one environmental or community based process strategy each year.
5. Continue to build and enhance community substance abuse prevention infrastructure and capacity by strengthening collaboration with primary care providers to implement screening, brief intervention and referral (SBIR)
6. Encourage the use of Communities that Care, Community Trials, Strengthening Families and Prime for Life.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Past 30 days use of alcohol among youth 9th - 12th grade will be reduced

Baseline Measurement: FY11 Baseline = 30.5% of youth

First-year target/outcome measurement: FY16 Target = 28.0%

Second-year target/outcome measurement: FY17 Target = 25.0%

New Second-year target/outcome measurement(if needed):

Data Source:

Michigan Profile for Healthy Youth (MiPHY); Youth Risk Behavior Survey; National Survey on Drug Use and Health (NSDUH); and Michigan State Police/Office of Highway Safety Planning (OHSP)

New Data Source(if needed):

Description of Data:

Through the Michigan Department of Education, the MiPHY is administered during the years that the Youth Risk Behavior Survey is not conducted. The survey is intended to secure information from students in grades 7, 9, and 11, regarding health risk behaviors including

substance abuse. The MiPHY results are extrapolated at the county level and are useful for data-driven decisions to improve prevention programming performed in the counties.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The limited number of school districts participating in the MiPHY has been a concern. Through efforts of the state and community coalitions and other stakeholders, attention has been given to community readiness and responsiveness to conducting the MiPHY, and the number of school districts now participating has increased substantially.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 11

Priority Area: Youth Access to Tobacco

Priority Type: SAP

Population(s): Other (Adolescents w/SA and/or MH, Minors under 18 years)

Goal of the priority area:

Youth access to tobacco will be reduced.

Strategies to attain the goal:

1. Synar and Non Synar compliance checks to discourage sells to minors - During annual Synar required inspection periods and Non Synar regionally scheduled phases throughout the year.
2. Reduction in the initiation of tobacco use among children, adolescents and young adults – Use of research-based practices and classroom curriculum / Ongoing.
3. Increased vertical driver's license education – Promote "Read the Red" and , Secretary of State awareness website / Ongoing.
4. Encouragement through positive community recognition – Mass media, Associated Food & Petroleum Dealers (AFPD) magazine feature and E-blast acknowledgment / Quarterly.
5. Increased merchant retailer education – OROSC ImprovingMIPractices.org free online certificated training / Ongoing; AFPD tobacco awareness article series / Quarterly; and One hundred percent birthdate and legal awareness signage mailing to all merchants on the state's tobacco Master Retail List / Annually.
6. Increased environmental efforts – "Kick Butts" annual smoking cessation day. Alliance with existing "Do Your Part" campaign using fact sheets, PowerPoint and video resources by developing an attention getting website for educators, merchants, parents and research resources for youth.
7. Increased collaborative enforcement efforts – Violation reports to Michigan Liquor Control Commission to increase licensing consequences and Michigan State Police for follow-up action by Tobacco Tax Enforcement Teams.
8. Sensitivity to cultural diversity - Aggregate information regarding targeted HR, minority and underserved populations from annual plans; Review best practice evidence-based interventions for specific populations; Set minimum state goal that 20% of populations identified by Census data must include HR populations.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Effect a 14% retail merchant sells rate to minors
Baseline Measurement: FY15 Baseline = 18.0% Michigan Retailer Violation Rate
First-year target/outcome measurement: FY16 Target = 16%
Second-year target/outcome measurement: FY17 Target = 14%

New Second-year target/outcome measurement(if needed):

Data Source:

Annual Synar Survey

New Data Source(if needed):

Description of Data:

The state must conduct a formal Synar survey annually to determine retailer compliance with the tobacco youth access law and to measure the effectiveness of the enforcement of the law. The state must achieve and maintain a youth tobacco sales rate of 20% or less to underage youth during the formal Synar survey.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Socio-economic factors that lead to reduced merchant diligence; low perception of law enforcement; low perception of health risk.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 12
Priority Area: Health Disparities
Priority Type: SAP
Population(s): Other (LGBTQ)

Goal of the priority area:

Health disparities among LGBTQ youth and young adults will be decreased.

Strategies to attain the goal:

1. Gather and review data from existing sources to establish baseline indicators on substance abuse and mental health issues among target population.
2. Provide funding to include question on sexual orientation on the 2016 BRFSS; identify other mechanisms to increase sources for data.
3. Once data is identified, prioritize indicators to monitor.

4. Evaluate effective evidence based prevention programs and practices for this target population in anticipation of future pilot projects once data is gathered.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase LGBTQ data sources
Baseline Measurement: TBD in 2016
First-year target/outcome measurement: TBD
Second-year target/outcome measurement: Increase sources for data collection by at least 50% from first year target.

New Second-year target/outcome measurement(if needed):

Data Source:

Michigan Profile for Healthy Youth (MiPHY); Youth Risk Behavior Survey (YRBS); Behavioral Risk Factor Surveillance Survey (BRFSS); others to be determined.

New Data Source(if needed):

Description of Data:

The MiPHY and YRBS have non-public data available on sexual minority youth, which is able to be obtained in summary form through collaboration with Department of Education. A question on sexual orientation has been added to the BRFSS for the coming year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

A limited number of data sources for this target population has been identified by the SEOW as a gap for a number of years. Simply identifying sources to gather and establish baseline data is a priority in 2016.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 13
Priority Area: Marijuana Use
Priority Type: SAP
Population(s): Other (Youth)

Goal of the priority area:

Decrease marijuana use and increase awareness.

Strategies to attain the goal:

1. Develop a comprehensive strategic plan to prevent youth marijuana use.
2. Use fact sheets and infographics as a prevention tool to increase awareness of impact of marijuana use.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Perceived risk of marijuana use among 12 to 17 years old
Baseline Measurement: FY13 Baseline = 67.5% of youth among 12 to 17 years old
First-year target/outcome measurement: FY16 Target = 68.5%
Second-year target/outcome measurement: FY17 Target = 70.5%

New Second-year target/outcome measurement(if needed):

Data Source:

National Survey on Drug Use and Health (NSDUH)

New Data Source(if needed):

Description of Data:

The percentage of youth (12-17 years old) expressed either moderate risk or great risk of smoking marijuana once or twice week.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

The availability of public use of NSDUH may hinder the reporting in a timely manner.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 2
Indicator: Past 30 day use of marijuana use among youth
Baseline Measurement: FY13 Baseline = 9.5% of youth among 12 to 17 years old
First-year target/outcome measurement: FY16 Target = 9.0%
Second-year target/outcome measurement: FY17 Target = 8.0%

New Second-year target/outcome measurement(if needed):

Data Source:

National Survey on Drug Use and Health (NSDUH)

New Data Source(if needed):

Description of Data:

The NSDUH data will be used to track the past 30 day use of marijuana among youth.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

The availability of public use of NSDUH may hinder the reporting in a timely manner.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 14
Priority Area: Opiate Use
Priority Type: SAT
Population(s): Other (Individuals with opioid use disorders)

Goal of the priority area:

Treatment outcomes will be improved.

Strategies to attain the goal:

1. Initiate implementation of new Medication Assisted Treatment (MAT) Guidelines for Opioid Use Disorders.
2. Improve fidelity in the use of behavioral health therapies utilized in the treatment of opioid use disorders.
3. Require the availability of all three FDA approved medications for the treatment of opioid dependency in all publicly-funded opioid treatment programs.
4. Increase the use of peer recovery coaches within treatment settings.
5. Promote the utilization of recovery oriented services and systems to effectively treat the disease of addiction.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of admissions initiated into MAT services with pharmacotherapies approved by the FDA for the treatment of opioid use disorders

Baseline Measurement: FY13 Baseline = 4,627 admissions initiated into MAT services

First-year target/outcome measurement: FY16 Target = 4,673

Second-year target/outcome measurement: FY17 Target = 4,766

New Second-year target/outcome measurement(if needed):

Data Source:

TEDS admission. Service category of Detox would be excluded.

New Data Source(if needed):

Description of Data:

TEDS admission data indicates those individuals who initiated into MAT during the fiscal year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #:

2

Indicator:

Retention in MAT treatment

Baseline Measurement:

FY13 Baseline = 38.1% of individuals who continue 180 days in MAT

First-year target/outcome measurement:

FY16 Target = 39.1%

Second-year target/outcome measurement:

FY17 Target = 41.0%

New Second-year target/outcome measurement(if needed):

Data Source:

TEDS treatment admission and discharge data

New Data Source(if needed):

Description of Data:

Matched cases of admission and discharge TEDS data per individual in treatment.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 15
Priority Area: Opiate Use
Priority Type: SAP
Population(s): Other (Individuals in need of primary substance abuse prevention)

Goal of the priority area:

Non-medical use of prescription drugs will be reduced.

Strategies to attain the goal:

1. Increase multi-system collaboration at state and community levels.
2. Promote to develop leadership structure combining relevant agencies and organizations to oversee surveillance, intervention, education, and enforcement.
3. Promote the use of statewide media campaign entitled: Do your Part: Be the Solution to Prevent Prescription Drug Abuse.
4. Broaden the use of brief screenings in behavioral and primary health care settings.
5. Promote increased access to and use of prescription drug monitoring program.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Past 30 day non-medical use of pain relievers
Baseline Measurement: FY13 Baseline = 2.1% of individuals aged 12 years and older
First-year target/outcome measurement: FY16 Target = 2.0%
Second-year target/outcome measurement: FY17 Target = 1.9%
New Second-year target/outcome measurement(if needed):

Data Source:

National Survey on Drug Use and Health (NSDUH)

New Data Source(if needed):

Description of Data:

The NSDUH data will be used to track the past 30 day non-medical use of pain relievers.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (*optional*):

Footnotes:

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

Service	Expenditures
Healthcare Home/Physical Health	\$
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
Prevention (Including Promotion)	\$
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
Substance Abuse (Primary Prevention)	\$
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
Engagement Services	\$
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
Outpatient Services	\$
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
Medication Services	\$
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
Community Support (Rehabilitative)	\$
Parent/Caregiver Support;	
Skill Building (social, daily living, cognitive);	

Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	
Assertive Community Treatment;	

Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
Out-of-Home Residential Services	\$
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
Acute Intensive Services	\$
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
Other (please list)	\$
Total	\$0

Footnotes:

III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2016	Estimated/Actual SFY 2017
\$3,760,329	\$5,317,533	\$4,408,671

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

Actual FY08 was recalculated during federal audit to be \$3,716,882.

Actual FY16 was recalculated as well to be \$3,872,474.

FY17 is estimated.

III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2015) + B2(2016)</u> 2 (C)
SFY 2015 (1)	\$732,727,800	
SFY 2016 (2)	\$755,175,700	\$743,951,750
SFY 2017 (3)	\$719,960,524	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2015	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
SFY 2016	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
SFY 2017	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

6/1/2018

Footnotes:

SFY 2015 has been revised and should be \$736,493,700.
 SFY 2016 has been revised and should be \$736,714,400.
 Average of 2015 + 2016 has been revised and should be \$736,604,050.



Behavioral Health Advisory Council

State of Michigan

November 17, 2017

Nick Lyon, Director
Michigan Department of Health and Human Services
333 South Grand Avenue
P.O. Box 30195
Lansing, MI 48909

Dear Mr. Lyon:

The state's Behavioral Health Advisory Council (BHAC) met on November 17, 2017, to review and discuss Michigan's Fiscal Year 2017 Behavioral Health Reports for the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant.

The BHAC is comprised of behavioral health stakeholders including consumers, family members, advocates, service providers, and representatives of state departments from both the mental illness and substance abuse sectors of the state.

We appreciate the opportunity to provide advisement to you on the federal Block Grant Behavioral Health Reports. As a council we value that Michigan has taken a step ahead in creating a combined council to address these often overlapping concerns.

The council looks forward to our continued advisory role relating to the state's behavioral health activities. We have been given the opportunity to review, make suggestions, and approve the content of the information to be submitted to the Substance Abuse and Mental Health Services Administration. We are optimistic that this submission will be met with favorably by the federal government.

Sincerely,

Mark Reinstein, Chair
Behavioral Health Advisory Council
Telephone: (734) 646-8099
E-mail: msrmha@aol.com