

REPORT FOR SECTION 904

COMMUNITY MENTAL HEALTH SERVICE PROGRAMS DEMOGRAPHIC AND COST DATA FY 2015

STATE OF MICHIGAN



Rick Snyder, Governor
Nick Lyon, Director

May 2016

Revised October 2016

**REPORT FOR
SECTION 904 (2) (3)
COMMUNITY MENTAL HEALTH SERVICE PROGRAMS
DEMOGRAPHIC AND COST DATA
2015**

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SECTION 904 (2)
CMHSP DEMOGRAPHIC AND COST DATA
FY 2015

Introduction

Michigan Department of Health and Human Services

REPORT ADDRESSING PA 84 (2015) SECTION 904(2), 904(3) & 904(4)

Section 404(2)(a, b) requires a report containing information for each Community Mental Health Services Program (CMHSP), Specialty Prepaid Inpatient Health Plan (PIHP), regional entity designated by the department as a PIHP, and managing entity for substance use disorders and a statewide summary; such a report will give a demographic description of service recipients, including, reimbursement eligibility, client population groups, age, ethnicity, housing arrangements and diagnosis, per capita expenditures per client population group and cultural and ethnic groups of the services area, including deaf and hard of hearing population. This information is provided in the attached document for persons with mental illness (MI), intellectual/developmental disabilities (I/DD), dual diagnosis (MI & I/DD) and substance use disorders (SUD) for each CMHSP or PIHP, as well as statewide.

Information to address these sections is current as of April 2016, from all 46 CMHSP programs for the reporting period October 1, 2014 through September 30, 2015. In FY 2015, there were 176,655 persons with MI, 29,873 persons with I/DD, 15,756 persons with MI & I/DD, 2,650 persons who received substance use services only, 4,840 persons reported as assessment only and therefore their disability designation could not be determined, and 6,517 persons for whom diagnosis is unknown, for a total 236,291 persons who received services in CMHSPs or PIHPs throughout Michigan. Of those individuals with MI, 41,527 (24 percent) are 17 years or under and 6,881 (23 percent) of the persons with I/DD are 17 years or younger. Of those persons for whom race or ethnicity are reported, 79,389 (39 percent) are members of a minority group. The total costs reported across the 46 CMHSPs for FY 2015 was \$2,375,574,357. The attached material provides cost information by CMHSP for adults and children with MI, and persons with I/DD. This section also provides cost information on administration, indirect prevention, and other additional costs like lab and pharmacy services and grant-funded services.

Section 904(2)(c) requires financial information that includes a description of funding authorized, expenditures by client group and fund source, and cost information by Medicaid and Health Michigan plan service category, including administration and funds specified for all outside contracts for services and products. Financial information must include the amount of funding, from each fund source, used to cover clinical services and supports. Service category includes all department-approved services. General fund expenditures should reflect those funds used to cover uninsured individuals including Medicaid spenddowns. Information to address this section was obtained in March 2016, from all 46 CMHSPs and 10 PIHPs for the period October 1, 2014 through September 30, 2015. The attached report provides a summary of the total CMHSP costs for specific groups of services for adults and children with MI, and persons with I/DD for each CMHSP, as well as statewide. Also included are CMHSP General Fund service and administration costs for each CMHSP.

Section 904(2)(d) requires the reporting of data describing service outcomes which shall include, but not be limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment. In 2015, all beneficiaries enrolled in Assertive Community Treatment (ACT) were asked to complete the 44-item Mental Health Statistics Improvement Program (MHSIP) Consumer Survey. In addition, all families with a child or adolescent

receiving home-based services were also asked to complete the 26-item Youth Satisfaction Survey (YSS) for Families. This information is provided in the attached for each CMHSP and PIHP.

Section 404(2)(e)(i,ii) requires information about access to CMHSPs which shall include, but is not limited to, the number of persons receiving and/or requesting services and the number of people who requested services but did not receive services. The attached report includes information on the number of persons who requested CMHSP services. Details are shown on the disposition of the requests including numbers who met eligibility criteria, numbers

Section 404(2)(f) requires the number of second opinions requested under the code including the determination of any appeals. This section provides information from the relevant indicators from the Performance Indicator System. Aggregated performance indicator data is submitted quarterly by CMHSPs.

Section 404(2)(g) requires an analysis of information provided by CMHSPs in response to the needs assessment requirements of the Mental Health Code, including information about the number of persons in the service delivery system who have requested, and are clinically appropriate, for different services. In this section, each CMHSP describes current activities and programs and what has changed since last year's CMHSP needs assessment.

Section 404(2)(h) requires lapses and carry forwards for FY 2014-2015 for CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders. This information is provided in the attached for each CMHSP and PIHP.

Section 404(2)(i)(i, ii, iii) requires information about contracts for both administrative and mental health services entered into by CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders with providers and others including amount and rates, organized by type of service provided as well as administrative costs. This information is provided for each CMHSP.

Section 404(2)(j) requires information on the community mental health Medicaid managed care and Healthy Michigan plan programs, including, but not limited to, (i) expenditures by each CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders organized by Medicaid eligibility group, including per eligible individual expenditure averages (ii) expenditures on, and utilization of, each Medicaid and Healthy Michigan plan service category by each CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders and (iii) performance indicator information required to be submitted to the Department in the contracts with CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders.. The expenditures by Medicaid eligibility group are provided in this section along with the Medicaid and Healthy Michigan expenditures by service categories. This section also includes the data for the CMHSP Performance Indicators FY15.

Section 404(2)(k) Administrative expenditures of each CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders that includes a breakout of the salary, benefits, and pension of each executive level staff and shall include the director, chief executive, and chief operating officers and other members identified as executive staff. The administrative expenditures report is included in this section.

Section 404(3) requires that the Department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP or PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders. The CMHSP contract for FY15 is included in the attached.

Section 404(4) requires that the Department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders.

SECTION 904 (2)(a)
DEMOGRAPHIC & DIAGNOSIS
SUMMARY DATA
FY 2015

Statewide Summary & CMHSP Specific

CMHSP Demographic Summary
Numbers and Percentages of Persons with Mental Illnesses and Intellectual/Developmental Disabilities
Who Received Services from CMHSPs
Fiscal Year 2015
State of Michigan

Demographic Characteristics	MI Consumers		I/DD Consumers		* Substance Use Disorder		Dual Diagnosis (MI & I/DD)		** Assessment Only		Unknown Disability		Total Served	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Gender														
Males	87,515	49.54%	18,485	61.88%	1,646	62.11%	9,619	61.05%	2,540	52.48%	3,652	56.04%	123,457	52.25%
Females	89,055	50.41%	11,386	38.11%	1,002	37.81%	6,136	38.94%	2,296	47.44%	2,863	43.93%	112,738	47.71%
Unknown Gender	85	0.05%	2	0.01%	2	0.08%	1	0.01%	4	0.08%	2	0.03%	96	0.04%
	176,655	100.00%	29,873	100.00%	2,650	100.00%	15,756	100.00%	4,840	100.00%	6,517	100.00%	236,291	100.00%
Age														
Age 0 through 3	1,765	1.00%	878	2.94%	1	0.04%	167	1.06%	604	12.48%	129	1.98%	3,544	1.50%
Age 4 through 12	19,540	11.06%	4,035	13.51%	2	0.08%	1,458	9.25%	754	15.58%	518	7.95%	26,307	11.13%
Age 13 through 17	20,222	11.45%	1,968	6.59%	106	4.00%	1,335	8.47%	434	8.97%	819	12.57%	24,884	10.53%
Age 18 through 26	23,382	13.24%	6,363	21.30%	420	15.85%	3,302	20.96%	714	14.75%	1,479	22.69%	35,660	15.09%
Age 27 through 64	103,900	58.82%	14,856	49.73%	2,095	79.06%	8,334	52.89%	2,246	46.40%	3,331	51.11%	134,762	57.03%
Age 65 and Over	7,846	4.44%	1,773	5.94%	26	0.98%	1,160	7.36%	88	1.82%	241	3.70%	11,134	4.71%
Unknown Age	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	176,655	100.00%	29,873	100.00%	2,650	100.00%	15,756	100.00%	4,840	100.00%	6,517	100.00%	236,291	100.00%
Race/Ethnicity														
White/Caucasian	97,293	55.08%	16,585	55.52%	1,256	47.40%	9,367	59.45%	2,663	55.02%	2,261	34.69%	129,425	54.77%
African American/Black	39,423	22.32%	5,938	19.88%	838	31.62%	1,532	9.72%	770	15.91%	1,043	16.00%	49,544	20.97%
American Indian or Alaskan Native	1,403	0.79%	109	0.36%	29	1.09%	90	0.57%	30	0.62%	33	0.51%	1,694	0.72%
Asian	467	0.26%	198	0.66%	1	0.04%	64	0.41%	35	0.72%	18	0.28%	783	0.33%
Native Hawaiian or other Pacific Islander	73	0.04%	10	0.03%	2	0.08%	6	0.04%	5	0.10%	1	0.02%	97	0.04%
Other Race	4,925	2.79%	857	2.87%	67	2.53%	274	1.74%	83	1.71%	165	2.53%	6,371	2.70%
Multiracial	16,354	9.26%	2,610	8.74%	353	13.32%	1,099	6.98%	131	2.71%	353	5.42%	20,900	8.85%
Unknown/Refused/Missing	16,717	9.46%	3,566	11.94%	104	3.92%	3,324	21.10%	1,123	23.20%	2,643	40.56%	27,477	11.63%
	176,655	100.00%	29,873	100.00%	2,650	100.00%	15,756	100.00%	4,840	100.00%	6,517	100.00%	236,291	100.00%
Hispanic														
Hispanic or Latino	7,506	4.25%	869	2.91%	104	3.92%	406	2.58%	161	3.33%	224	3.44%	9,270	3.92%
Not Hispanic or Latino	140,151	79.34%	22,806	76.34%	2,186	82.49%	10,877	69.03%	3,059	63.20%	3,150	48.34%	182,229	77.12%
Unknown/Missing	28,998	16.42%	6,198	20.75%	360	13.58%	4,473	28.39%	1,620	33.47%	3,143	48.23%	44,792	18.96%
	176,655	100.00%	29,873	100.00%	2,650	100.00%	15,756	100.00%	4,840	100.00%	6,517	100.00%	236,291	100.00%
Corrections Status														
In Prison	69	0.04%	1	0.00%	1	0.04%	2	0.01%	5	0.10%	2	0.03%	80	0.03%
In Jail	2,231	1.26%	8	0.03%	66	2.49%	39	0.25%	64	1.32%	75	1.15%	2,483	1.05%
Paroled from Prison	3,338	1.89%	31	0.10%	77	2.91%	78	0.50%	126	2.60%	59	0.91%	3,709	1.57%
Probation from Jail	8,399	4.75%	93	0.31%	381	14.38%	223	1.42%	260	5.37%	281	4.31%	9,637	4.08%
Juvenile Detention Center	351	0.20%	7	0.02%	17	0.64%	11	0.07%	4	0.08%	22	0.34%	412	0.17%
Court Supervision	3,143	1.78%	94	0.31%	49	1.85%	133	0.84%	32	0.66%	58	0.89%	3,509	1.49%
Not in a Correction's Status	140,117	79.32%	28,778	96.33%	1,773	66.91%	14,892	94.52%	2,706	55.91%	2,686	41.22%	190,952	80.81%
Awaiting Trial	967	0.55%	17	0.06%	30	1.13%	30	0.19%	21	0.43%	33	0.51%	1,098	0.46%
Awaiting Sentencing	1,051	0.59%	15	0.05%	32	1.21%	34	0.22%	18	0.37%	35	0.54%	1,185	0.50%
Minor Referred by the Court	1,175	0.67%	38	0.13%	18	0.68%	21	0.13%	31	0.64%	12	0.18%	1,295	0.55%
Arrested and Booked	290	0.16%	6	0.02%	8	0.30%	7	0.04%	6	0.12%	12	0.18%	329	0.14%
Diverted from Arrest or Booking	169	0.10%	13	0.04%	3	0.11%	16	0.10%	0	0.00%	4	0.06%	205	0.09%
Corrections Status Refused/Unreported	15,355	8.69%	772	2.58%	195	7.36%	270	1.71%	1,567	32.38%	3,238	49.69%	21,397	9.06%
	176,655	100.00%	29,873	100.00%	2,650	100.00%	15,756	100.00%	4,840	100.00%	6,517	100.00%	236,291	100.00%

CMHSP Demographic Summary
Numbers and Percentages of Persons with Mental Illnesses and Intellectual/Developmental Disabilities
Who Received Services from CMHSPs
Fiscal Year 2015
State of Michigan

Demographic Characteristics	MI Consumers		I/DD Consumers		* Substance Use Disorder		Dual Diagnosis (MI & I/DD)		** Assessment Only		Unknown Disability		Total Served	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Residence														
Homeless/Homeless Shelter	7,665	4.34%	57	0.19%	504	19.02%	90	0.57%	376	7.77%	182	2.79%	8,874	3.76%
Private - with Relatives	89,515	50.67%	18,941	63.41%	1,057	39.89%	7,204	45.72%	1,916	39.59%	1,730	26.55%	120,363	50.94%
Private - non-Relatives	51,563	29.19%	4,275	14.31%	645	24.34%	3,022	19.18%	1,128	23.31%	612	9.39%	61,245	25.92%
Foster Family	2,319	1.31%	266	0.89%	2	0.08%	196	1.24%	21	0.43%	45	0.69%	2,849	1.21%
Specialized Residential	3,841	2.17%	4,240	14.19%	32	1.21%	3,384	21.48%	3	0.06%	30	0.46%	11,530	4.88%
General Residential	3,099	1.75%	866	2.90%	46	1.74%	804	5.10%	3	0.06%	55	0.84%	4,873	2.06%
Prison/Jail/Juvenile Detention	2,105	1.19%	18	0.06%	45	1.70%	42	0.27%	77	1.59%	61	0.94%	2,348	0.99%
Nursing Care Facility	2,294	1.30%	210	0.70%	2	0.08%	180	1.14%	5	0.10%	91	1.40%	2,782	1.18%
Other Institutional Setting	1,112	0.63%	56	0.19%	76	2.87%	60	0.38%	45	0.93%	14	0.21%	1,363	0.58%
Supported Independence Program	2,141	1.21%	349	1.17%	32	1.21%	404	2.56%	4	0.08%	21	0.32%	2,951	1.25%
Residential Arrangement Unknown/Unreported	11,001	6.23%	595	1.99%	209	7.89%	370	2.35%	1,262	26.07%	3,676	56.41%	17,113	7.24%
	176,655	100.00%	29,873	100.00%	2,650	100.00%	15,756	100.00%	4,840	100.00%	6,517	100.00%	236,291	100.00%
Total Annual Household Income														
Income Below \$10,000	103,642	58.67%	17,682	59.19%	1,720	64.91%	8,715	55.31%	1,773	36.63%	3,886	59.63%	137,418	58.16%
Income \$10,001 to \$20,000	25,016	14.16%	6,996	23.42%	123	4.64%	4,246	26.95%	123	2.54%	299	4.59%	36,803	15.58%
Income \$20,001 to \$30,000	7,294	4.13%	881	2.95%	37	1.40%	465	2.95%	65	1.34%	119	1.83%	8,861	3.75%
Income \$30,001 to \$40,000	2,706	1.53%	410	1.37%	6	0.23%	200	1.27%	18	0.37%	41	0.63%	3,381	1.43%
Income \$40,001 to \$60,000	1,852	1.05%	362	1.21%	12	0.45%	151	0.96%	18	0.37%	24	0.37%	2,419	1.02%
Income Over \$60,000	1,055	0.60%	225	0.75%	7	0.26%	113	0.72%	7	0.14%	15	0.23%	1,422	0.60%
Income Unreported	35,090	19.86%	3,317	11.10%	745	28.11%	1,866	11.84%	2,836	58.60%	2,133	32.73%	45,987	19.46%
	176,655	100.00%	29,873	100.00%	2,650	100.00%	15,756	100.00%	4,840	100.00%	6,517	100.00%	236,291	100.00%
Program Eligibility (Counts Can be More than One Group)														
Adoption Subsidy	1,015	0.57%	221	0.74%	10	0.38%	105	0.67%	1	0.02%	7	0.11%	1,359	0.58%
Medicaid (includes Healthy Michigan)	157,862	89.36%	29,178	97.67%	2,343	88.42%	15,368	97.54%	3,869	79.94%	4,447	68.24%	213,067	90.17%
Habilitation Supports Waiver	20	0.01%	5,258	17.60%	0	0.00%	2,879	18.27%	0	0.00%	8	0.12%	8,165	3.46%
Medicare	37,135	21.02%	12,690	42.48%	191	7.21%	7,560	47.98%	230	4.75%	507	7.78%	58,313	24.68%
SSA, SSI or SSDI	25,874	14.65%	9,659	32.33%	216	8.15%	5,446	34.56%	93	1.92%	316	4.85%	41,604	17.61%
Commercial Health Insurance	14,318	8.11%	6,917	23.15%	60	2.26%	2,540	16.12%	135	2.79%	448	6.87%	24,418	10.33%
Other Public Sources - not DCH	29,223	16.54%	5,002	16.74%	193	7.28%	4,309	27.35%	1,450	29.96%	481	7.38%	40,658	17.21%
Not Eligible for Program/Plan	32,248	18.25%	1,871	6.26%	1,078	40.68%	550	3.49%	1,623	33.53%	2,940	45.11%	40,310	17.06%
Program Eligibility Unknown/Unreported	15	0.01%	4	0.01%	0	0.00%	0	0.00%	1	0.02%	5	0.08%	25	0.01%
	176,655	100.00%	29,873	100.00%	2,650	100.00%	15,756	100.00%	4,840	100.00%	6,517	100.00%	236,291	100.00%

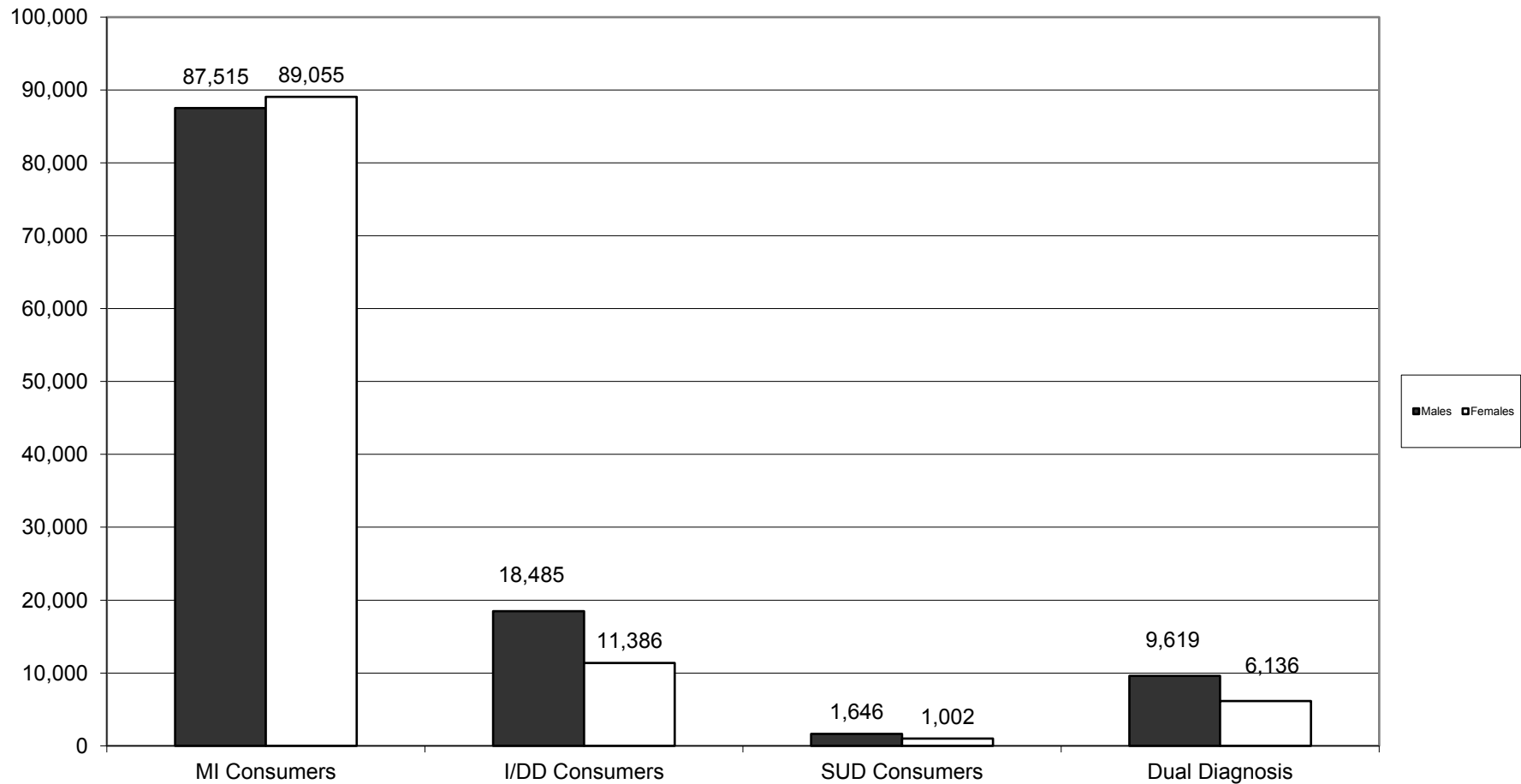
CMHSP Demographic Summary
Numbers and Percentages of Persons with Mental Illnesses and Intellectual/Developmental Disabilities
Who Received Services from CMHSPs
Fiscal Year 2015
State of Michigan

Demographic Characteristics	MI Consumers		I/DD Consumers		* Substance Use Disorder		Dual Diagnosis (MI & I/DD)		** Assessment Only		Unknown Disability		Total Served	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Employment														
Employed Full Time	6,966	3.94%	172	0.58%	147	5.55%	111	0.70%	209	4.32%	187	2.87%	7,792	3.30%
Employed Part Time (less than 30 hours/week)	10,074	5.70%	1,592	5.33%	122	4.60%	863	5.48%	189	3.90%	156	2.39%	12,996	5.50%
Unemployed - Looking for Work	36,563	20.70%	1,134	3.80%	1,052	39.70%	1,042	6.61%	1,500	30.99%	681	10.45%	41,972	17.76%
Sheltered Workshop/Work Services, Non-Integrated	525	0.30%	2,830	9.47%	2	0.08%	1,679	10.66%	2	0.04%	1	0.02%	5,039	2.13%
In Unpaid Work	340	0.19%	436	1.46%	5	0.19%	214	1.36%	1	0.02%	6	0.09%	1,002	0.42%
Self-employed	820	0.46%	129	0.43%	16	0.60%	76	0.48%	18	0.37%	19	0.29%	1,078	0.46%
Enclaves/Mobile Crews	212	0.12%	1,112	3.72%	1	0.04%	371	2.35%	0	0.00%	0	0.00%	1,696	0.72%
Participates in Facility-based Activity Program	438	0.25%	3,272	10.95%	1	0.04%	1,325	8.41%	0	0.00%	8	0.12%	5,044	2.13%
Not in the Competitive Labor Force, includes retired, child, homemaker	111,507	63.12%	18,770	62.83%	986	37.21%	9,835	62.42%	2,489	51.43%	1,935	29.69%	145,522	61.59%
Employment Status Unknown/Unreported	9,210	5.21%	426	1.43%	318	12.00%	240	1.52%	432	8.93%	3,524	54.07%	14,150	5.99%
	176,655	100.00%	29,873	100.00%	2,650	100.00%	15,756	100.00%	4,840	100.00%	6,517	100.00%	236,291	100.00%
Education														
Completed Less than High School	32,247	18.25%	3,803	12.73%	684	25.81%	2,912	18.48%	619	12.79%	591	9.07%	40,856	17.29%
Completed High School or More	53,804	30.46%	12,180	40.77%	989	37.32%	6,759	42.90%	1,392	28.76%	962	14.76%	76,086	32.20%
In School - K to 12	35,649	20.18%	2,633	8.81%	146	5.51%	1,884	11.96%	591	12.21%	675	10.36%	41,578	17.60%
In Training Program	409	0.23%	724	2.42%	9	0.34%	273	1.73%	7	0.14%	15	0.23%	1,437	0.61%
In Special Education	2,566	1.45%	7,424	24.85%	5	0.19%	2,720	17.26%	25	0.52%	75	1.15%	12,815	5.42%
Attended or Attending Undergraduate College	23,634	13.38%	309	1.03%	406	15.32%	291	1.85%	542	11.20%	445	6.83%	25,627	10.85%
College Graduate	7,231	4.09%	100	0.33%	70	2.64%	52	0.33%	107	2.21%	157	2.41%	7,717	3.27%
Education Unreported	21,115	11.95%	2,700	9.04%	341	12.87%	865	5.49%	1,557	32.17%	3,597	55.19%	30,175	12.77%
	176,655	100.00%	29,873	100.00%	2,650	100.00%	15,756	100.00%	4,840	100.00%	6,517	100.00%	236,291	100.00%
Total Served														
Persons Served by CMHSPs	176,655		29,873		2,650		15,756		4,840		6,517		236,291	

* The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither a intellectual/developmental disability nor a mental illness.

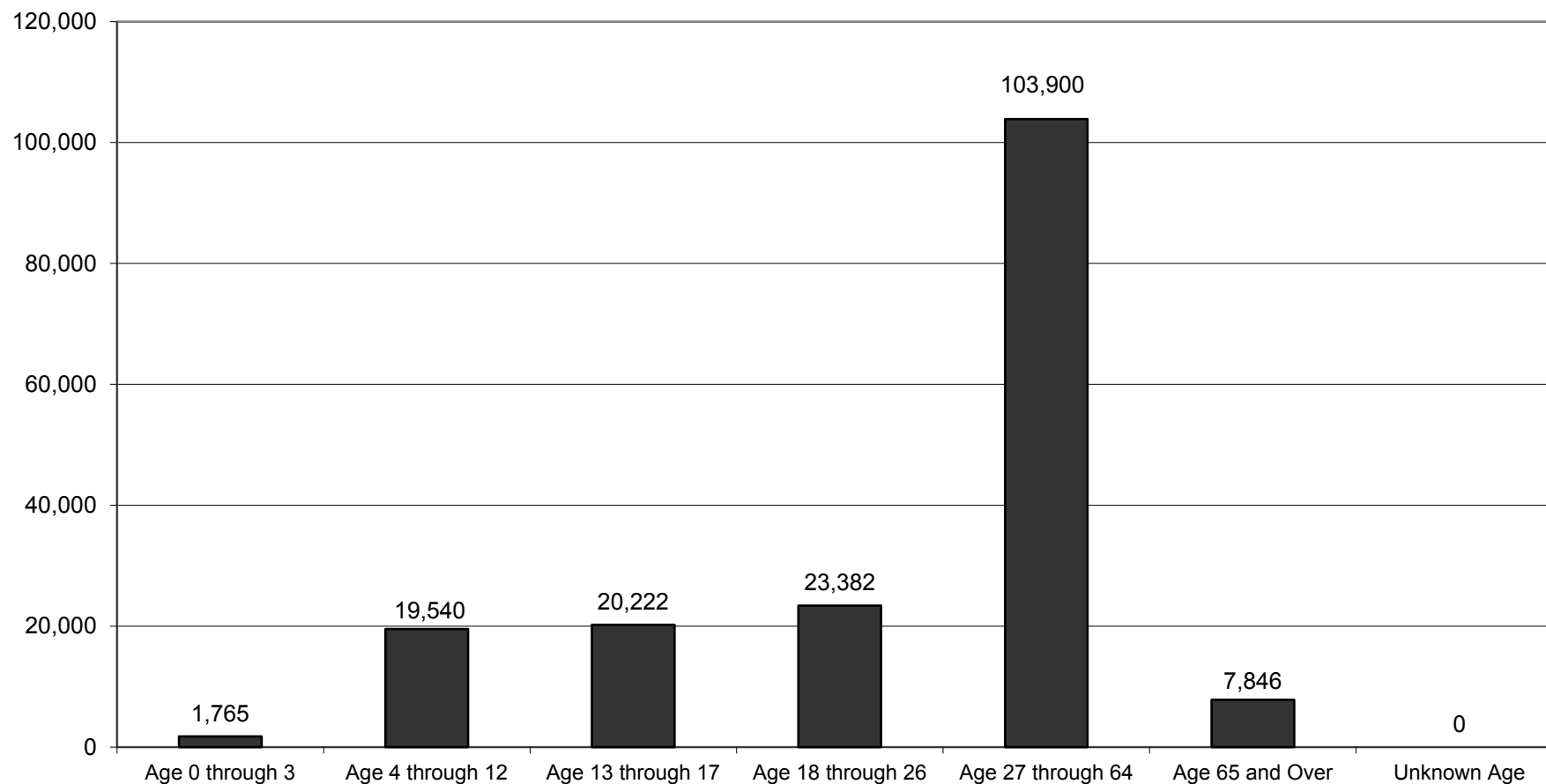
**The Assessment Only Consumers in this report represent those consumers who were reported as "Assessment Only" within the disability designation and not having a intellectual/developmental disability, mental illness, or substance use disorder. This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

**CMHSP Gender Summary
Fiscal Year 2015
State of Michigan**

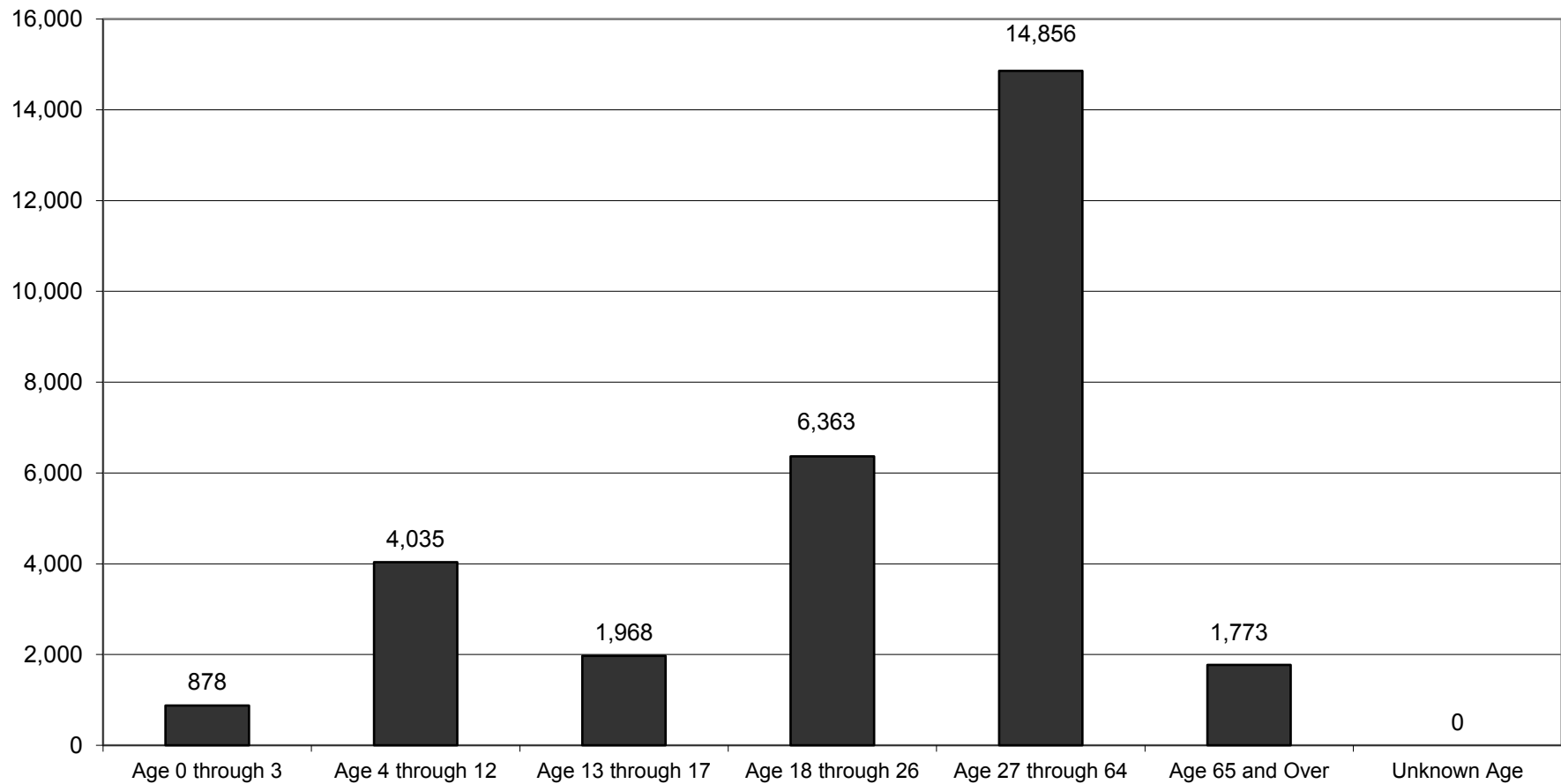


The SUD Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.

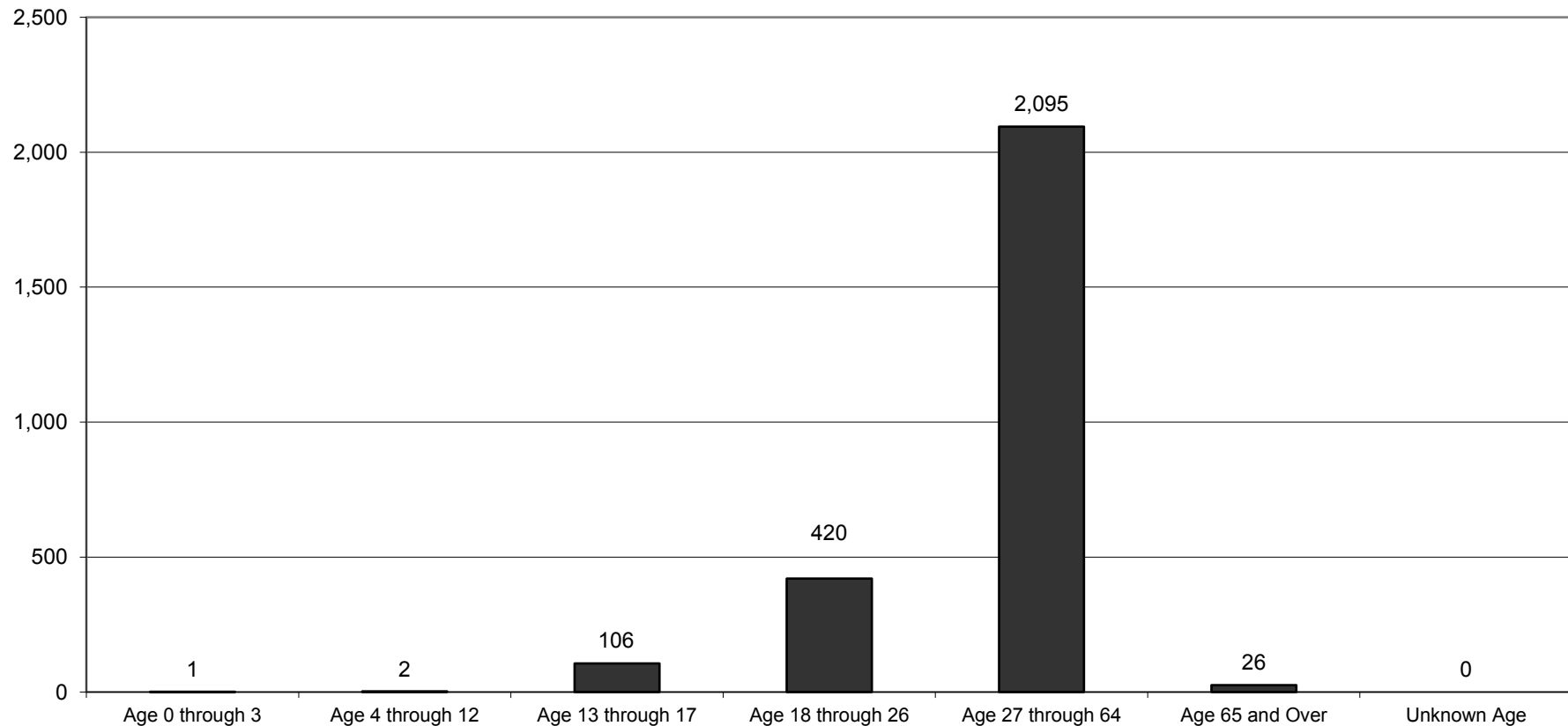
**Persons with Mental Illness
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2015
State of Michigan**



**Persons with Intellectual/Developmental Disabilities (I/DD)
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2015
State of Michigan**

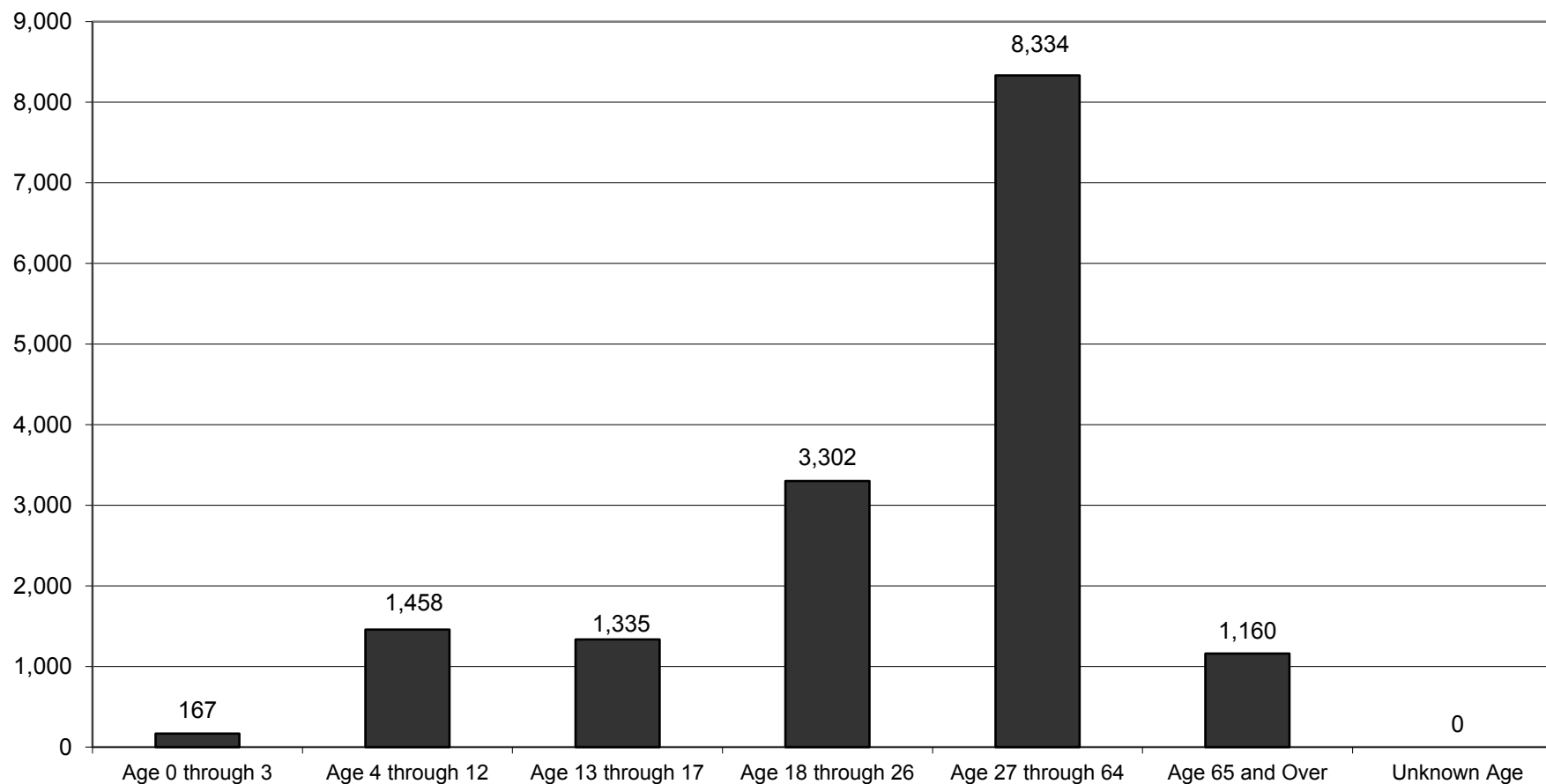


**Persons with Substance Use Disorder
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2015
State of Michigan**

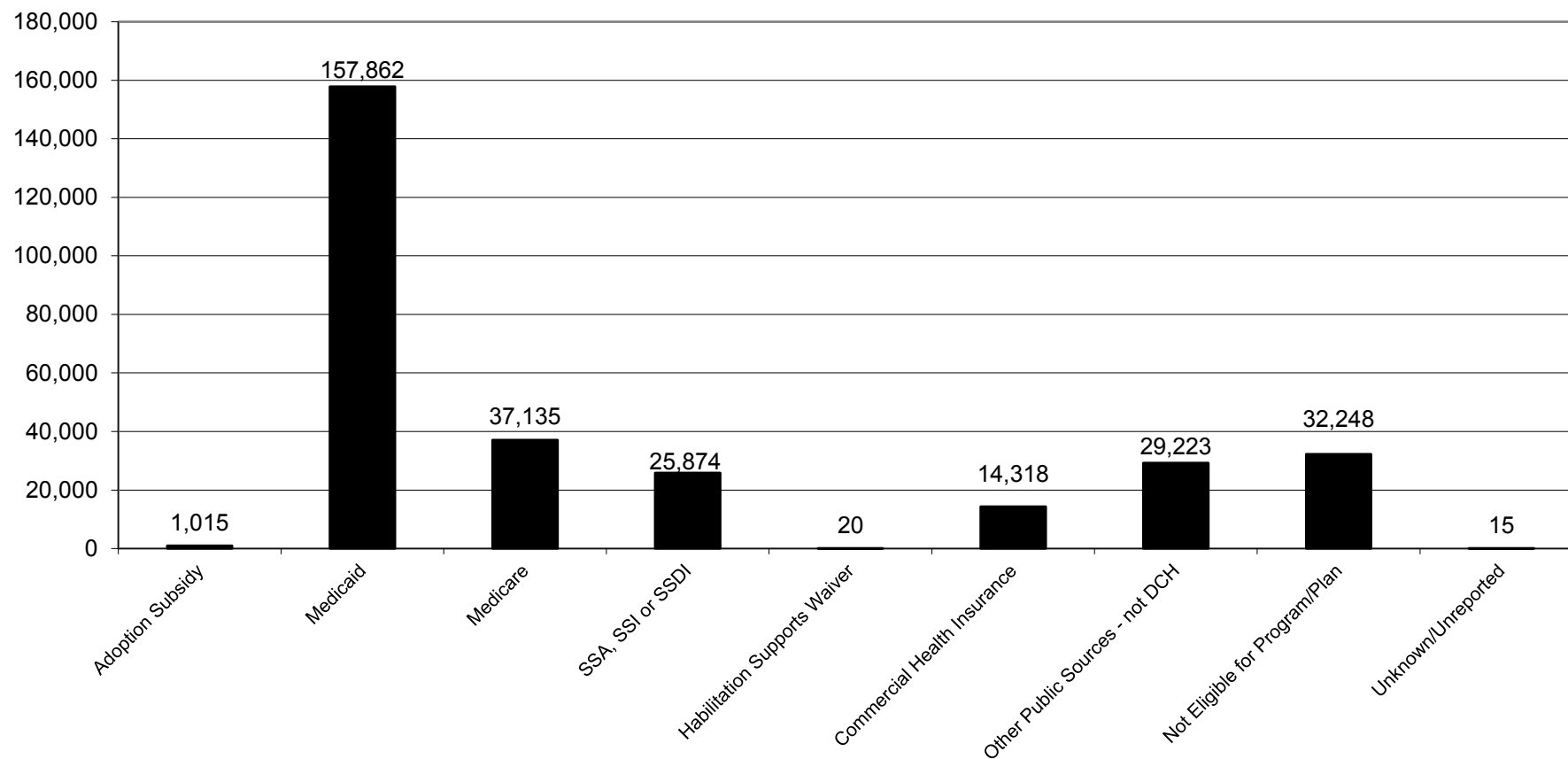


The Substance Use Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.

**Persons with Dual Diagnosis (MI & I/DD)
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2015
State of Michigan**

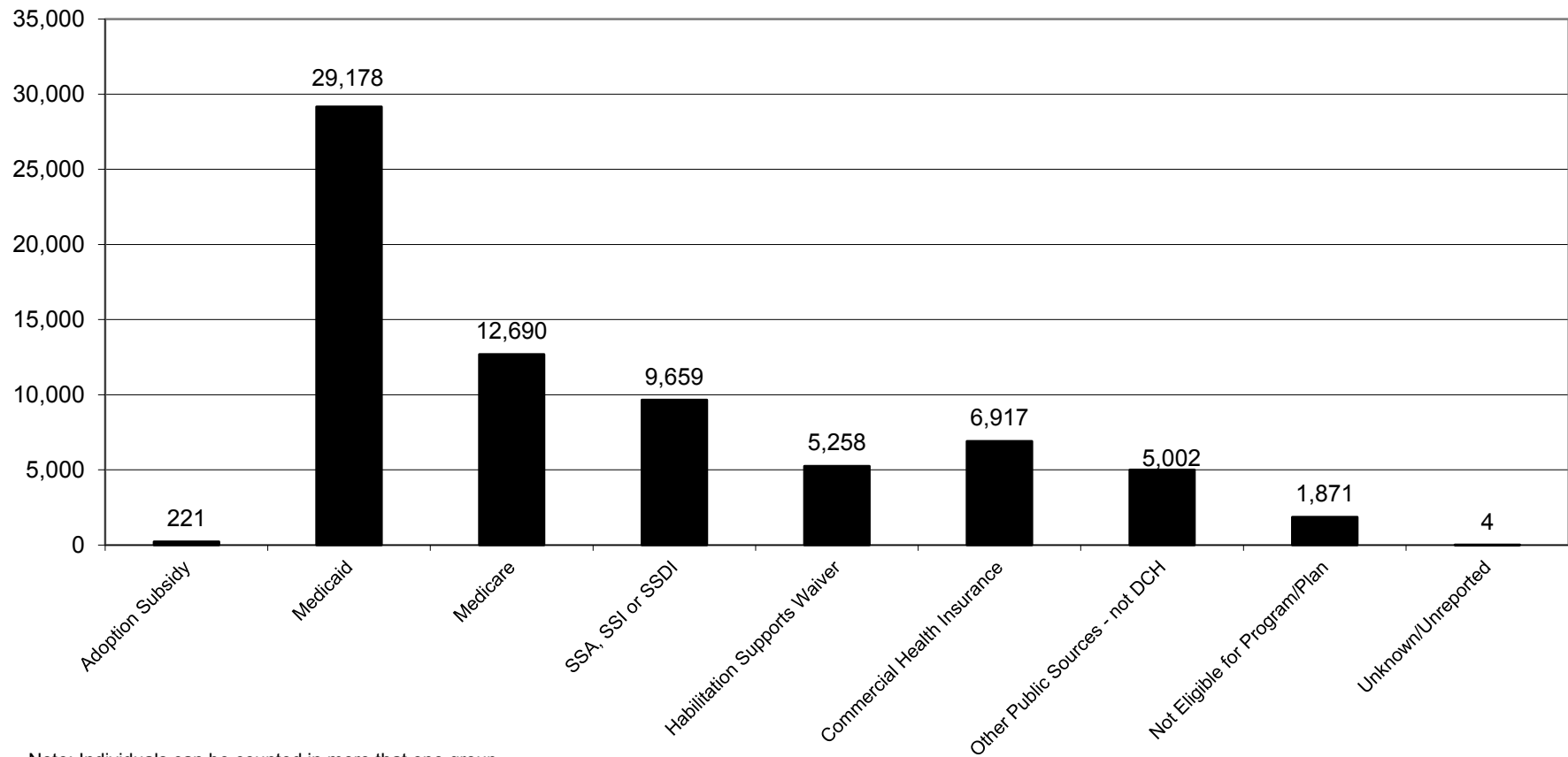


**Persons with Mental Illness
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2015
State of Michigan**



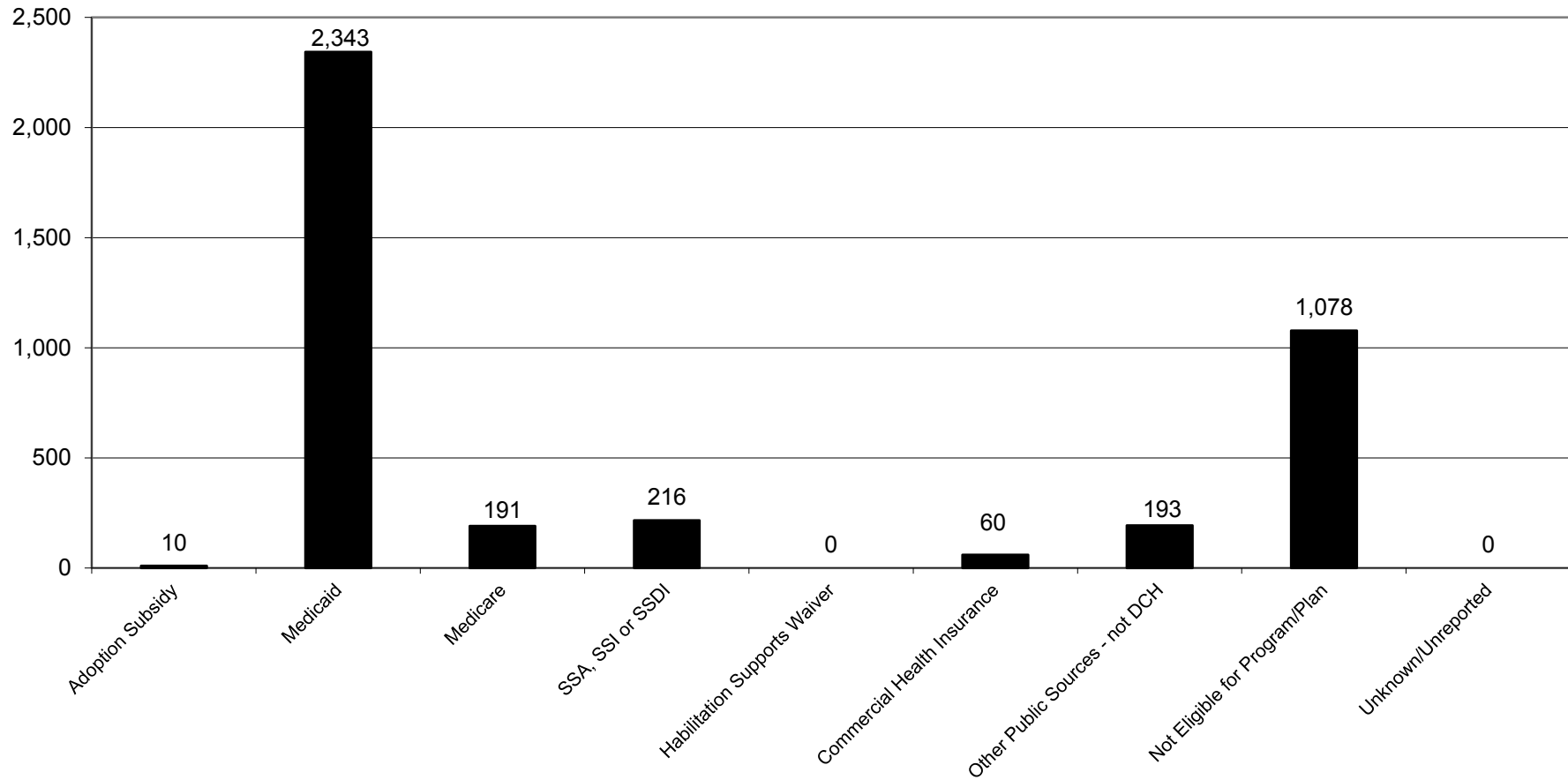
Note: Individuals can be counted in more than one group.

**Persons with Intellectual/Developmental Disabilities (I/DD)
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2015
State of Michigan**



Note: Individuals can be counted in more that one group.

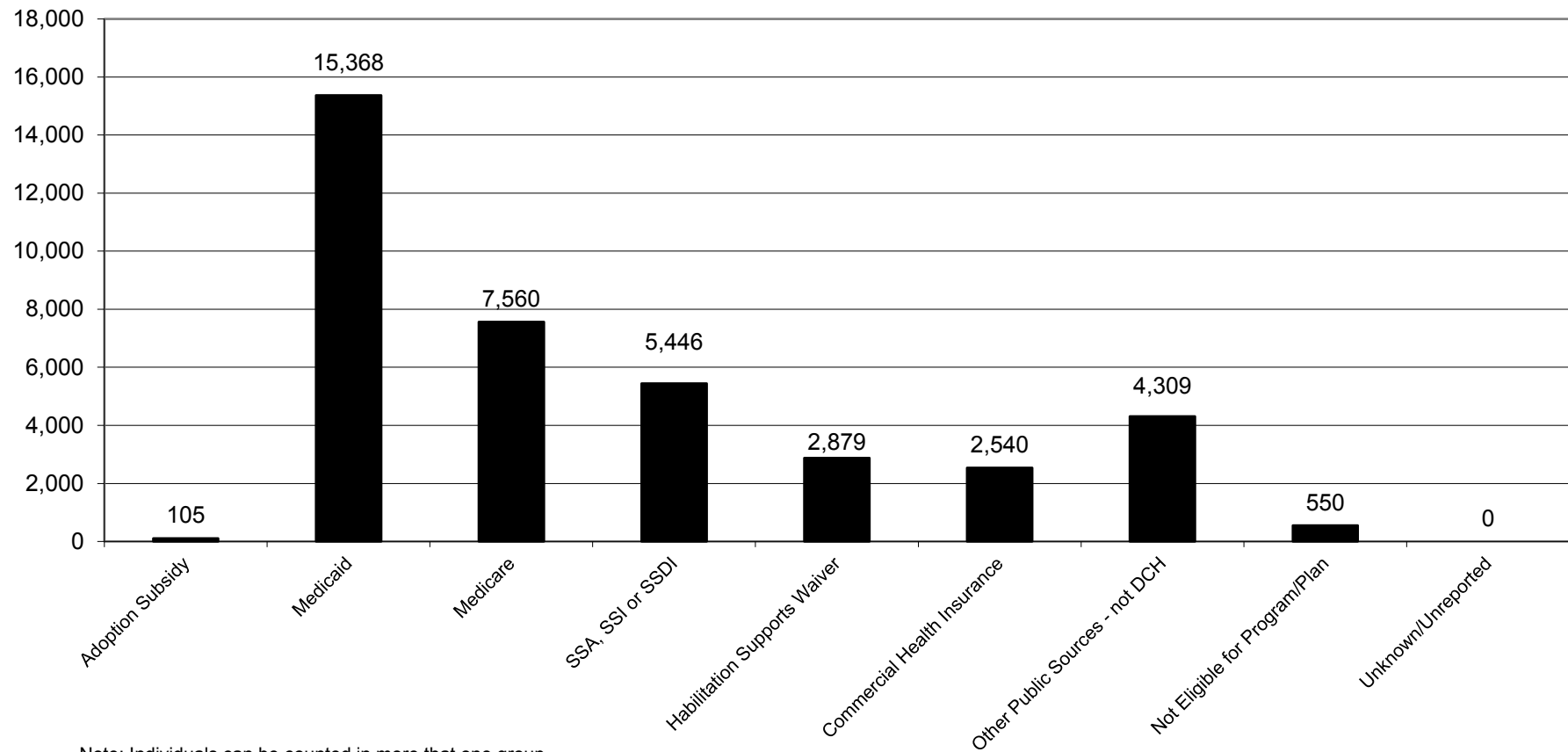
**Persons with Substance Use Disorder
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2015
State of Michigan**



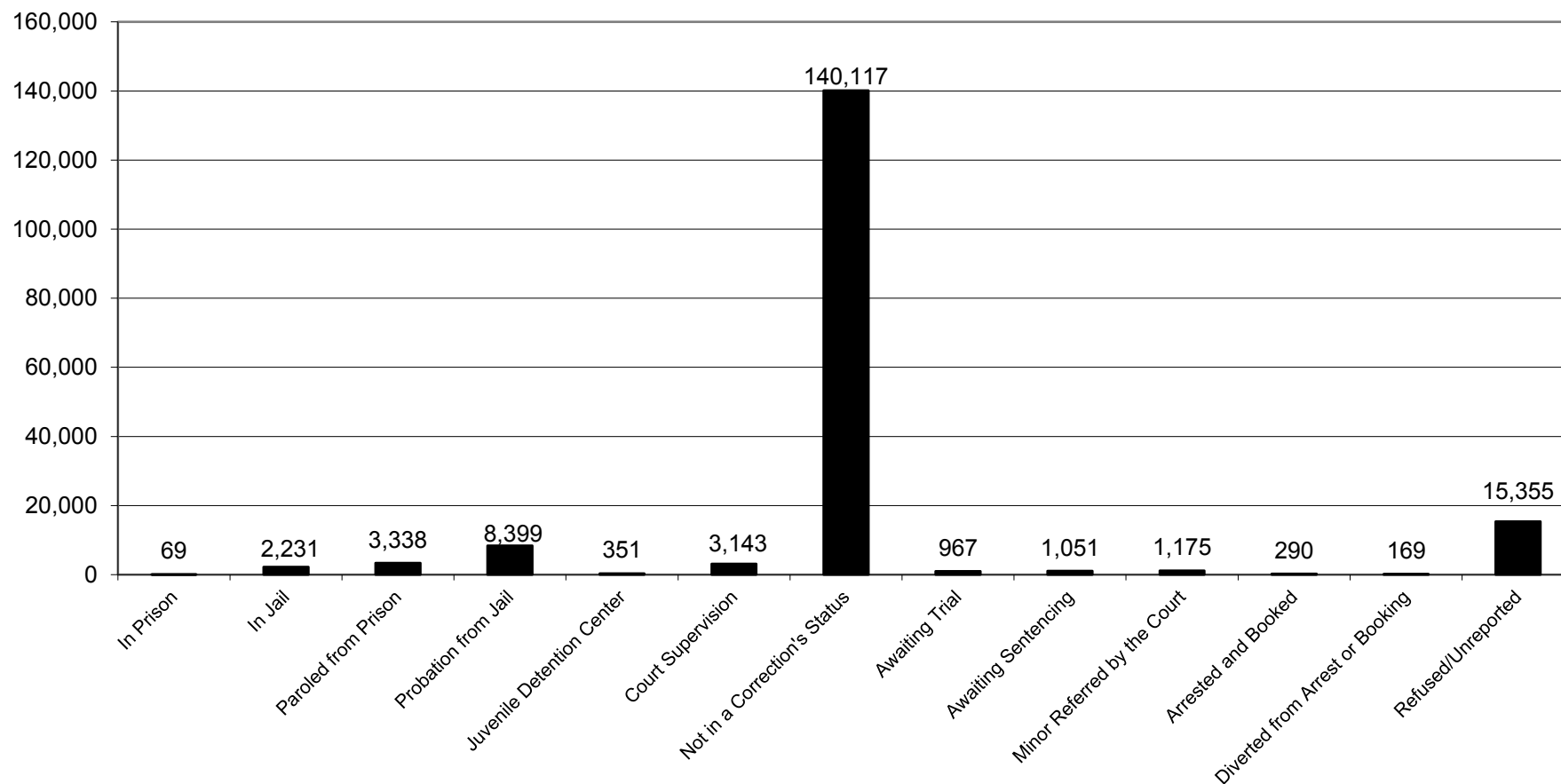
The Substance Use Disorder Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.

Note: Individuals can be counted in more that one group.

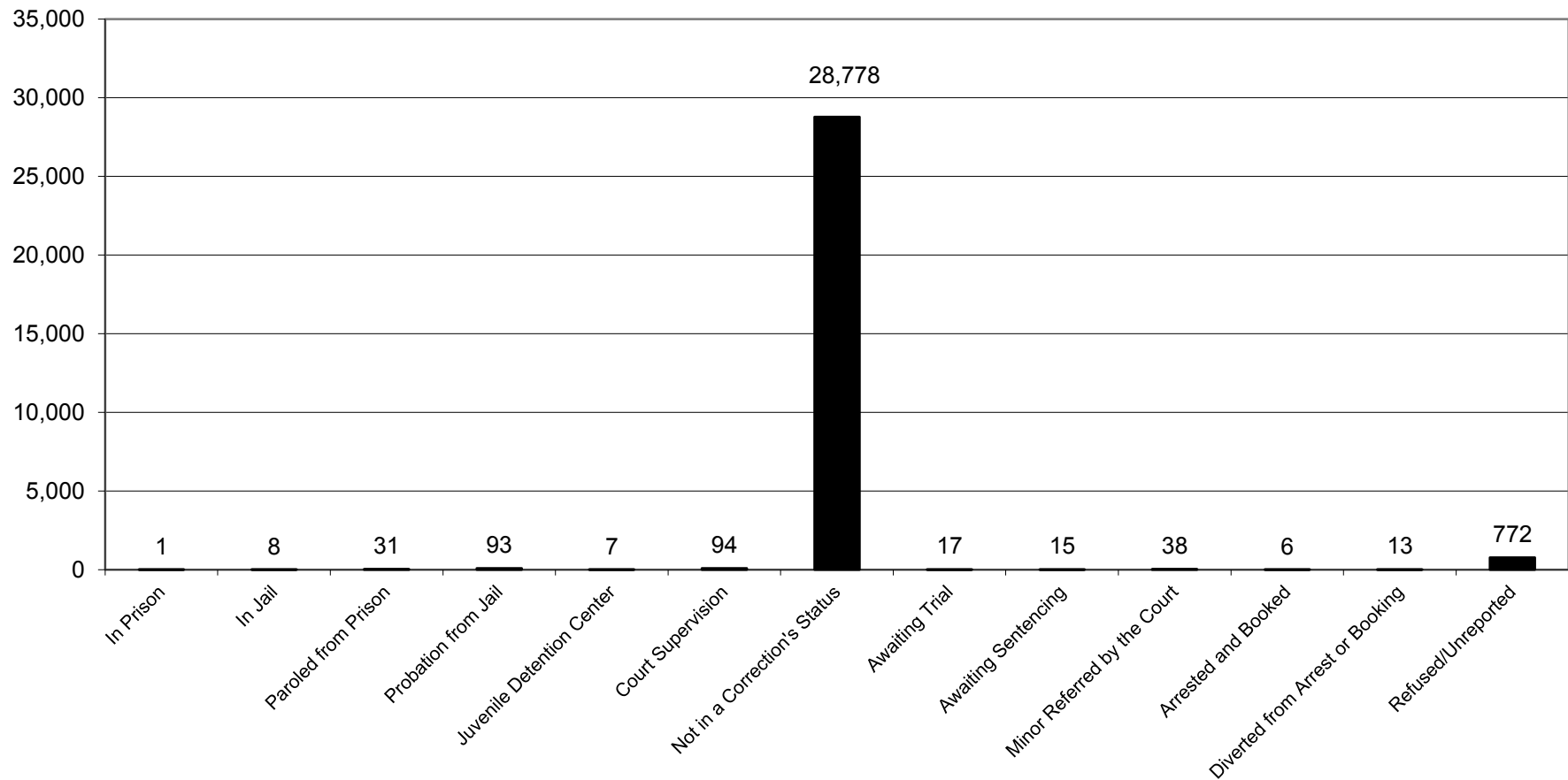
**Persons with Dual Diagnosis (MI & I/DD)
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2015
State of Michigan**



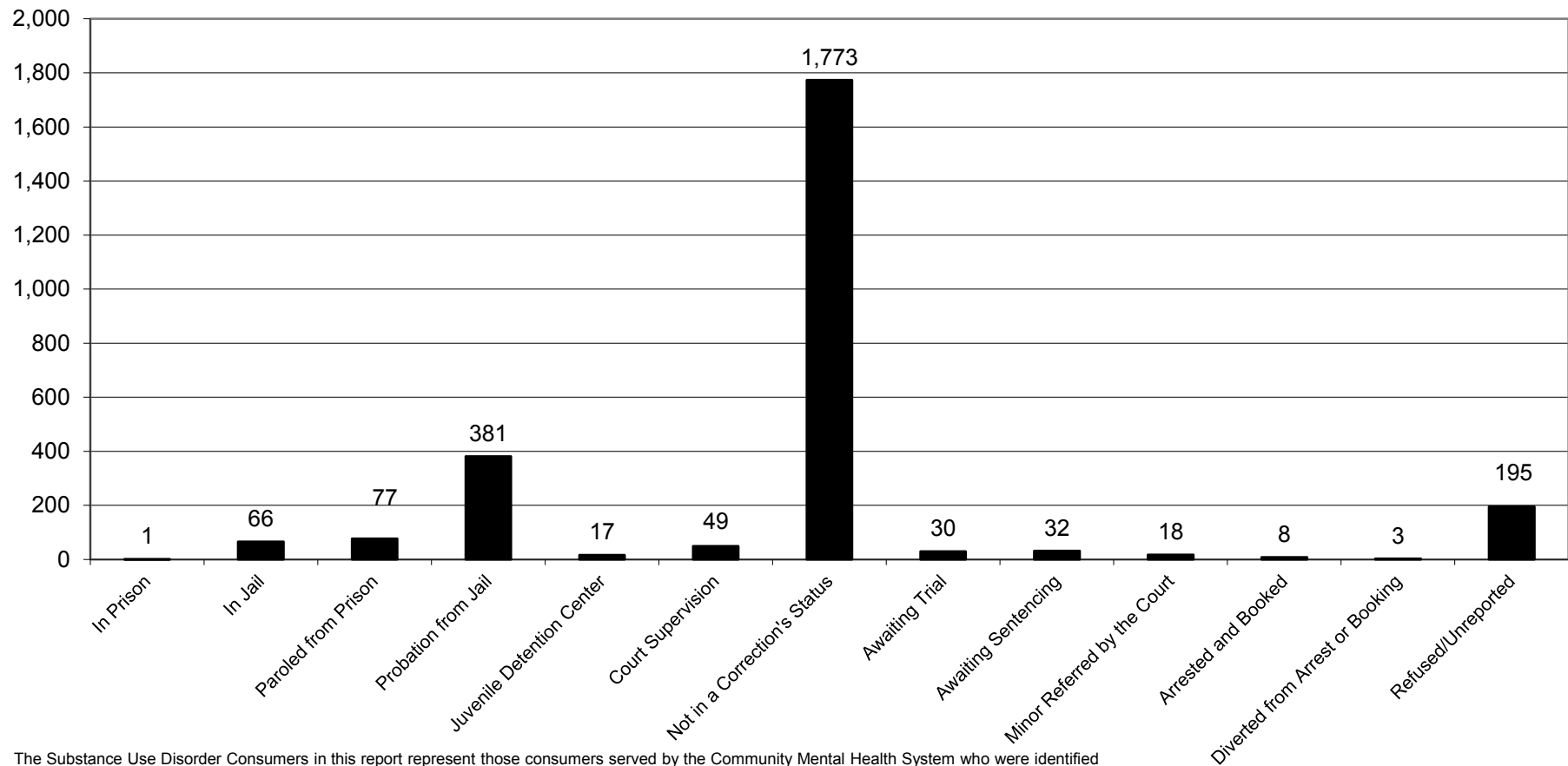
**Persons with Mental Illness
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2015
State of Michigan**



**Persons with Intellectual/Developmental Disabilities (I/DD)
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2015
State of Michigan**

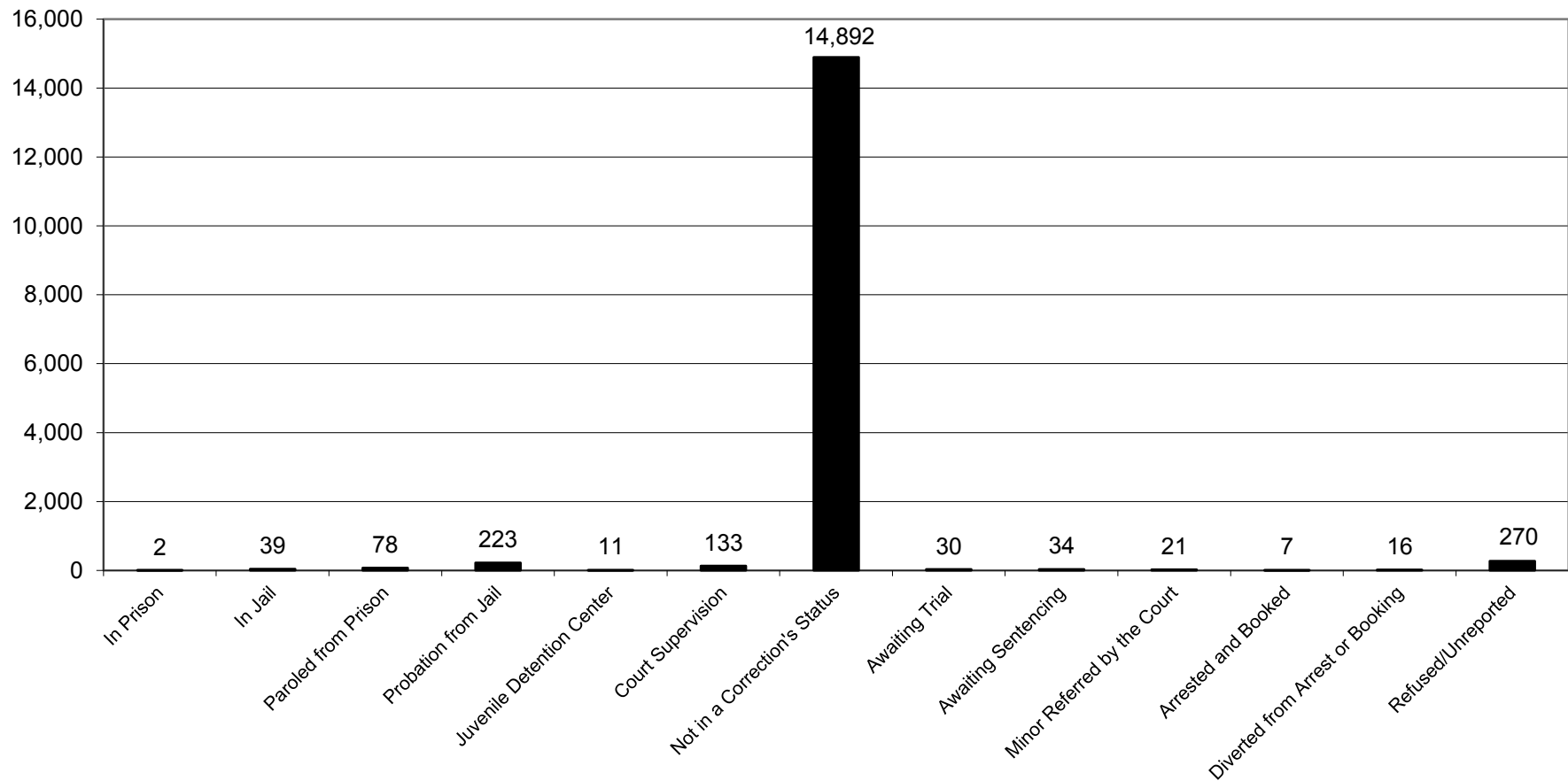


**Persons with Substance Use Disorder
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2015
State of Michigan**

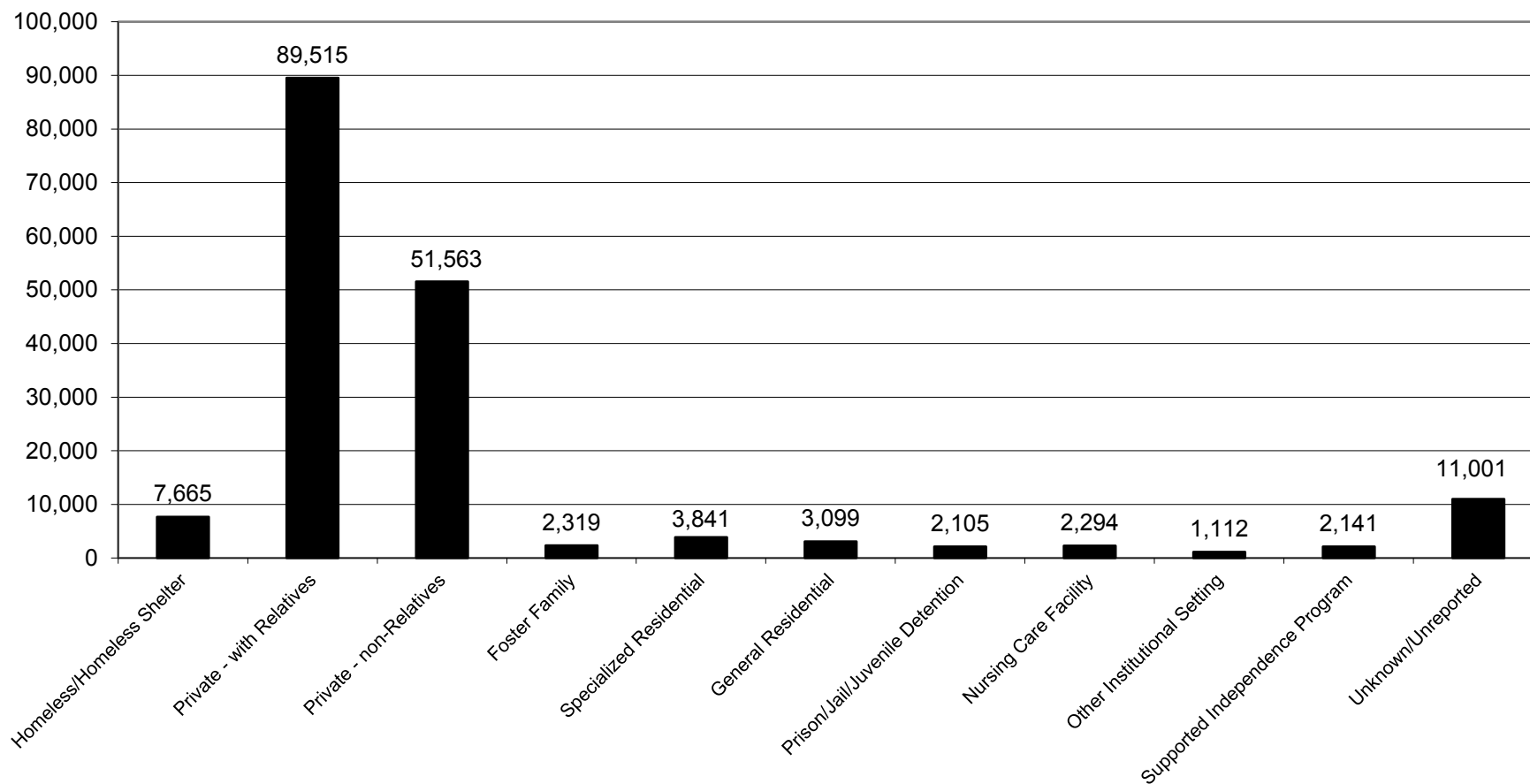


The Substance Use Disorder Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.

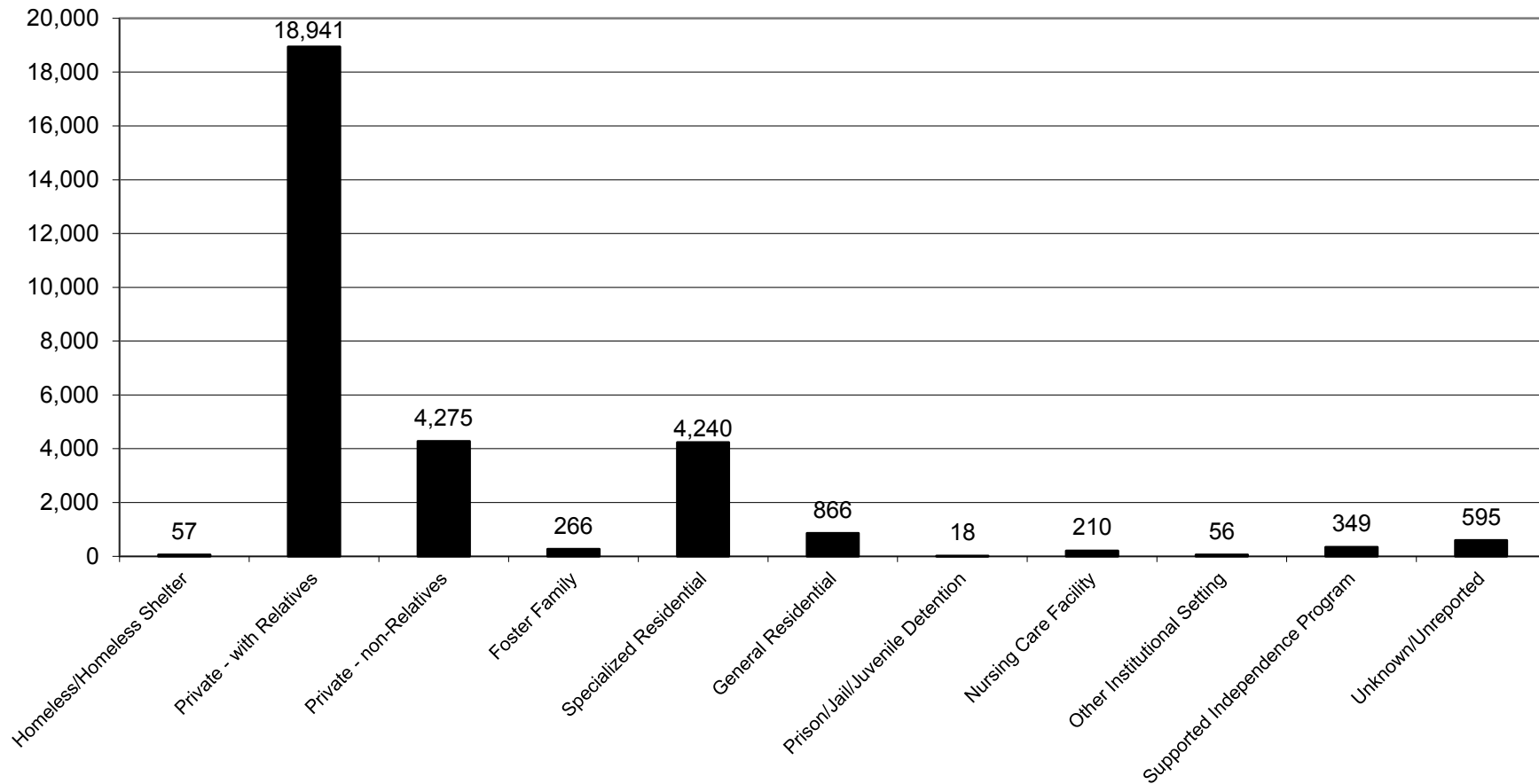
**Persons with Dual Diagnosis (MI & I/DD)
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2015
State of Michigan**



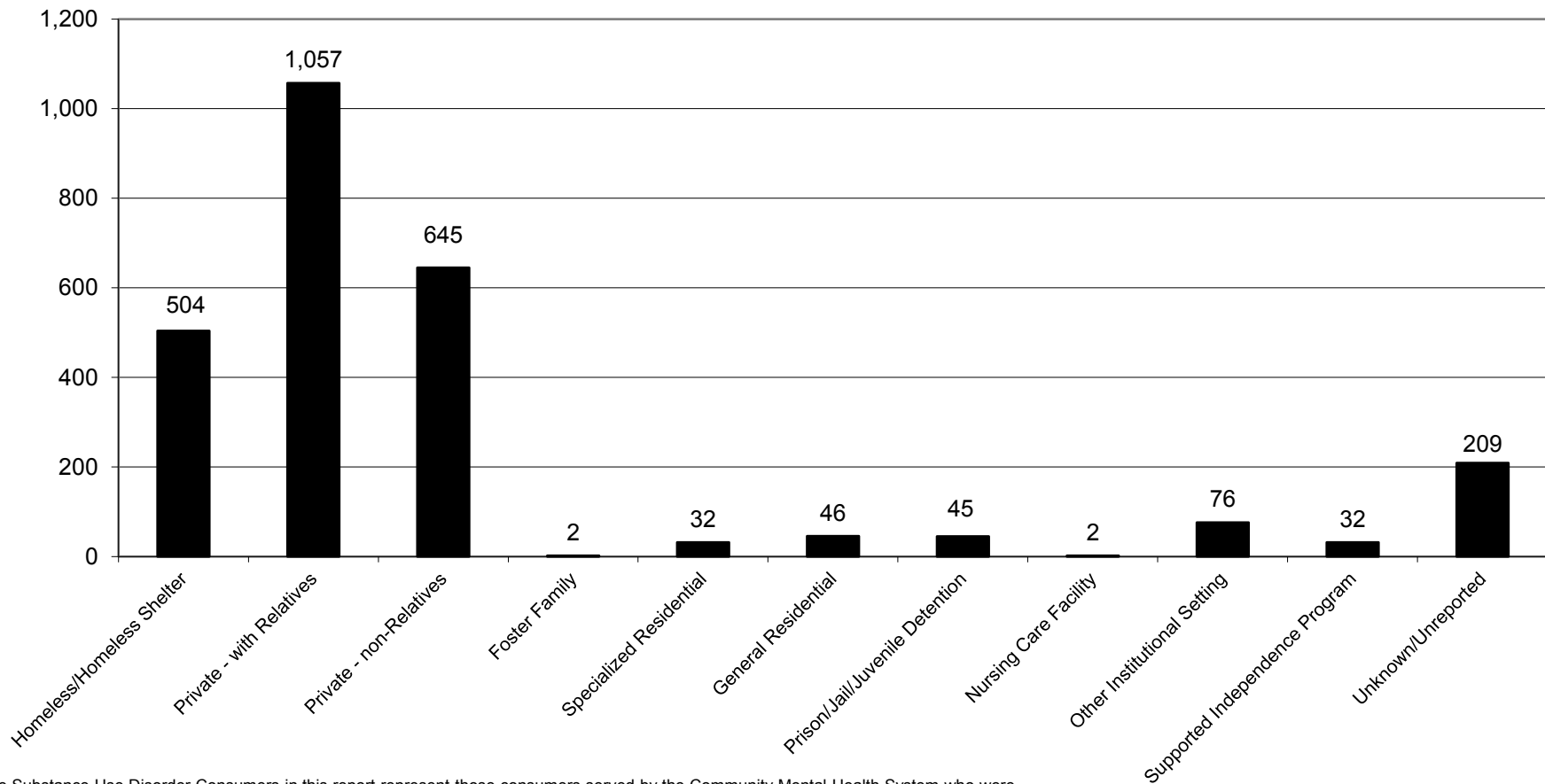
**Persons with Mental Illness
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2015
State of Michigan**



**Persons with Intellectual/Developmental Disabilities (I/DD)
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2015
State of Michigan**

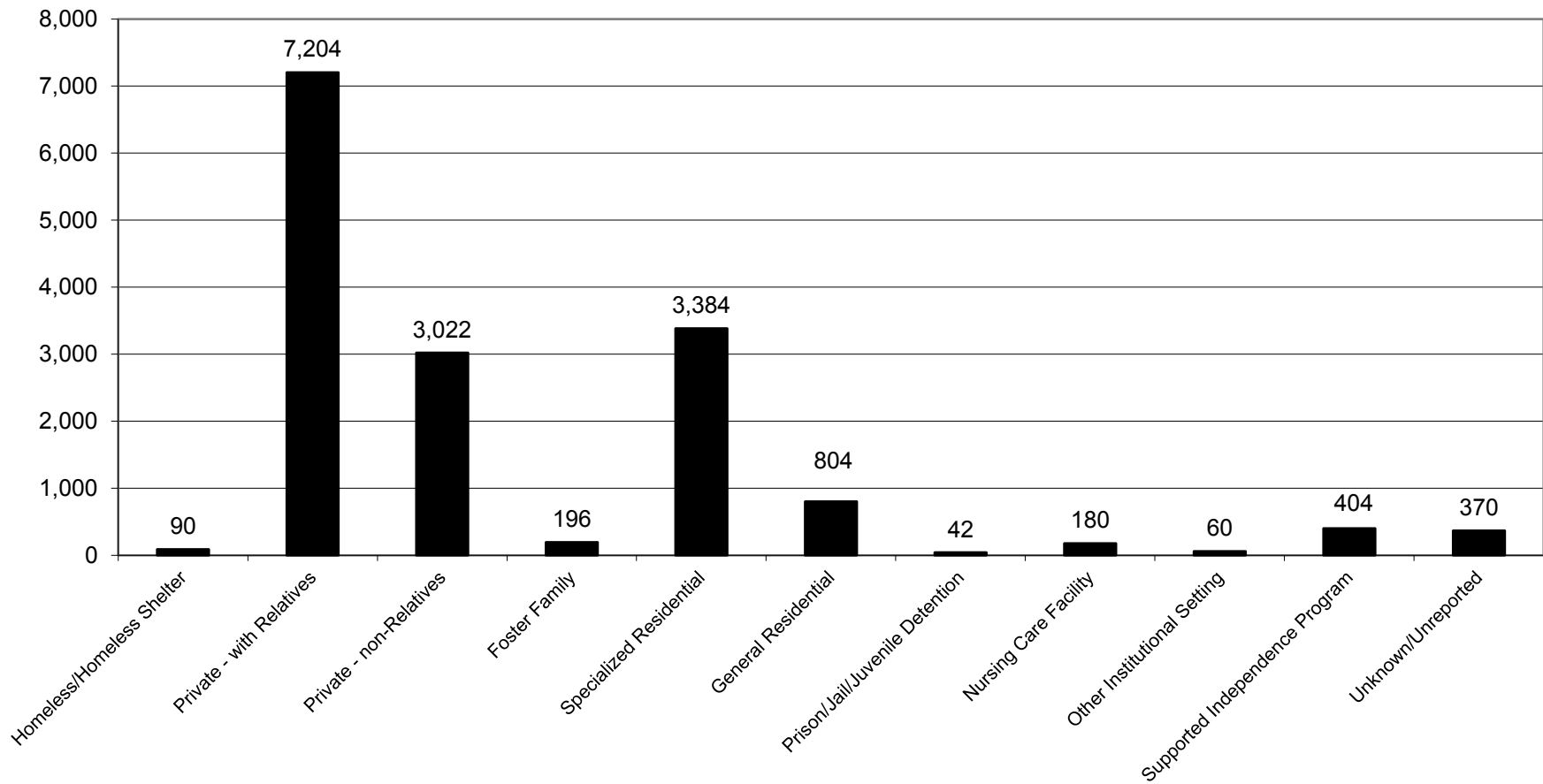


**Persons with Substance Use Disorder
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2015
State of Michigan**



The Substance Use Disorder Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.

**Persons with Dual Diagnosis (MI & I/DD)
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2015
State of Michigan**



Number of Persons Receiving Services from CMHSPs
by CMHSP and Gender
Fiscal Year 2015
State of Michigan

CMHSP	Persons with Mental Illness			Intellectual / Developmental Disabilities			Dual Diagnosis (MI & I/DD)			* Substance Use Disorder Only			Unknown Disability / Assessment Only			Total		
	Male	Female	Unreported	Male	Female	Unreported	Male	Female	Unreported	Male	Female	Unreported	Male	Female	Unreported	Male	Female	Unreported
Allegan	613	632	0	125	102	0	157	120	0	0	1	0	12	10	0	907	865	0
AuSable	838	799	0	144	91	0	40	21	0	4	2	0	13	18	0	1,039	931	0
Barry	522	639	1	56	43	0	42	30	0	1	2	0	7	6	0	628	720	1
Bay Arenac	2,009	2,282	0	238	168	0	166	129	0	17	7	0	55	33	0	2,485	2,619	0
Berrien	1,836	1,869	1	143	107	0	238	149	0	10	1	0	21	8	0	2,248	2,134	1
Clinton Eaton Ingham	3,114	2,727	0	610	343	0	512	333	0	53	18	0	589	578	0	4,878	3,999	0
CMH for Central Michigan	2,787	3,445	0	458	315	0	459	287	0	15	11	0	100	125	0	3,819	4,183	0
Copper	345	340	0	83	49	0	65	42	0	11	3	0	11	12	0	515	446	0
Detroit	27,545	26,046	0	6,019	3,452	0	371	236	0	824	546	0	789	401	0	35,548	30,681	0
Genesee	3,710	3,463	0	738	481	0	431	234	0	121	105	0	1,196	1,056	0	6,196	5,339	0
Gogebic	118	140	0	30	20	0	40	25	0	2	2	0	5	6	0	195	193	0
Gratiot	574	685	0	49	47	0	73	47	0	14	7	0	0	3	0	710	789	0
Hiawatha	439	455	0	118	65	0	65	41	0	15	11	0	32	38	0	669	610	0
Huron	328	362	0	60	32	0	55	37	0	1	1	0	27	8	0	471	440	0
Ionia	592	653	12	85	59	0	59	33	0	0	0	0	180	190	5	916	935	17
Kalamazoo	2,498	2,121	1	266	159	0	357	215	0	1	0	0	97	32	0	3,219	2,527	1
Lapeer	513	503	0	163	80	0	77	44	0	6	4	0	9	3	0	768	634	0
Lenewee	777	765	0	120	93	0	52	42	0	21	20	0	22	44	0	992	964	0
LifeWays	2,407	2,464	0	230	146	0	359	206	0	80	42	0	211	261	0	3,287	3,119	0
Livingston	677	745	0	329	173	0	49	48	0	31	21	0	30	26	0	1,116	1,013	0
Macomb	3,683	3,991	0	1,303	806	0	936	639	0	49	24	0	191	154	0	6,162	5,614	0
Centra Wellness (Manistee-Benzle)	412	521	0	64	40	1	65	33	0	0	0	0	23	14	0	564	608	1
Monroe	838	859	0	248	161	0	126	80	0	53	31	0	115	88	0	1,380	1,219	0
Montcalm	573	598	40	78	47	0	72	39	1	0	1	2	4	1	0	727	686	43
HealthWest (Muskegon)	1,520	1,426	0	263	169	0	420	265	0				0	0	0	2,203	1,860	0
network180	4,536	4,428	0	788	509	0	670	456	0	78	23	0	193	147	0	6,265	5,563	0
Newaygo	552	602	0	55	35	0	68	49	0	2	1	0	0	0	0	677	687	0
North Country	1,151	1,268	0	349	211	1	159	77	0	21	4	0	30	28	0	1,710	1,588	1
Northeast	602	637	0	143	97	0	99	56	0	2	2	0	125	120	0	971	912	0
Northern Lakes	2,025	2,180	0	293	159	0	304	214	0	9	10	0	89	80	0	2,720	2,643	0
Northpointe	585	687	0	82	49	0	166	85	0	7	0	0	15	18	0	855	839	0
Oakland	5,742	6,487	0	2,080	1,324	0	893	582	0	48	44	0	1,558	1,199	0	10,321	9,636	0
Ottawa	924	929	0	299	226	0	92	65	0	11	4	0	53	43	0	1,379	1,267	0
Pathways	921	970	0	263	185	0	116	64	0	9	4	0	26	27	0	1,335	1,250	0
Pines	703	906	18	59	36	0	95	54	0	30	11	0	16	11	1	903	1,018	19
Saginaw	1,804	1,863	0	398	253	0	289	189	0	33	16	0	67	72	0	2,591	2,393	0
Sanilac	372	405	0	98	48	0	83	64	0	2	0	0	3	2	0	558	519	0
Shiawassee	512	564	0	84	72	0	98	47	0	0	0	0	60	67	0	754	750	0
St. Clair	1,099	1,155	0	374	235	0	248	169	0	10	5	0	11	14	0	1,742	1,578	0
St. Joseph	596	689	0	58	51	0	105	62	0	6	1	0	16	7	0	781	810	0
Summit Pointe	2,031	2,469	1	216	123	0	210	113	0	8	0	0	3	3	0	2,468	2,708	1
Tuscola	390	464	0	69	53	0	68	45	0	3	2	0	32	38	0	562	602	0
Van Buren	780	900	7	65	48	0	142	91	0	1	0	0	101	93	0	1,089	1,132	7
Washtenaw	1,711	1,764	0	552	342	0	240	156	0	37	14	0	44	62	0	2,584	2,338	0
West Michigan	802	752	0	90	40	0	126	83	0	0	0	0	1	0	0	1,019	875	0
Woodlands	409	406	4	50	42	0	62	40	0	0	1	0	10	13	0	531	502	4
State Totals	87,515	89,055	85	18,485	11,386	2	9,619	6,136	1	1,646	1,002	2	6,192	5,159	6	123,457	112,738	96

* The Substance Use Disorder Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.
This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Age
Persons with Mental Illness
Fiscal Year 2015
State of Michigan

CMHSP	Age						Unreported	Total
	0-3	4-12	13-17	18-26	27-64	65+		
Allegan	25	127	150	136	736	71	0	1,245
AuSable	7	312	259	228	785	46	0	1,637
Barry	4	120	124	172	666	76	0	1,162
Bay Arenac	13	488	458	612	2,544	176	0	4,291
Berrien	12	358	498	609	2,061	168	0	3,706
Clinton Eaton Ingham	73	824	770	858	2,985	331	0	5,841
CMH for Central Michigan	46	810	708	891	3,607	170	0	6,232
Copper	2	32	62	88	450	51	0	685
Detroit	541	5,937	6,086	6,422	32,061	2,544	0	53,591
Genesee	89	765	810	992	4,309	208	0	7,173
Gogebic	0	22	23	46	150	17	0	258
Gratiot	13	171	202	223	605	45	0	1,259
Hiawatha	4	93	131	131	491	44	0	894
Huron	2	86	54	119	381	48	0	690
Ionia	8	127	168	235	678	41	0	1,257
Kalamazoo	73	536	495	669	2,616	231	0	4,620
Lapeer	8	88	115	126	647	32	0	1,016
Lenewee	7	204	155	194	917	65	0	1,542
LifeWays	66	449	529	745	2,879	203	0	4,871
Livingston	9	131	194	211	823	54	0	1,422
Macomb	20	592	706	986	4,981	389	0	7,674
Centra Wellness (Manistee-Benzie)	8	208	114	112	462	29	0	933
Monroe	0	183	186	306	997	25	0	1,697
Montcalm	13	222	215	187	551	23	0	1,211
HealthWest (Muskegon)	24	288	310	456	1,718	150	0	2,946
network180	328	1,629	1,400	1,001	4,304	302	0	8,964
Newaygo	14	183	178	163	595	21	0	1,154
North Country	33	309	349	393	1,225	110	0	2,419
Northeast	2	126	146	180	717	68	0	1,239
Northern Lakes	38	424	467	554	2,497	225	0	4,205
Northpointe	22	129	165	180	705	71	0	1,272
Oakland	10	644	799	1,375	8,868	533	0	12,229
Ottawa	18	228	288	298	974	47	0	1,853
Pathways	25	193	253	262	1,071	87	0	1,891
Pines	6	163	195	276	918	69	0	1,627
Saginaw	25	318	449	575	2,029	271	0	3,667
Sanilac	7	84	104	105	444	33	0	777
Shiawassee	11	182	154	143	560	26	0	1,076
St. Clair	18	269	303	269	1,332	63	0	2,254
St. Joseph	65	227	114	144	685	50	0	1,285
Summit Pointe	10	553	502	615	2,671	150	0	4,501
Tuscola	3	89	117	101	524	20	0	854
Van Buren	14	111	183	241	1,000	138	0	1,687
Washtenaw	34	250	277	388	2,311	215	0	3,475
West Michigan	4	121	132	276	956	65	0	1,554
Woodlands	11	135	125	89	414	45	0	819
Total	1,765	19,540	20,222	23,382	103,900	7,846	0	176,655

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Age
Persons with Intellectual/Developmental Disabilities
Fiscal Year 2015
State of Michigan

CMHSP	Age							Unreported	Total
	0-3	4-12	13-17	18-26	27-64	65+			
Allegan	9	25	8	54	114	17	0	227	
AuSable	2	7	3	59	146	18	0	235	
Barry	2	23	4	23	39	8	0	99	
Bay Arenac	10	41	23	60	237	35	0	406	
Berrien	9	40	13	45	134	9	0	250	
Clinton Eaton Ingham	37	150	57	195	465	49	0	953	
CMH for Central Michigan	20	69	44	132	431	77	0	773	
Copper	2	7	7	30	72	14	0	132	
Detroit	244	1,518	745	2,140	4,332	492	0	9,471	
Genesee	8	65	62	234	767	83	0	1,219	
Gogebic	0	9	2	8	27	4	0	50	
Gratiot	0	4	4	19	56	13	0	96	
Hiawatha	3	27	17	31	83	22	0	183	
Huron	0	1	3	19	59	10	0	92	
Ionia	1	31	14	39	51	8	0	144	
Kalamazoo	10	63	32	91	206	23	0	425	
Lapeer	5	13	4	28	160	33	0	243	
Lenewee	4	8	9	34	131	27	0	213	
LifeWays	21	49	26	65	185	30	0	376	
Livingston	13	73	45	159	189	23	0	502	
Macomb	77	372	153	450	956	101	0	2,109	
Centra Wellness (Manistee-Benzie)	4	17	5	16	53	10	0	105	
Monroe	7	35	14	93	239	21	0	409	
Montcalm	6	21	7	29	57	5	0	125	
HealthWest (Muskegon)	41	101	21	63	189	17	0	432	
network180	55	155	65	210	742	70	0	1,297	
Newaygo	3	12	8	20	41	6	0	90	
North Country	14	85	40	104	262	56	0	561	
Northeast	9	26	12	30	132	31	0	240	
Northern Lakes	29	106	35	66	196	20	0	452	
Northpointe	2	21	11	31	54	12	0	131	
Oakland	28	293	213	964	1,748	158	0	3,404	
Ottawa	5	49	37	112	299	23	0	525	
Pathways	6	61	35	81	234	31	0	448	
Pines	7	11	9	13	47	8	0	95	
Saginaw	39	132	40	100	310	30	0	651	
Sanilac	3	18	6	24	73	22	0	146	
Shiawassee	8	8	6	26	102	6	0	156	
St. Clair	75	93	30	104	276	31	0	609	
St. Joseph	1	7	7	20	60	14	0	109	
Summit Pointe	14	47	19	78	160	21	0	339	
Tuscola	6	12	6	17	65	16	0	122	
Van Buren	3	14	10	32	48	6	0	113	
Washtenaw	24	82	44	188	507	49	0	894	
West Michigan	11	17	5	17	72	8	0	130	
Woodlands	1	17	8	10	50	6	0	92	
Total	878	4,035	1,968	6,363	14,856	1,773	0	29,873	

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Age
Persons with a Dual Diagnosis (MI & I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Age						Unreported	Total
	0-3	4-12	13-17	18-26	27-64	65+		
Allegan	1	20	28	55	153	20	0	277
AuSable	2	21	15	8	15	0	0	61
Barry	0	5	2	19	40	6	0	72
Bay Arenac	1	20	29	53	163	29	0	295
Berrien	3	36	40	67	208	33	0	387
Clinton Eaton Ingham	1	33	47	187	513	64	0	845
CMH for Central Michigan	1	46	61	145	427	66	0	746
Copper	0	8	8	28	54	9	0	107
Detroit	5	56	67	186	273	20	0	607
Genesee	94	144	48	96	247	36	0	665
Gogebic	0	8	8	18	28	3	0	65
Gratiot	1	17	5	26	58	13	0	120
Hiawatha	0	11	16	20	51	8	0	106
Huron	0	3	3	19	54	13	0	92
Ionia	0	10	8	26	43	5	0	92
Kalamazoo	1	53	65	106	297	50	0	572
Lapeer	0	17	14	36	48	6	0	121
Lenewee	2	4	7	20	50	11	0	94
LifeWays	5	58	46	116	286	54	0	565
Livingston	0	5	5	27	53	7	0	97
Macomb	4	121	139	350	854	107	0	1,575
Centra Wellness (Manistee-Benzie)	0	17	7	15	45	14	0	98
Monroe	0	25	20	56	95	10	0	206
Montcalm	0	31	20	25	33	3	0	112
HealthWest (Muskegon)	2	78	59	157	346	43	0	685
network180	5	69	61	249	667	75	0	1,126
Newaygo	0	20	10	26	56	5	0	117
North Country	0	22	32	61	106	15	0	236
Northeast	2	4	9	19	98	23	0	155
Northern Lakes	9	36	46	109	280	38	0	518
Northpointe	2	30	29	57	116	17	0	251
Oakland	3	76	98	288	903	107	0	1,475
Ottawa	1	6	4	18	113	15	0	157
Pathways	0	9	13	35	106	17	0	180
Pines	0	32	15	24	71	7	0	149
Saginaw	1	27	29	80	289	52	0	478
Sanilac	0	19	15	36	58	19	0	147
Shiawassee	3	30	15	25	60	12	0	145
St. Clair	8	59	35	67	215	33	0	417
St. Joseph	2	17	25	34	75	14	0	167
Summit Pointe	5	61	27	83	136	11	0	323
Tuscola	0	7	6	20	64	16	0	113
Van Buren	0	22	25	59	113	14	0	233
Washtenaw	1	32	40	94	208	21	0	396
West Michigan	2	22	18	40	115	12	0	209
Woodlands	0	11	16	17	51	7	0	102
Total	167	1,458	1,335	3,302	8,334	1,160	0	15,756

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Age
Persons with Substance Use Disorder
Fiscal Year 2015
State of Michigan

CMHSP	Age						Unreported	Total
	0-3	4-12	13-17	18-26	27-64	65+		
Allegan	0	0	0	0	1	0	0	1
AuSable	0	0	0	1	4	1	0	6
Barry	0	0	0	0	3	0	0	3
Bay Arenac	0	0	1	6	17	0	0	24
Berrien	0	0	1	2	8	0	0	11
Clinton Eaton Ingham	0	0	0	14	57	0	0	71
CMH for Central Michigan	0	0	1	5	20	0	0	26
Copper	0	0	0	3	10	1	0	14
Detroit	0	0	63	151	1,145	11	0	1,370
Genesee	0	0	0	39	185	2	0	226
Gogebic	0	0	0	0	4	0	0	4
Gratiot	0	0	0	2	19	0	0	21
Hiawatha	0	0	0	9	15	2	0	26
Huron	0	0	1	0	1	0	0	2
Ionia	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	1	0	0	1
Lapeer	0	0	0	4	6	0	0	10
Lenewee	0	0	2	9	30	0	0	41
LifeWays	1	0	5	31	83	2	0	122
Livingston	0	0	2	9	41	0	0	52
Macomb	0	0	1	17	55	0	0	73
Centra Wellness (Manistee-Benzie)	0	0	0	0	0	0	0	0
Monroe	0	1	1	23	58	1	0	84
Montcalm	0	0	0	1	2	0	0	3
HealthWest (Muskegon)	0	0	0	0	0	0	0	0
network180	0	0	19	14	64	4	0	101
Newaygo	0	0	0	0	3	0	0	3
North Country	0	0	0	6	19	0	0	25
Northeast	0	0	0	0	4	0	0	4
Northern Lakes	0	0	0	7	12	0	0	19
Northpointe	0	0	0	3	4	0	0	7
Oakland	0	0	1	19	72	0	0	92
Ottawa	0	0	0	6	9	0	0	15
Pathways	0	0	0	4	9	0	0	13
Pines	0	0	3	7	31	0	0	41
Saginaw	0	1	3	9	34	2	0	49
Sanilac	0	0	0	1	1	0	0	2
Shiawassee	0	0	0	0	0	0	0	0
St. Clair	0	0	1	2	12	0	0	15
St. Joseph	0	0	0	4	3	0	0	7
Summit Pointe	0	0	0	2	6	0	0	8
Tuscola	0	0	0	2	3	0	0	5
Van Buren	0	0	0	0	1	0	0	1
Washtenaw	0	0	1	7	43	0	0	51
West Michigan	0	0	0	0	0	0	0	0
Woodlands	0	0	0	1	0	0	0	1
Total	1	2	106	420	2,095	26	0	2,650

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Age
Persons with Unknown Disability
Fiscal Year 2015
State of Michigan

CMHSP	Age							Unreported	Total
	0-3	4-12	13-17	18-26	27-64	65+			
Allegan	0	2	0	3	6	0	0	11	
AuSable	0	0	0	0	3	1	0	4	
Barry	0	0	0	0	3	0	0	3	
Bay Arenac	0	5	4	8	54	6	0	77	
Berrien	0	1	1	0	6	0	0	8	
Clinton Eaton Ingham	0	0	0	0	1	0	0	1	
CMH for Central Michigan	2	43	75	30	36	5	0	191	
Copper	0	0	3	4	3	1	0	11	
Detroit	0	41	176	277	638	58	0	1,190	
Genesee	0	13	48	94	137	9	0	301	
Gogebic	0	0	0	0	4	0	0	4	
Gratiot	0	0	0	0	1	0	0	1	
Hiawatha	1	2	4	5	19	5	0	36	
Huron	0	1	6	9	17	1	0	34	
Ionia	4	10	2	14	21	10	0	61	
Kalamazoo	0	0	0	13	36	6	0	55	
Lapeer	0	1	3	2	4	0	0	10	
Lenewee	0	7	10	18	28	2	0	65	
LifeWays	4	26	31	46	98	5	0	210	
Livingston	0	10	7	5	22	1	0	45	
Macomb	6	16	15	68	182	11	0	298	
Centra Wellness (Manistee-Benzie)	3	21	0	2	6	2	0	34	
Monroe	1	34	22	27	63	6	0	153	
Montcalm	0	1	0	0	0	0	0	1	
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	
network180	20	90	34	38	128	24	0	334	
Newaygo	0	0	0	0	0	0	0	0	
North Country	0	3	6	1	10	3	0	23	
Northeast	0	1	4	6	28	5	0	44	
Northern Lakes	0	0	1	0	0	0	0	1	
Northpointe	1	1	1	3	17	2	0	25	
Oakland	64	137	261	688	1,508	55	0	2,713	
Ottawa	2	5	13	19	35	7	0	81	
Pathways	4	8	12	7	12	1	0	44	
Pines	0	0	0	0	2	0	0	2	
Saginaw	1	5	42	16	28	4	0	96	
Sanilac	0	0	1	0	1	1	0	3	
Shiawassee	0	3	13	35	74	2	0	127	
St. Clair	2	5	4	6	5	0	0	22	
St. Joseph	6	3	1	2	9	0	0	21	
Summit Pointe	0	0	1	0	4	1	0	6	
Tuscola	0	10	10	12	28	0	0	60	
Van Buren	2	0	1	4	9	0	0	16	
Washtenaw	6	12	7	13	38	7	0	83	
West Michigan	0	1	0	0	0	0	0	1	
Woodlands	0	0	0	4	7	0	0	11	
Total	129	518	819	1,479	3,331	241	0	6,517	

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Race/Ethnicity
Persons with Mental Illness
Fiscal Year 2015
State of Michigan

CMHSP	Race/Ethnicity								Total
	White/ Caucasian	African American/ Black	American Indian	Asian	Native Hawaiian or other Pacific Islander	Other Race	Multiracial	Unknown/ Refused/ Missing	
Allegan	1,084	0	13	4	0	31	0	113	1,245
AuSable	1,362	12	2	0	0	2	233	26	1,637
Barry	1,113	13	14	0	0	7	0	15	1,162
Bay Arenac	3,719	172	25	4	3	74	186	108	4,291
Berrien	2,361	1,130	26	10	8	91	0	80	3,706
Clinton Eaton Ingham	3,665	1,171	35	43	3	201	252	471	5,841
CMH for Central Michigan	5,617	130	57	12	2	37	304	73	6,232
Copper	600	0	41	3	1	5	28	7	685
Detroit	11,503	21,639	108	60	11	1,748	6,919	11,603	53,591
Genesee	3,654	2,550	43	6	2	92	460	366	7,173
Gogebic	227	1	10	0	1	1	18	0	258
Gratiot	1,116	8	2	0	1	47	69	16	1,259
Hiawatha	488	8	141	1	1	5	244	6	894
Huron	0	0	0	0	0	0	0	690	690
Ionia	1,110	16	35	3	0	55	0	38	1,257
Kalamazoo	2,765	1,349	46	13	1	93	0	353	4,620
Lapeer	901	13	2	1	0	23	73	3	1,016
Lenewee	1,397	46	18	4	0	7	56	14	1,542
LifeWays	3,448	485	20	4	0	50	648	216	4,871
Livingston	1,287	11	5	4	0	6	99	10	1,422
Macomb	4,812	848	15	39	3	139	1,286	532	7,674
Centra Wellness (Manistee-Benzie)	825	15	50	3	0	5	0	35	933
Monroe	1,451	111	8	1	0	18	74	34	1,697
Montcalm	1,075	19	9	2	0	21	11	74	1,211
HealthWest (Muskegon)	1,576	744	18	8	2	61	134	403	2,946
network180	4,980	2,297	87	87	12	788	603	110	8,964
Newaygo	996	37	15	0	0	44	14	48	1,154
North Country	2,145	17	46	2	1	13	57	138	2,419
Northeast	1,078	2	2	2	0	3	150	2	1,239
Northern Lakes	3,811	54	127	7	2	60	58	86	4,205
Northpointe	1,150	14	36	2	3	5	52	10	1,272
Oakland	5,637	2,558	32	56	4	489	3,353	100	12,229
Ottawa	1,604	105	18	20	0	47	34	25	1,853
Pathways	1,622	19	66	4	0	7	150	23	1,891
Pines	1,498	14	14	5	0	43	0	53	1,627
Saginaw	1,928	1,332	19	3	1	142	97	145	3,667
Sanilac	703	5	3	0	1	9	51	5	777
Shiawassee	1,016	9	9	2	1	10	27	2	1,076
St. Clair	1,855	167	12	5	1	27	162	25	2,254
St. Joseph	1,136	68	9	1	0	63	0	8	1,285
Summit Pointe	3,043	852	110	8	7	87	0	394	4,501
Tuscola	800	14	7	0	0	4	29	0	854
Van Buren	1,318	114	12	1	0	72	0	170	1,687
Washtenaw	1,874	1,089	12	33	1	73	369	24	3,475
West Michigan	1,281	68	11	2	0	110	54	28	1,554
Woodlands	662	97	13	2	0	10	0	35	819
Total	97,293	39,423	1,403	467	73	4,925	16,354	16,717	176,655

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Race/Ethnicity
Persons with Intellectual/Developmental Disabilities (I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Race/Ethnicity								
	White/ Caucasian	African American/ Black	American Indian	Asian	Native Hawaiian or other Pacific Islander	Other Race	Multiracial	Unknown/ Refused/ Missing	Total
Allegan	217	0	0	1	0	5	0	4	227
AuSable	209	2	0	0	1	1	22	0	235
Barry	26	1	2	0	0	0	0	70	99
Bay Arenac	376	9	1	1	0	12	6	1	406
Berrien	13	8	0	0	0	2	0	227	250
Clinton Eaton Ingham	116	31	1	2	0	4	9	790	953
CMH for Central Michigan	707	29	6	7	0	4	17	3	773
Copper	116	2	6	0	0	1	6	1	132
Detroit	3,097	3,833	10	26	1	310	1,398	796	9,471
Genesee	831	307	4	4	1	16	45	11	1,219
Gogebic	43	2	0	0	0	0	5	0	50
Gratiot	90	2	1	0	0	2	0	1	96
Hiawatha	128	0	20	0	0	1	33	1	183
Huron	0	0	0	0	0	0	0	92	92
Ionia	129	3	3	4	0	3	0	2	144
Kalamazoo	57	25	0	0	0	3	0	340	425
Lapeer	226	5	0	0	0	3	8	1	243
Lenewee	189	7	1	1	0	2	10	3	213
LifeWays	314	26	1	2	0	5	18	10	376
Livingston	446	8	1	3	0	10	28	6	502
Macomb	1,305	242	3	21	1	81	434	22	2,109
Centra Wellness (Manistee-Benzie)	99	4	0	0	0	0	0	2	105
Monroe	383	12	0	0	0	3	9	2	409
Montcalm	119	2	0	0	0	2	1	1	125
HealthWest (Muskegon)	20	10	0	0	0	1	3	398	432
network180	917	195	3	23	1	94	38	26	1,297
Newaygo	80	4	1	1	0	1	0	3	90
North Country	521	7	10	2	1	0	14	6	561
Northeast	228	2	0	1	0	0	9	0	240
Northern Lakes	419	5	9	3	0	12	4	0	452
Northpointe	126	1	0	0	0	0	4	0	131
Oakland	2,182	678	8	61	2	184	282	7	3,404
Ottawa	469	16	0	8	1	15	6	10	525
Pathways	405	4	10	3	1	1	20	4	448
Pines	18	0	0	0	0	0	0	77	95
Saginaw	394	205	1	3	0	29	14	5	651
Sanilac	131	4	0	1	0	3	7	0	146
Shiawassee	150	2	0	1	0	1	2	0	156
St. Clair	528	28	3	2	0	8	37	3	609
St. Joseph	22	0	1	0	0	0	0	86	109
Summit Pointe	39	16	1	0	0	1	0	282	339
Tuscola	112	5	0	2	0	0	3	0	122
Van Buren	14	3	0	0	0	1	0	95	113
Washtenaw	532	190	1	15	0	35	117	4	894
West Michigan	24	0	1	0	0	1	1	103	130
Woodlands	18	3	0	0	0	0	0	71	92
Total	16,585	5,938	109	198	10	857	2,610	3,566	29,873

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Race/Ethnicity
Persons with a Dual Diagnosis (MI & I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Race/Ethnicity								
	White/ Caucasian	African American/ Black	American Indian	Asian	Native Hawaiian or other Pacific Islander	Other Race	Multiracial	Unknown/ Refused/ Missing	Total
Allegan	264	0	1	2	0	5	0	5	277
AuSable	52	0	0	0	0	0	9	0	61
Barry	8	1	0	0	0	0	0	63	72
Bay Arenac	267	9	2	0	0	5	11	1	295
Berrien	52	36	1	0	0	1	0	297	387
Clinton Eaton Ingham	119	25	0	1	0	5	4	691	845
CMH for Central Michigan	696	19	6	1	0	5	17	2	746
Copper	100	0	1	1	0	1	4	0	107
Detroit	189	275	3	1	1	20	72	46	607
Genesee	413	183	3	3	0	8	49	6	665
Gogebic	59	1	1	0	0	1	3	0	65
Gratiot	112	1	0	0	0	2	4	1	120
Hiawatha	69	0	11	2	0	0	24	0	106
Huron	0	0	0	0	0	0	0	92	92
Ionia	88	3	0	0	0	1	0	0	92
Kalamazoo	60	16	1	0	0	4	0	491	572
Lapeer	108	2	1	1	0	3	6	0	121
Lenewee	89	1	0	0	0	1	2	1	94
LifeWays	448	42	0	1	0	6	54	14	565
Livingston	81	2	1	0	1	0	12	0	97
Macomb	954	148	4	8	0	25	424	12	1,575
Centra Wellness (Manistee- Benzie)	86	2	4	1	0	2	0	3	98
Monroe	187	5	0	3	0	1	5	5	206
Montcalm	107	1	2	0	0	0	1	1	112
HealthWest (Muskegon)	77	35	0	0	0	2	4	567	685
network180	829	170	7	16	0	58	28	18	1,126
Newaygo	108	4	0	0	0	3	1	1	117
North Country	210	3	7	0	0	2	11	3	236
Northeast	144	0	0	0	0	1	10	0	155
Northern Lakes	484	13	11	0	2	2	4	2	518
Northpointe	231	1	2	1	1	4	11	0	251
Oakland	950	232	1	12	1	59	215	5	1,475
Ottawa	147	4	1	3	0	2	0	0	157
Pathways	155	1	6	1	0	0	17	0	180
Pines	24	0	0	0	0	2	0	123	149
Saginaw	312	136	3	0	0	16	6	5	478
Sanilac	141	1	0	0	0	1	4	0	147
Shiawassee	134	1	1	1	0	0	8	0	145
St. Clair	360	24	1	3	0	3	25	1	417
St. Joseph	23	1	0	0	0	1	0	142	167
Summit Pointe	34	11	3	0	0	1	0	274	323
Tuscola	99	6	2	0	0	5	1	0	113
Van Buren	32	3	0	0	0	3	0	195	233
Washtenaw	214	112	3	2	0	12	52	1	396
West Michigan	36	0	0	0	0	1	1	171	209
Woodlands	15	2	0	0	0	0	0	85	102
Total	9,367	1,532	90	64	6	274	1,099	3,324	15,756

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Race/Ethnicity
Persons with Substance Use Disorder
Fiscal Year 2015
State of Michigan

CMHSP	Race/Ethnicity								
	White/ Caucasian	African American / Black	American Indian	Asian	Native Hawaiian or other Pacific Islander	Other Race	Multiracial	Unknown/ Refused/ Missing	Total
Allegan	1	0	0	0	0	0	0	0	1
AuSable	5	0	0	0	0	0	1	0	6
Barry	2	0	0	0	0	0	0	1	3
Bay Arenac	11	2	0	0	0	1	0	10	24
Berrien	8	2	0	0	0	1	0	0	11
Clinton Eaton Ingham	50	14	0	0	0	3	0	4	71
CMH for Central Michigan	23	0	1	0	0	0	1	1	26
Copper	14	0	0	0	0	0	0	0	14
Detroit	387	638	7	0	2	32	280	24	1,370
Genesee	127	79	2	0	0	2	12	4	226
Gogebic	4	0	0	0	0	0	0	0	4
Graiot	19	0	0	0	0	1	1	0	21
Hiawatha	13	0	11	0	0	0	2	0	26
Huron	0	0	0	0	0	0	0	2	2
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	1	0	0	0	0	0	0	1
Lapeer	9	0	0	0	0	0	0	1	10
Lenewee	30	2	0	0	0	0	3	6	41
LifeWays	94	14	0	0	0	2	8	4	122
Livingston	47	0	2	0	0	0	2	1	52
Macomb	43	2	0	0	0	0	3	25	73
Centra Wellness (Manistee-Benzie)	0	0	0	0	0	0	0	0	0
Monroe	75	4	0	0	0	1	1	3	84
Montcalm	1	0	0	0	0	0	0	2	3
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0
network180	48	36	1	0	0	9	7	0	101
Newaygo	3	0	0	0	0	0	0	0	3
North Country	17	1	2	0	0	0	1	4	25
Northeast	4	0	0	0	0	0	0	0	4
Northern Lakes	18	0	1	0	0	0	0	0	19
Northpointe	6	0	1	0	0	0	0	0	7
Oakland	40	19	0	0	0	5	26	2	92
Ottawa	10	1	0	1	0	1	0	2	15
Pathways	11	1	0	0	0	0	1	0	13
Pines	37	0	1	0	0	3	0	0	41
Saginaw	35	7	0	0	0	1	0	6	49
Sanilac	2	0	0	0	0	0	0	0	2
Shiawassee	0	0	0	0	0	0	0	0	0
St. Clair	10	3	0	0	0	0	1	1	15
St. Joseph	6	1	0	0	0	0	0	0	7
Summit Pointe	5	1	0	0	0	1	0	1	8
Tuscola	4	0	0	0	0	1	0	0	5
Van Buren	1	0	0	0	0	0	0	0	1
Washtenaw	35	10	0	0	0	3	3	0	51
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	1	0	0	0	0	0	0	0	1
Total	1,256	838	29	1	2	67	353	104	2,650

* The Substance Use Disorder Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.
This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Race/Ethnicity
Persons with Unknown Disability
Fiscal Year 2015
State of Michigan

CMHSP	Race/Ethnicity								
	White/ Caucasian	African American/ Black	American Indian	Asian	Native Hawaiian or other Pacific Islander	Other Race	Multiracial	Unknown/ Refused/ Missing	Total
Allegan	7	0	0	0	0	0	0	4	11
AuSable	3	0	0	0	0	0	0	1	4
Barry	2	0	0	0	0	0	0	1	3
Bay Arenac	25	1	1	0	0	1	0	49	77
Berrien	4	3	0	0	0	1	0	0	8
Clinton Eaton Ingham	0	0	0	0	0	0	0	1	1
CMH for Central Michigan	49	3	1	1	0	0	4	133	191
Copper	9	0	1	0	0	0	0	1	11
Detroit	235	533	3	0	0	31	63	325	1,190
Genesee	57	21	0	0	0	3	0	220	301
Gogebic	4	0	0	0	0	0	0	0	4
Gratiot	0	0	0	0	0	1	0	0	1
Hiawatha	15	1	8	0	0	1	2	9	36
Huron	0	0	0	0	0	0	0	34	34
Ionia	48	2	2	0	0	3	0	6	61
Kalamazoo	30	15	0	0	0	1	0	9	55
Lapeer	8	1	0	0	0	0	0	1	10
Lenewee	32	1	0	0	0	0	0	32	65
LifeWays	156	13	2	0	0	4	11	24	210
Livingston	38	0	0	1	0	0	1	5	45
Macomb	61	6	0	0	1	1	4	225	298
Centra Wellness (Manistee- Benzie)	26	1	2	0	0	1	0	4	34
Monroe	131	9	0	0	0	3	4	6	153
Montcalm	1	0	0	0	0	0	0	0	1
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0
network180	134	86	2	2	0	35	13	62	334
Newaygo	0	0	0	0	0	0	0	0	0
North Country	20	0	0	1	0	0	0	2	23
Northeast	40	0	1	0	0	0	3	0	44
Northern Lakes	0	0	0	0	0	0	1	0	1
Northpointe	20	0	1	0	0	0	1	3	25
Oakland	807	274	4	10	0	67	230	1,321	2,713
Ottawa	21	3	0	0	0	2	2	53	81
Pathways	28	1	2	0	0	0	5	8	44
Pines	2	0	0	0	0	0	0	0	2
Saginaw	40	27	1	0	0	4	0	24	96
Sanilac	3	0	0	0	0	0	0	0	3
Shiawassee	93	4	1	0	0	0	3	26	127
St. Clair	11	2	1	0	0	2	2	4	22
St. Joseph	17	1	0	0	0	2	0	1	21
Summit Pointe	3	1	0	0	0	0	0	2	6
Tuscola	25	0	0	0	0	1	1	33	60
Van Buren	10	2	0	0	0	1	0	3	16
Washtenaw	34	32	0	3	0	0	3	11	83
West Michigan	1	0	0	0	0	0	0	0	1
Woodlands	11	0	0	0	0	0	0	0	11
Total	2,261	1,043	33	18	1	165	353	2,643	6,517

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Hispanic
Fiscal Year 2015
State of Michigan

CMHSP	Persons with Mental Illness NOT			Intellectual/Developmental Disabilities NOT			Dual Diagnosis (MI & VDD) NOT			* Substance Use Disorder Only NOT			Unknown Disability NOT			Total NOT		
	Hispanic or Latino	Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Hispanic or Latino	Unknown/ Missing
Allegan	40	1,099	106	7	218	2	5	271	1	0	1	0	0	7	4	52	1,596	113
AuSable	27	1,102	508	2	226	7	1	36	24	0	2	4	0	1	3	30	1,367	546
Barry	13	935	214	0	22	77	0	8	64	0	1	2	0	1	2	13	967	359
Bay Arenac	272	3,772	247	20	384	2	16	274	5	1	12	11	0	18	59	309	4,460	324
Berrien	135	3,219	352	5	14	231	1	86	300	1	10	0	1	7	0	143	3,336	883
Clinton Eaton Ingham	424	5,053	364	14	151	788	14	149	682	4	64	3	0	0	1	456	5,417	1,838
CMH for Central Michigan	208	5,668	356	12	742	19	7	710	29	1	23	2	1	92	98	229	7,235	504
Copper	8	603	74	1	130	1	2	103	2	0	7	7	0	5	6	11	848	90
Detroit	1,623	35,831	16,137	257	7,801	1,413	19	516	72	52	1,217	101	26	747	417	1,977	46,112	18,140
Genesee	212	4,678	2,283	27	476	716	26	425	214	4	202	20	2	59	240	271	5,840	3,473
Gogebic	4	231	23	0	49	1	2	62	1	0	3	1	0	3	1	6	348	27
Gratiot	102	1,080	77	4	92	0	5	115	0	2	13	6	1	0	0	114	1,300	83
Hiawatha	14	714	166	3	171	9	0	100	6	0	14	12	2	17	17	19	1,016	210
Huron	0	0	690	0	0	92	0	0	92	0	0	2	0	0	34	0	0	910
Ionia	66	1,138	53	7	135	2	2	90	0	0	0	0	4	49	8	79	1,412	63
Kalamazoo	152	4,098	370	4	69	352	4	79	489	0	1	0	2	48	5	162	4,295	1,216
Lapeer	54	903	59	8	230	5	9	109	3	1	8	1	0	6	4	72	1,256	72
Lenewee	179	1,313	50	23	189	1	6	87	1	3	31	7	6	19	40	217	1,639	99
LifeWays	138	4,337	396	14	357	5	7	551	7	4	106	12	6	166	38	169	5,517	458
Livingston	39	1,249	134	17	463	22	2	93	2	2	45	5	1	26	18	61	1,876	181
Macomb	131	6,390	1,153	22	1,809	278	27	1,243	305	0	25	48	2	59	237	182	9,526	2,021
Centra Wellness (Manistee-Benzie)	45	791	97	3	101	1	6	87	5	0	0	0	3	13	18	57	992	121
Monroe	60	1,572	65	10	395	4	8	196	2	1	76	7	4	130	19	83	2,369	97
Montcalm	36	1,071	104	3	120	2	1	110	1	0	1	2	0	1	0	40	1,303	109
HealthWest (Muskegon)	31	2,843	72	0	37	395	1	119	565	0	0	0	0	0	0	32	2,999	1,032
network180	1,250	7,457	257	111	1,063	123	74	976	76	13	84	4	55	213	66	1,503	9,793	526
Newaygo	45	1,075	34	1	88	1	4	113	0	0	3	0	0	0	0	50	1,279	35
North Country	37	1,410	972	4	555	2	2	226	8	0	5	20	0	10	13	43	2,206	1,015
Northeast	11	1,225	3	1	239	0	0	155	0	0	4	0	0	44	0	12	1,667	3
Northern Lakes	97	4,031	77	20	432	0	9	507	2	0	19	0	0	1	0	126	4,990	79
Northpointe	10	1,146	116	2	128	1	7	239	5	0	5	2	0	19	6	19	1,537	130
Oakland	673	10,684	872	118	2,447	839	59	951	465	5	67	20	91	1,110	1,512	946	15,259	3,708
Ottawa	218	1,599	36	26	483	16	6	151	0	0	11	4	2	9	70	252	2,253	126
Pathways	31	1,708	152	5	439	4	2	177	1	0	10	3	0	25	19	38	2,359	179
Pines	57	1,429	141	0	19	76	4	21	124	3	34	4	0	2	0	64	1,505	345
Saginaw	291	2,798	578	47	582	22	24	436	18	2	18	29	6	42	48	370	3,876	695
Sanilac	33	740	4	6	140	0	4	143	0	0	1	1	0	3	0	43	1,027	5
Shiawassee	42	997	37	2	150	4	1	142	2	0	0	0	3	73	51	48	1,362	94
St. Clair	74	2,044	136	22	558	29	11	392	14	0	11	4	1	17	4	108	3,022	187
St. Joseph	36	1,223	26	0	22	87	0	25	142	0	7	0	0	20	1	36	1,297	256
Summit Pointe	210	3,419	872	5	51	283	1	44	278	1	2	5	0	3	3	217	3,519	1,441
Tuscola	32	779	43	4	114	4	3	110	0	1	3	1	0	19	41	40	1,025	89
Van Buren	111	1,377	199	1	19	93	4	33	196	0	1	1	0	7	8	117	1,437	496
Washtenaw	121	3,115	239	29	851	14	19	362	15	3	38	10	4	47	32	176	4,413	310
West Michigan	88	1,455	11	2	25	103	1	38	170	0	0	0	0	1	0	91	1,519	284
Woodlands	26	750	43	0	20	72	0	17	85	0	1	0	0	11	0	26	799	200
Total	7,506	140,151	28,998	869	22,806	6,198	406	10,877	4,473	104	2,186	360	224	3,150	3,143	9,109	179,170	43,172

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.
Assessment Only consumers have been excluded from this table.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Correctional Status
Persons with Mental Illness
Fiscal Year 2015
State of Michigan

CMHSP	Corrections Status														
	Prison	Jail	Paroled from Prison	Probation from Jail	Juvenile Detention Center	Court Supervision	Not in a Corrections Status	Awaiting Trial	Awaiting Sentencing	Minor Referred by Court	Arrested and Booked	Diverted from Arrest/ Booking	Refused/ Unreported	Total	
Allegan	0	0	15	57	9	19	978	7	3	6	2	1	148	1,245	
AuSable	1	62	18	32	3	100	1,269	13	28	28	1	0	82	1,637	
Barry	1	15	18	98	0	22	966	5	7	9	2	1	18	1,162	
Bay Arenac	1	95	63	219	5	55	3,634	33	37	43	2	2	102	4,291	
Berrien	1	5	107	167	8	80	2,812	15	19	151	10	2	329	3,706	
Clinton Eaton Ingham	3	415	40	175	36	157	4,672	41	35	26	17	11	213	5,841	
CMH for Central Michigan	3	63	84	504	5	68	5,169	52	103	57	17	7	100	6,232	
Copper	0	14	5	24	0	35	547	3	7	3	2	1	44	685	
Detroit	11	41	1,267	2,322	111	836	41,261	179	125	256	31	36	7,115	53,591	
Genesee	4	23	119	320	18	122	6,128	28	29	32	12	7	331	7,173	
Gogebic	0	2	0	8	0	6	215	3	2	3	1	0	18	258	
Gratiot	1	2	16	78	1	18	1,027	1	23	40	1	2	49	1,259	
Hiawatha	0	8	8	21	2	11	773	11	8	3	12	5	32	894	
Huron	0	0	0	0	0	0	0	0	0	0	0	0	690	690	
Ionia	1	86	13	51	1	18	875	7	14	18	3	0	170	1,257	
Kalamazoo	2	12	80	210	9	79	3,518	22	28	28	15	2	615	4,620	
Lapeer	1	23	16	69	0	21	843	11	11	5	2	5	9	1,016	
Lenewee	0	1	19	121	6	20	1,339	3	11	3	1	1	17	1,542	
LifeWays	0	422	81	224	10	52	3,685	50	37	34	3	16	257	4,871	
Livingston	0	3	20	86	0	28	1,228	6	14	22	5	0	10	1,422	
Macomb	1	14	145	386	5	140	5,863	43	28	16	11	15	1,007	7,674	
Centra Wellness (Manistee-Benzie)	0	4	12	62	1	15	725	1	9	8	1	1	94	933	
Monroe	0	33	53	158	6	22	1,393	6	12	2	2	2	8	1,697	
Montcalm	0	6	8	34	4	21	1,006	3	10	23	1	0	95	1,211	
HealthWest (Muskegon)	0	22	106	176	6	53	1,964	24	25	0	0	0	570	2,946	
network180	1	42	137	356	11	117	7,750	50	47	75	6	4	368	8,964	
Newaygo	14	12	14	6	0	4	1,064	2	3	13	2	1	19	1,154	
North Country	2	102	25	15	2	95	1,796	14	17	23	14	2	312	2,419	
Northeast	0	1	22	52	0	45	1,107	3	4	4	1	0	0	1,239	
Northern Lakes	4	238	41	166	23	38	3,104	27	34	25	48	1	456	4,205	
Northpointe	0	12	16	54	0	15	1,081	13	16	8	6	0	51	1,272	
Oakland	2	103	338	943	17	185	10,275	82	89	58	28	11	98	12,229	
Ottawa	0	66	10	12	9	64	1,641	9	17	2	6	2	15	1,853	
Pathways	1	18	20	90	4	40	1,569	11	29	10	5	12	82	1,891	
Pines	0	13	24	87	0	10	1,353	19	26	8	4	0	83	1,627	
Saginaw	1	12	84	175	19	93	2,055	20	23	39	1	7	1,138	3,667	
Sanilac	0	2	7	66	2	13	666	3	6	2	3	1	6	777	
Shiawassee	0	2	10	67	0	8	946	16	6	4	3	4	10	1,076	
St. Clair	0	37	40	142	7	73	1,848	19	23	21	1	0	43	2,254	
St. Joseph	0	3	14	48	2	21	1,156	23	4	3	0	1	10	1,285	
Summit Pointe	4	6	79	109	0	98	3,915	35	22	25	5	4	199	4,501	
Tuscola	0	0	30	60	0	13	734	6	6	1	1	0	3	854	
Van Buren	6	65	18	55	2	34	1,301	1	11	10	0	0	184	1,687	
Washtenaw	2	6	75	190	6	99	3,009	30	18	12	2	0	26	3,475	
West Michigan	0	115	12	99	1	42	1,185	15	15	1	0	1	68	1,554	
Woodlands	1	5	9	5	0	38	672	2	10	15	0	1	61	819	
Total	69	2,231	3,338	8,399	351	3,143	140,117	967	1,051	1,175	290	169	15,355	176,655	

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Correctional Status
Persons with Intellectual/Developmental Disability (I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Corrections Status													
	Prison	Jail	Paroled from Prison	Probation from Jail	Juvenile Detention Center	Court Supervision	Not in a Corrections Status	Awaiting Trial	Awaiting Sentencing	Minor Referred by Court	Arrested and Booked	Diverted from Arrest/ Booking	Refused/ Unreported	Total
Allegan	0	0	0	0	0	0	221	0	0	0	0	0	6	227
AuSable	0	0	0	2	0	2	228	0	0	1	0	2	0	235
Barry	0	0	0	0	0	1	98	0	0	0	0	0	0	99
Bay Arenac	0	0	0	2	0	1	398	0	0	0	0	0	5	406
Berrien	0	0	2	0	0	2	237	3	1	0	0	0	5	250
Clinton Eaton Ingham	0	1	0	1	0	0	947	0	1	1	0	0	2	953
CMH for Central Michigan	1	0	0	2	0	2	765	0	1	0	0	1	1	773
Copper	0	0	0	1	0	0	131	0	0	0	0	0	0	132
Detroit	0	0	11	37	6	50	8,904	7	7	15	4	7	423	9,471
Genesee	0	1	4	3	0	1	1,206	0	1	1	0	0	2	1,219
Gogebic	0	0	0	0	0	0	50	0	0	0	0	0	0	50
Gratiot	0	0	1	1	0	0	94	0	0	0	0	0	0	96
Hiawatha	0	0	0	0	0	0	183	0	0	0	0	0	0	183
Huron	0	0	0	0	0	0	0	0	0	0	0	0	92	92
Ionia	0	0	0	1	0	0	133	0	0	0	0	0	10	144
Kalamazoo	0	0	0	0	0	4	408	0	0	4	0	1	8	425
Lapeer	0	0	1	1	0	1	240	0	0	0	0	0	0	243
Lenewee	0	0	0	2	0	0	210	0	0	0	0	0	1	213
LifeWays	0	1	0	0	0	2	368	0	0	0	0	0	5	376
Livingston	0	0	1	5	0	2	484	0	0	10	0	0	0	502
Macomb	0	0	0	3	1	1	2,065	0	0	0	1	0	38	2,109
Centra Wellness (Manistee-Benzle)	0	0	1	0	0	0	102	0	0	0	0	0	2	105
Monroe	0	0	1	1	0	0	405	0	1	0	0	0	1	409
Montcalm	0	0	0	1	0	0	122	0	0	0	0	0	2	125
HealthWest (Muskegon)	0	0	1	1	0	0	378	0	0	0	0	0	52	432
network180	0	2	0	8	0	1	1,265	0	0	0	0	0	21	1,297
Newaygo	0	0	0	0	0	0	89	0	0	0	0	0	1	90
North Country	0	1	0	0	0	2	557	0	0	0	0	0	1	561
Northeast	0	0	0	0	0	0	239	0	0	1	0	0	0	240
Northern Lakes	0	0	1	0	0	0	413	0	0	0	0	0	38	452
Northpointe	0	0	0	0	0	0	131	0	0	0	0	0	0	131
Oakland	0	0	4	9	0	8	3,375	2	1	0	0	1	4	3,404
Ottawa	0	0	0	0	0	1	523	0	0	1	0	0	0	525
Pathways	0	0	0	3	0	0	444	1	0	0	0	0	0	448
Pines	0	0	0	0	0	0	94	0	0	0	0	0	1	95
Saginaw	0	0	1	2	0	6	627	1	0	0	0	0	14	651
Sanilac	0	0	0	0	0	1	145	0	0	0	0	0	0	146
Shiawassee	0	0	0	0	0	2	151	0	1	0	0	0	2	156
St. Clair	0	0	0	1	0	2	600	0	0	1	0	0	5	609
St. Joseph	0	0	0	0	0	0	109	0	0	0	0	0	0	109
Summit Pointe	0	0	1	1	0	2	309	1	0	0	0	0	25	339
Tuscola	0	0	0	0	0	0	121	0	0	0	0	0	1	122
Van Buren	0	1	0	1	0	0	110	0	0	0	0	0	1	113
Washtenaw	0	0	1	4	0	0	882	2	1	2	1	1	0	894
West Michigan	0	1	0	0	0	0	126	0	0	0	0	0	3	130
Woodlands	0	0	0	0	0	0	91	0	0	1	0	0	0	92
Total	1	8	31	93	7	94	28,778	17	15	38	6	13	772	29,873

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Correctional Status
Persons with Dual Diagnosis (MI & I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Corrections Status													
	Prison	Jail	Paroled from Prison	Probation from Jail	Juvenile Detention Center	Court Supervision	Not in a Corrections Status	Awaiting Trial	Awaiting Sentencing	Minor Referred by Court	Arrested and Booked	Diverted from Arrest/ Booking	Refused/ Unreported	Total
Allegan	0	0	4	0	0	2	265	1	0	0	0	2	3	277
AuSable	0	1	0	0	0	3	56	0	0	1	0	0	0	61
Barry	0	1	0	0	0	2	67	0	0	0	0	1	1	72
Bay Arenac	0	2	0	3	0	1	286	0	1	0	0	0	2	295
Berrien	0	0	7	6	0	6	365	1	1	1	0	0	0	387
Clinton Eaton Ingham	1	7	1	8	0	4	814	4	2	0	0	2	2	845
CMH for Central Michigan	1	2	2	13	0	5	715	0	2	1	0	0	5	746
Copper	0	1	0	1	0	2	100	0	1	0	0	0	2	107
Detroit	0	0	4	11	1	7	568	3	0	1	1	0	11	607
Genesee	0	0	0	3	0	9	645	1	4	0	0	2	1	665
Gogebic	0	0	0	1	0	0	62	0	0	0	0	0	2	65
Gratiot	0	0	0	2	0	0	117	0	0	1	0	0	0	120
Hiawatha	0	0	1	1	0	1	101	0	1	0	0	0	1	106
Huron	0	0	0	0	0	0	0	0	0	0	0	0	92	92
Ionia	0	1	0	2	1	0	83	1	0	0	0	0	4	92
Kalamazoo	0	1	0	5	0	6	554	0	0	0	0	2	4	572
Lapeer	0	1	0	2	0	1	116	0	0	0	0	0	1	121
Lenewee	0	0	0	2	0	0	89	1	0	0	0	0	2	94
LifeWays	0	2	8	13	1	2	532	0	1	2	0	0	4	565
Livingston	0	0	0	1	0	0	95	0	0	1	0	0	0	97
Macomb	0	0	1	21	0	7	1,517	5	4	0	0	1	19	1,575
Centra Wellness (Manistee-Benzle)	0	0	0	2	0	0	93	0	0	1	0	0	2	98
Monroe	0	1	4	7	0	0	192	0	0	0	0	1	1	206
Montcalm	0	0	1	2	0	0	108	0	0	0	0	0	1	112
HealthWest (Muskegon)	0	0	3	9	1	8	630	1	2	0	0	0	31	685
network180	0	5	6	13	1	4	1,078	3	1	0	0	0	15	1,126
Newaygo	0	0	1	0	0	0	115	0	0	1	0	0	0	117
North Country	0	1	1	0	0	7	219	0	2	1	1	0	4	236
Northeast	0	1	0	0	0	2	152	0	0	0	0	0	0	155
Northern Lakes	0	2	1	7	1	0	486	3	1	1	1	0	15	518
Northpointe	0	0	0	1	0	0	248	0	0	0	1	0	1	251
Oakland	0	1	16	31	1	12	1,403	1	4	3	0	2	1	1,475
Ottawa	0	1	0	1	1	1	153	0	0	0	0	0	0	157
Pathways	0	0	0	4	0	1	172	1	1	0	0	0	1	180
Pines	0	0	0	1	0	0	146	0	0	2	0	0	0	149
Saginaw	0	1	3	12	1	7	433	0	0	0	1	2	18	478
Sanilac	0	0	0	3	0	5	138	0	1	0	0	0	0	147
Shiawassee	0	0	0	3	0	0	141	0	1	0	0	0	0	145
St. Clair	0	0	2	8	1	12	387	2	1	1	2	0	1	417
St. Joseph	0	0	1	3	0	1	159	0	0	1	0	0	2	167
Summit Pointe	0	0	2	0	0	3	309	0	1	0	0	0	8	323
Tuscola	0	0	0	3	0	1	108	0	0	0	0	0	1	113
Van Buren	0	4	1	3	1	2	216	0	0	0	0	0	6	233
Washtenaw	0	2	8	11	0	7	363	2	2	0	0	0	1	396
West Michigan	0	1	0	4	0	1	199	0	0	0	0	0	4	209
Woodlands	0	0	0	0	0	1	97	0	0	2	0	1	1	102
Total	2	39	78	223	11	133	14,892	30	34	21	7	16	270	15,756

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Correctional Status
Persons with Substance Use Disorder
Fiscal Year 2015
State of Michigan

CMHSP	Corrections Status													
	Prison	Jail	Paroled from Prison	Probation from Jail	Juvenile Detention Center	Court Supervision	Not in a Corrections Status	Awaiting Trial	Awaiting Sentencing	Minor Referred by Court	Arrested and Booked	Diverted from Arrest/ Booking	Refused/ Unreported	Total
Allegan	0	0	0	0	0	0	1	0	0	0	0	0	0	1
AuSable	0	0	0	0	0	1	4	0	0	0	0	0	1	6
Barry	0	0	0	0	0	0	2	0	0	0	0	0	1	3
Bay Arenac	0	5	1	1	0	1	11	0	0	0	0	0	5	24
Berrien	0	0	0	2	0	1	7	0	0	1	0	0	0	11
Clinton Eaton Ingham	0	15	7	5	0	1	37	1	1	0	1	0	3	71
CMH for Central Michigan	0	1	1	3	0	0	18	1	1	0	0	0	1	26
Copper	0	2	0	1	0	0	6	1	0	0	1	0	3	14
Detroit	0	0	33	223	16	26	1,020	4	11	8	3	1	25	1,370
Genesee	1	2	10	37	0	0	167	4	1	0	0	0	4	226
Gogebic	0	0	0	0	0	0	4	0	0	0	0	0	0	4
Gratiot	0	1	1	4	0	0	8	0	1	0	0	0	6	21
Hiawatha	0	0	0	1	0	1	16	2	1	0	1	0	4	26
Huron	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Ionia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Lapeer	0	1	0	5	0	0	4	0	0	0	0	0	0	10
Lenewee	0	0	0	11	0	0	24	0	0	0	0	0	6	41
LifeWays	0	8	4	10	0	1	90	5	1	0	0	1	2	122
Livingston	0	0	0	5	0	1	40	1	2	3	0	0	0	52
Macomb	0	0	2	5	0	0	11	0	1	0	0	0	54	73
Centra Wellness (Manistee-Benzle)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	0	3	5	12	0	0	61	0	2	0	1	0	0	84
Montcalm	0	0	0	0	0	0	1	0	0	0	0	0	2	3
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
network180	0	4	1	7	0	10	65	2	4	5	0	0	3	101
Newaygo	0	1	0	1	0	0	1	0	0	0	0	0	0	3
North Country	0	14	0	0	0	2	6	0	0	0	0	0	3	25
Northeast	0	0	0	0	0	0	4	0	0	0	0	0	0	4
Northern Lakes	0	0	0	4	0	0	12	2	0	0	0	0	1	19
Northpointe	0	1	0	0	0	0	5	0	1	0	0	0	0	7
Oakland	0	0	4	21	0	1	47	0	1	1	0	0	17	92
Ottawa	0	7	0	1	0	0	4	1	0	0	0	0	2	15
Pathways	0	0	0	0	0	1	9	0	0	0	0	1	2	13
Pines	0	0	7	9	0	0	22	1	2	0	0	0	0	41
Saginaw	0	0	1	3	1	0	0	0	0	0	0	0	44	49
Sanilac	0	0	0	0	0	0	2	0	0	0	0	0	0	2
Shiawassee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Clair	0	1	0	1	0	0	11	1	0	0	0	0	1	15
St. Joseph	0	0	0	0	0	1	5	1	0	0	0	0	0	7
Summit Pointe	0	0	0	2	0	0	6	0	0	0	0	0	0	8
Tuscola	0	0	0	1	0	0	3	0	0	0	1	0	0	5
Van Buren	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Washtenaw	0	0	0	6	0	1	37	3	1	0	0	0	3	51
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Total	1	66	77	381	17	49	1,773	30	32	18	8	3	195	2,650

* The Substance Use Disorder Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Correctional Status
Persons with Unknown Diagnosis
Fiscal Year 2015
State of Michigan

CMHSP	Corrections Status													
	Prison	Jail	Paroled from Prison	Probation from Jail	Juvenile Detention Center	Court Supervision	Not in a Corrections Status	Awaiting Trial	Awaiting Sentencing	Minor Referred by Court	Arrested and Booked	Diverted from Arrest/ Booking	Refused/ Unreported	Total
Allegan	0	0	0	0	0	0	7	0	0	0	0	0	4	11
AuSable	0	1	0	0	0	0	3	0	0	0	0	0	0	4
Barry	0	0	0	1	0	1	0	0	0	0	0	0	1	3
Bay Arenac	0	0	0	1	0	1	27	0	0	0	0	0	48	77
Berrien	0	0	1	1	0	0	5	0	0	1	0	0	0	8
Clinton Eaton Ingham	0	0	0	0	0	0	0	0	0	0	0	0	1	1
CMH for Central Michigan	0	0	1	4	0	1	50	0	1	0	0	0	134	191
Copper	0	0	0	1	0	0	7	0	0	0	0	0	3	11
Detroit	0	1	22	67	13	25	557	4	4	3	1	0	493	1,190
Genesee	0	3	1	4	1	1	67	1	2	0	0	0	221	301
Gogebic	0	0	0	0	0	0	3	0	0	0	0	0	1	4
Gratiot	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Hiawatha	0	2	0	0	0	0	32	0	0	0	0	0	2	36
Huron	0	0	0	0	0	0	0	0	0	0	0	0	34	34
Ionia	0	0	0	3	0	0	41	1	1	0	0	0	15	61
Kalamazoo	0	2	1	9	0	0	19	0	4	0	1	0	19	55
Lapeer	0	1	0	1	0	0	7	0	0	0	0	0	1	10
Lenewee	0	0	0	2	0	1	26	0	0	0	0	1	35	65
LifeWays	0	0	4	6	0	0	185	0	2	1	1	0	11	210
Livingston	0	0	1	0	0	0	37	0	0	1	0	0	6	45
Macomb	0	0	0	0	0	0	22	1	0	0	1	0	274	298
Centra Wellness (Manistee-Benzie)	0	0	0	1	0	1	19	0	0	0	0	0	13	34
Monroe	0	0	1	9	1	0	133	1	0	0	0	1	7	153
Montcalm	0	0	0	0	0	0	1	0	0	0	0	0	0	1
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
network180	0	0	1	11	0	3	248	0	1	0	0	1	69	334
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Country	0	1	0	0	0	0	7	0	0	0	1	0	14	23
Northeast	0	1	0	1	0	1	38	2	0	0	0	0	1	44
Northern Lakes	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Northpointe	1	0	1	4	0	1	15	0	0	0	1	0	2	25
Oakland	1	35	20	136	2	15	859	15	16	5	4	1	1,604	2,713
Ottawa	0	14	0	0	0	0	10	0	1	0	0	0	56	81
Pathways	0	1	0	4	0	0	33	0	0	0	1	0	5	44
Pines	0	0	0	0	0	0	2	0	0	0	0	0	0	2
Saginaw	0	1	0	1	5	1	18	0	0	0	0	0	70	96
Sanilac	0	0	0	0	0	0	3	0	0	0	0	0	0	3
Shiawassee	0	0	1	7	0	0	76	5	2	0	1	0	35	127
St. Clair	0	0	0	1	0	1	15	0	0	1	0	0	4	22
St. Joseph	0	1	2	3	0	1	10	3	0	0	0	0	1	21
Summit Pointe	0	0	0	0	0	0	5	0	0	0	0	0	1	6
Tuscola	0	0	1	2	0	1	23	0	0	0	0	0	33	60
Van Buren	0	10	0	0	0	1	3	0	0	0	0	0	2	16
Washtenaw	0	0	1	1	0	0	66	0	0	0	0	0	15	83
West Michigan	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Woodlands	0	1	0	0	0	2	4	0	1	0	0	0	3	11
Total	2	75	59	281	22	58	2,686	33	35	12	12	4	3,238	6,517

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Residence
Persons with Mental Illness
Fiscal Year 2015
State of Michigan

CMHSP	Residence											Total
	Homeless/ Shelter	Private - with Relatives	Private - Non- Relatives	Foster Family	Specialized Residential	General Residential	Prison/Jail/ Juvenile Detention	Nursing Care Facility	Other Institutional Setting	Supported Independence Program	Unreported	
Allegan	42	336	613	33	39	43	1	32	4	8	94	1,245
AuSable	23	910	530	31	9	1	62	8	4	7	52	1,637
Barry	13	607	421	24	13	16	5	5	0	42	16	1,162
Bay Arenac	163	1,992	1,871	21	45	33	43	38	2	29	54	4,291
Berrien	133	1,848	1,053	135	107	47	27	2	25	119	210	3,706
Clinton Eaton Ingham	269	2,756	1,671	149	129	102	427	101	24	28	185	5,841
CMH for Central Michigan	143	2,998	2,746	32	62	31	64	35	17	21	83	6,232
Copper	11	298	298	5	24	13	14	11	1	0	10	685
Detroit	2,507	29,597	10,522	427	1,590	881	96	1,160	667	952	5,192	53,591
Genesee	394	3,730	2,242	5	157	167	35	16	68	38	321	7,173
Gogebic	5	142	94	4	3	3	2	1	1	0	3	258
Gratiot	9	844	306	11	3	14	2	9	3	2	56	1,259
Hiawatha	24	447	356	8	18	7	9	5	3	1	16	894
Huron	0	0	0	0	0	0	0	0	0	0	690	690
Ionia	29	576	444	10	9	23	131	2	3	0	30	1,257
Kalamazoo	348	1,780	1,834	118	148	82	125	117	10	27	31	4,620
Lapeer	44	505	400	8	27	7	17	2	4	0	2	1,016
Lenewee	47	1,014	344	14	23	52	11	16	0	1	20	1,542
LifeWays	183	2,284	1,601	7	61	61	431	28	13	12	190	4,871
Livingston	58	943	307	28	16	28	2	4	3	6	27	1,422
Macomb	304	4,138	1,939	87	274	85	12	164	43	90	538	7,674
Centra Wellness (Manistee-Benzie)	14	585	284	11	2	5	2	10	5	3	12	933
Monroe	65	1,222	198	35	34	75	43	0	5	6	14	1,697
Montcalm	6	584	472	17	18	22	7	1	1	5	78	1,211
HealthWest (Muskegon)	208	1,152	281	30	51	50	12	32	1	28	1,101	2,946
network180	572	4,584	2,350	439	147	105	26	78	21	79	563	8,964
Newaygo	26	620	428	17	4	15	30	4	0	6	4	1,154
North Country	50	1,271	771	47	17	56	16	53	2	13	123	2,419
Northeast	21	434	711	5	23	15	1	28	1	0	0	1,239
Northern Lakes	161	1,838	1,931	1	59	68	19	75	10	14	29	4,205
Northpointe	40	644	506	20	12	19	11	5	4	4	7	1,272
Oakland	531	6,583	3,773	44	307	418	126	64	89	213	81	12,229
Ottawa	98	812	813	24	23	39	15	6	0	3	20	1,853
Pathways	86	1,009	654	24	29	32	13	11	7	2	24	1,891
Pines	76	534	925	13	8	4	11	0	0	11	45	1,627
Saginaw	176	1,505	836	43	79	117	28	64	21	40	758	3,667
Sanilac	16	432	279	1	18	25	4	1	1	0	0	777
Shiawassee	24	590	424	10	7	10	2	3	1	0	5	1,076
St. Clair	103	1,129	836	56	44	9	38	21	14	3	1	2,254
St. Joseph	25	139	967	96	16	21	12	5	2	1	1	1,285
Summit Pointe	219	1,899	1,763	90	37	186	8	28	18	199	54	4,501
Tuscola	17	392	405	8	7	12	1	4	2	1	5	854
Van Buren	8	841	511	37	34	10	62	12	1	81	90	1,687
Washtenaw	300	1,870	1,033	36	69	62	9	19	11	38	28	3,475
West Michigan	71	572	643	5	26	14	87	13	0	4	119	1,554
Woodlands	3	529	177	53	13	14	6	1	0	4	19	819
Total	7,665	89,515	51,563	2,319	3,841	3,099	2,105	2,294	1,112	2,141	11,001	176,655

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Residence
Persons with Intellectual/Developmental Disabilities (I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Residence											Total
	Homeless/ Shelter	Private - with Relatives	Private - Non- Relatives	Foster Family	Specialized Residential	General Residential	Prison/Jail/ Juvenile Detention	Nursing Care Facility	Other Institutional Setting	Supported Independence Program	Unreported	
Allegan	0	117	72	2	20	14	0	0	0	0	2	227
AuSable	0	97	96	0	37	1	1	1	0	2	0	235
Barry	0	75	2	0	11	7	0	4	0	0	0	99
Bay Arenac	0	254	51	7	70	12	0	1	0	10	1	406
Berrien	0	146	20	8	39	8	0	2	0	25	2	250
Clinton Eaton Ingham	1	691	73	18	132	18	1	1	0	16	2	953
CMH for Central Michigan	0	379	193	7	163	13	1	0	2	9	6	773
Copper	0	58	33	0	31	9	0	1	0	0	0	132
Detroit	19	6,228	1,499	53	1,026	87	8	112	27	114	298	9,471
Genesee	5	678	80	0	371	65	1	4	4	10	1	1,219
Gogebic	0	33	3	0	11	3	0	0	0	0	0	50
Gratiot	0	47	12	1	19	11	0	1	0	5	0	96
Hiawatha	0	101	28	2	36	15	0	0	1	0	0	183
Huron	0	0	0	0	0	0	0	0	0	0	92	92
Ionia	0	104	17	0	15	6	0	0	0	0	2	144
Kalamazoo	5	268	71	8	53	7	0	10	0	3	0	425
Lapeer	0	118	23	7	62	32	0	1	0	0	0	243
Lenewee	1	117	18	0	30	44	0	2	0	0	1	213
LifeWays	3	201	53	3	77	26	1	5	3	3	1	376
Livingston	2	348	57	4	40	10	1	4	0	26	10	502
Macomb	0	1,626	211	19	189	25	1	10	2	17	9	2,109
Centra Wellness (Manistee-Benzie)	0	49	29	0	15	5	0	0	7	0	0	105
Monroe	2	280	58	0	49	17	0	0	0	1	2	409
Montcalm	0	71	18	0	28	6	0	0	0	0	2	125
HealthWest (Muskegon)	2	293	6	4	70	30	0	0	0	2	25	432
network180	4	683	101	27	234	93	2	15	1	16	121	1,297
Newaygo	0	50	14	2	20	3	0	1	0	0	0	90
North Country	0	315	98	4	103	37	0	2	1	1	0	561
Northeast	1	134	55	1	47	1	0	1	0	0	0	240
Northern Lakes	1	301	36	0	74	28	0	4	0	8	0	452
Northpointe	0	95	6	2	17	8	0	0	0	3	0	131
Oakland	0	2,284	541	41	507	5	0	3	1	22	0	3,404
Ottawa	0	318	32	1	114	56	0	2	1	1	0	525
Pathways	2	246	75	2	98	21	0	2	0	2	0	448
Pines	0	52	12	1	15	9	0	0	0	6	0	95
Saginaw	1	460	54	1	73	32	0	5	0	15	10	651
Sanilac	0	77	11	0	36	21	0	1	0	0	0	146
Shiawassee	1	93	38	4	17	2	0	0	1	0	0	156
St. Clair	0	430	70	17	82	3	0	3	2	0	2	609
St. Joseph	0	36	44	0	18	5	0	1	2	3	0	109
Summit Pointe	0	183	46	16	51	24	0	3	1	15	0	339
Tuscola	0	71	17	0	23	9	0	0	0	2	0	122
Van Buren	0	84	6	1	9	9	1	3	0	0	0	113
Washtenaw	7	507	274	0	81	19	0	4	0	0	2	894
West Michigan	0	86	16	0	15	8	0	1	0	1	3	130
Woodlands	0	57	6	3	12	2	0	0	0	11	1	92
Total	57	18,941	4,275	266	4,240	866	18	210	56	349	595	29,873

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Residence
Persons with Dual Diagnosis (MI & I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Residence											Total
	Homeless/ Shelter	Private - with Relatives	Private - Non- Relatives	Foster Family	Specialized Residential	General Residential	Prison/Jail/ Juvenile Detention	Nursing Care Facility	Other Institutional Setting	Supported Independence Program	Unreported	
Allegan	3	87	112	3	47	11	1	7	2	4	0	277
AuSable	1	47	8	2	2	0	1	0	0	0	0	61
Barry	0	34	7	1	14	10	0	4	1	0	1	72
Bay Arenac	1	126	66	1	72	12	1	4	1	10	1	295
Berrien	2	171	65	15	53	10	4	0	3	64	0	387
Clinton Eaton Ingham	6	334	174	19	209	28	8	17	2	48	0	845
CMH for Central Michigan	3	287	202	10	191	23	1	1	6	17	5	746
Copper	0	44	21	0	34	5	0	0	2	1	0	107
Detroit	4	416	102	1	41	11	1	11	2	8	10	607
Genesee	5	417	64	1	138	30	0	2	5	2	1	665
Gogebic	1	36	7	1	15	5	0	0	0	0	0	65
Gratiot	0	60	27	0	22	8	0	1	0	2	0	120
Hiawatha	0	47	16	0	34	9	0	0	0	0	0	106
Huron	0	0	0	0	0	0	0	0	0	0	92	92
Ionia	0	45	11	0	14	19	2	0	0	0	1	92
Kalamazoo	3	246	128	9	152	19	2	7	1	4	1	572
Lapeer	0	67	23	2	20	8	1	0	0	0	0	121
Lenewee	1	39	16	1	22	10	0	2	2	0	1	94
LifeWays	6	237	122	3	108	47	3	14	4	18	3	565
Livingston	0	47	24	1	5	2	0	2	1	13	2	97
Macomb	3	850	266	9	329	29	0	38	4	44	3	1,575
Centra Wellness (Manistee- Benzie)	0	41	34	3	12	2	0	0	3	3	0	98
Monroe	1	136	34	0	20	5	2	3	1	1	3	206
Montcalm	0	67	20	0	19	4	0	0	0	1	1	112
HealthWest (Muskegon)	6	376	24	3	112	48	0	2	1	19	94	685
network180	4	419	149	18	294	71	1	23	3	16	128	1,126
Newaygo	1	48	29	5	25	8	0	0	0	1	0	117
North Country	0	107	46	8	49	17	1	2	0	3	3	236
Northeast	0	33	38	1	78	3	1	1	0	0	0	155
Northern Lakes	4	197	91	0	158	44	1	8	0	15	0	518
Northpointe	1	129	34	2	64	15	0	0	0	6	0	251
Oakland	8	570	411	22	411	23	3	3	3	21	0	1,475
Ottawa	1	40	11	1	71	23	0	2	1	7	0	157
Pathways	3	61	44	2	57	9	0	2	2	0	0	180
Pines	3	76	29	0	30	6	0	1	0	4	0	149
Saginaw	3	171	65	1	112	83	2	4	2	25	10	478
Sanilac	1	63	29	0	39	12	0	2	1	0	0	147
Shiawassee	0	80	43	1	11	10	0	0	0	0	0	145
St. Clair	2	212	97	12	79	7	0	5	2	1	0	417
St. Joseph	0	52	62	7	19	19	1	1	1	5	0	167
Summit Pointe	3	159	49	15	41	33	0	2	1	18	2	323
Tuscola	0	45	19	0	40	8	0	0	0	1	0	113
Van Buren	1	119	44	4	36	14	4	5	2	3	1	233
Washtenaw	8	206	135	5	18	19	1	1	1	1	1	396
West Michigan	1	108	16	1	53	16	0	3	0	5	6	209
Woodlands	0	52	8	6	14	9	0	0	0	13	0	102
Total	90	7,204	3,022	196	3,384	804	42	180	60	404	370	15,756

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Residence
Persons with Substance Use Disorder
Fiscal Year 2015
State of Michigan

CMHSP	Residence											Total
	Homeless/ Shelter	Private - with Relatives	Private - Non- Relatives	Foster Family	Specialized Residential	General Residential	Prison/Jail/ Juvenile Detention	Nursing Care Facility	Other Institutional Setting	Supported Independence Program	Unreported	
Allegan	0	1	0	0	0	0	0	0	0	0	0	1
AuSable	0	4	1	0	0	0	0	0	0	0	1	6
Barry	1	1	1	0	0	0	0	0	0	0	0	3
Bay Arenac	2	5	11	0	0	0	2	0	0	0	4	24
Berrien	1	5	5	0	0	0	0	0	0	0	0	11
Clinton Eaton Ingham	7	19	25	0	1	0	15	0	0	1	3	71
CMH for Central Michigan	1	14	11	0	0	0	0	0	0	0	0	26
Copper	0	5	7	0	0	0	2	0	0	0	0	14
Detroit	370	495	280	1	20	35	7	1	67	28	66	1,370
Genesee	48	106	56	0	3	2	1	0	8	0	2	226
Gogebic	0	2	1	0	0	0	0	0	0	0	1	4
Gratiot	0	12	3	0	0	0	0	0	0	0	6	21
Hiawatha	1	16	8	0	0	0	0	0	0	0	1	26
Huron	0	0	0	0	0	0	0	0	0	0	2	2
Ionia	0	0	0	0	0	0	0	0	0	0	0	0
Kalamazoo	1	0	0	0	0	0	0	0	0	0	0	1
Lapeer	0	8	0	0	0	0	2	0	0	0	0	10
Lenewee	4	21	10	0	0	0	0	0	0	0	6	41
LifeWays	8	61	46	0	0	0	7	0	0	0	0	122
Livingston	7	32	10	0	0	0	0	1	0	1	1	52
Macomb	9	32	13	0	1	0	0	0	0	0	18	73
Centra Wellness (Manistee-Benzie)	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	4	57	11	0	5	3	2	0	0	0	2	84
Montcalm	0	0	0	0	0	0	0	0	0	0	3	3
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0	0	0	0
network180	13	42	33	0	1	0	2	0	0	0	10	101
Newaygo	0	1	2	0	0	0	0	0	0	0	0	3
North Country	0	8	4	0	0	0	2	0	0	0	11	25
Northeast	0	0	4	0	0	0	0	0	0	0	0	4
Northern Lakes	1	8	10	0	0	0	0	0	0	0	0	19
Northpointe	1	2	3	0	0	0	1	0	0	0	0	7
Oakland	9	37	18	0	0	2	0	0	0	0	26	92
Ottawa	1	5	7	0	0	0	0	0	0	0	2	15
Pathways	0	8	4	0	0	0	0	0	1	0	0	13
Pines	2	8	30	0	1	0	0	0	0	0	0	41
Saginaw	0	5	1	0	0	1	1	0	0	0	41	49
Sanilac	0	1	1	0	0	0	0	0	0	0	0	2
Shiawassee	0	0	0	0	0	0	0	0	0	0	0	0
St. Clair	2	5	6	1	0	0	0	0	0	0	1	15
St. Joseph	0	0	6	0	0	0	1	0	0	0	0	7
Summit Pointe	0	3	2	0	0	1	0	0	0	2	0	8
Tuscola	0	2	3	0	0	0	0	0	0	0	0	5
Van Buren	0	0	1	0	0	0	0	0	0	0	0	1
Washtenaw	11	25	11	0	0	2	0	0	0	0	2	51
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	1	0	0	0	0	0	0	0	0	0	1
Total	504	1,057	645	2	32	46	45	2	76	32	209	2,650

* The Substance Use Disorder Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Residence
Persons with Unknown Disability
Fiscal Year 2015
State of Michigan

CMHSP	Residence											Total
	Homeless/ Shelter	Private - with Relatives	Private - Non- Relatives	Foster Family	Specialized Residential	General Residential	Prison/Jail/ Juvenile Detention	Nursing Care Facility	Other Institutional Setting	Supported Independence Program	Unreported	
Allegan	0	3	3	0	1	0	0	0	0	0	4	11
AuSable	0	1	1	0	0	0	1	1	0	0	0	4
Barry	0	0	2	0	0	0	0	0	0	0	1	3
Bay Arenac	1	16	11	0	0	0	1	1	0	0	47	77
Berrien	0	5	1	0	0	1	0	0	1	0	0	8
Clinton Eaton Ingham	0	0	0	0	0	0	0	0	0	0	1	1
CMH for Central Michigan	2	36	23	0	0	0	0	0	0	0	130	191
Copper	0	6	1	0	0	0	0	0	1	0	3	11
Detroit	66	472	122	6	25	15	10	75	8	10	381	1,190
Genesee	3	51	22	1	0	0	3	0	0	0	221	301
Gogebic	0	3	1	0	0	0	0	0	0	0	0	4
Gratiot	0	1	0	0	0	0	0	0	0	0	0	1
Hiawatha	1	16	7	0	0	0	1	1	0	0	10	36
Huron	0	0	0	0	0	0	0	0	0	0	34	34
Ionia	3	34	18	1	0	0	2	0	0	0	3	61
Kalamazoo	12	13	12	0	0	0	13	1	0	1	3	55
Lapeer	0	5	4	0	0	0	0	0	0	0	1	10
Lenewee	1	12	2	2	1	0	0	0	0	0	47	65
LifeWays	4	138	58	0	0	0	0	0	0	0	10	210
Livingston	0	31	4	3	0	2	0	0	0	0	5	45
Macomb	4	26	10	5	0	0	1	0	0	0	252	298
Centra Wellness (Manistee- Benzie)	0	23	6	1	0	0	0	1	0	0	3	34
Monroe	0	126	12	2	0	5	0	0	0	0	8	153
Montcalm	0	1	0	0	0	0	0	0	0	0	0	1
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0	0	0	0
network180	12	171	66	4	2	3	0	1	0	3	72	334
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0
North Country	2	10	6	0	0	0	1	0	0	0	4	23
Northeast	1	7	30	0	0	0	1	4	0	0	1	44
Northern Lakes	0	1	0	0	0	0	0	0	0	0	0	1
Northpointe	1	14	9	0	0	0	0	0	0	0	1	25
Oakland	41	321	84	3	1	24	8	5	2	5	2,219	2,713
Ottawa	0	9	3	2	0	0	2	0	1	0	64	81
Pathways	3	28	6	1	0	1	0	0	0	0	5	44
Pines	0	0	2	0	0	0	0	0	0	0	0	2
Saginaw	11	14	0	0	0	0	5	0	0	0	66	96
Sanilac	0	1	2	0	0	0	0	0	0	0	0	3
Shiawassee	4	51	39	2	0	0	0	0	0	0	31	127
St. Clair	1	15	3	0	0	0	0	0	0	0	3	22
St. Joseph	1	0	11	8	0	0	1	0	0	0	0	21
Summit Pointe	2	1	2	0	0	1	0	0	0	0	0	6
Tuscola	0	15	11	0	0	0	0	0	0	0	34	60
Van Buren	0	4	0	0	0	0	10	0	0	1	1	16
Washtenaw	6	44	14	3	0	3	0	1	0	1	11	83
West Michigan	0	0	0	1	0	0	0	0	0	0	0	1
Woodlands	0	5	4	0	0	0	1	0	1	0	0	11
Total	182	1,730	612	45	30	55	61	91	14	21	3,676	6,517

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Income
Persons with Mental Illness
Fiscal Year 2015
State of Michigan

CMHSP	Total Annual Household Income							
	Income Below \$10,000	Income \$10,001 to \$20,000	Income \$20,001 to \$30,000	Income \$30,001 to \$40,000	Income \$40,001 to \$60,000	Income Over \$60,000	Income Unreported	Total
Allegan	883	103	64	34	19	6	136	1,245
AuSable	1,042	242	75	21	8	2	247	1,637
Barry	797	191	78	30	31	16	19	1,162
Bay Arenac	2,598	763	183	68	21	15	643	4,291
Berrien	2,795	348	85	30	16	183	249	3,706
Clinton Eaton Ingham	3,678	1,209	350	135	119	45	305	5,841
CMH for Central Michigan	3,993	1,293	417	146	95	38	250	6,232
Copper	294	180	33	11	11	10	146	685
Detroit	32,837	5,685	1,326	421	216	103	13,003	53,591
Genesee	1,294	65	17	5	4	0	5,788	7,173
Gogebic	103	49	17	4	3	1	81	258
Gratiot	622	286	104	43	47	9	148	1,259
Hiawatha	362	190	62	22	22	10	226	894
Huron	349	193	53	13	8	2	72	690
Ionia	766	245	86	36	24	8	92	1,257
Kalamazoo	3,074	294	43	13	11	5	1,180	4,620
Lapeer	854	20	4	3	1	1	133	1,016
Lenexa	804	448	136	56	44	20	34	1,542
LifeWays	3,240	465	152	68	37	18	891	4,871
Livingston	930	190	106	49	29	38	80	1,422
Macomb	1,737	477	83	30	19	23	5,305	7,674
Centra Wellness (Manistee-Benzie)	509	210	74	36	27	13	64	933
Monroe	1,109	321	108	45	36	37	41	1,697
Montcalm	584	298	120	68	31	7	103	1,211
HealthWest (Muskegon)	1,506	579	147	46	32	10	626	2,946
network180	4,948	2,372	880	375	247	130	12	8,964
Newaygo	584	338	126	32	17	16	41	1,154
North Country	1,535	448	156	52	36	13	179	2,419
Northeast	517	515	110	33	36	9	19	1,239
Northern Lakes	1,881	936	225	76	41	14	1,032	4,205
Northpointe	505	264	110	45	61	36	251	1,272
Oakland	9,720	1,709	459	164	108	69	0	12,229
Ottawa	824	347	121	85	55	11	410	1,853
Pathways	931	425	121	51	36	17	310	1,891
Pines	660	455	238	100	84	44	46	1,627
Saginaw	2,254	318	54	26	10	7	998	3,667
Sanilac	469	146	54	15	11	4	78	777
Shiawassee	501	288	120	28	30	4	105	1,076
St. Clair	1,022	258	70	19	23	13	849	2,254
St. Joseph	882	260	58	14	9	1	61	1,285
Summit Pointe	3,419	587	193	60	35	12	195	4,501
Tuscola	629	95	33	22	17	4	54	854
Van Buren	1,134	135	78	27	36	12	265	1,687
Washtenaw	2,825	427	106	25	17	7	68	3,475
West Michigan	1,151	215	19	3	4	2	160	1,554
Woodlands	491	134	40	21	28	10	95	819
Total	103,642	25,016	7,294	2,706	1,852	1,055	35,090	176,655

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Income
Persons with Intellectual/Developmental Disabilities (I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Total Annual Household Income							
	Income Below \$10,000	Income \$10,001 to \$20,000	Income \$20,001 to \$30,000	Income \$30,001 to \$40,000	Income \$40,001 to \$60,000	Income Over \$60,000	Income Unreported	Total
Allegan	199	7	7	8	3	1	2	227
AuSable	88	146	1	0	0	0	0	235
Barry	67	18	3	1	6	3	1	99
Bay Arenac	221	147	14	6	5	2	11	406
Berrien	220	19	1	0	1	6	3	250
Clinton Eaton Ingham	492	336	35	29	25	31	5	953
CMH for Central Michigan	539	178	21	11	12	10	2	773
Copper	55	67	5	1	3	0	1	132
Detroit	5,778	2,367	297	97	46	37	849	9,471
Genesee	226	53	4	3	0	1	932	1,219
Gogebic	17	29	1	0	3	0	0	50
Gratiot	40	49	0	1	5	0	1	96
Hiawatha	66	85	17	7	6	0	2	183
Huron	55	34	2	0	1	0	0	92
Ionia	66	48	7	6	10	5	2	144
Kalamazoo	199	183	6	2	3	2	30	425
Lapeer	233	5	2	0	0	0	3	243
Lenewee	86	108	8	4	4	2	1	213
LifeWays	250	72	13	6	11	1	23	376
Livingston	397	57	17	8	9	10	4	502
Macomb	850	41	19	8	8	16	1,167	2,109
Centra Wellness (Manistee-Benzie)	56	31	6	3	2	1	6	105
Monroe	217	149	13	3	13	7	7	409
Montcalm	47	57	8	6	4	1	2	125
HealthWest (Muskegon)	157	162	28	16	11	6	52	432
network180	515	592	76	51	46	17	0	1,297
Newaygo	39	35	7	5	2	2	0	90
North Country	286	200	23	16	16	8	12	561
Northeast	74	139	12	4	3	0	8	240
Northern Lakes	148	183	47	26	10	5	33	452
Northpointe	50	58	9	5	6	2	1	131
Oakland	3,148	209	31	6	6	4	0	3,404
Ottawa	337	103	23	17	28	14	3	525
Pathways	179	212	21	15	15	5	1	448
Pines	29	44	8	4	8	2	0	95
Saginaw	447	143	23	12	9	7	10	651
Sanilac	41	89	10	1	3	0	2	146
Shiawassee	54	79	12	5	1	0	5	156
St. Clair	290	187	21	11	8	4	88	609
St. Joseph	82	24	1	0	0	2	0	109
Summit Pointe	253	47	3	2	6	2	26	339
Tuscola	107	10	2	0	0	0	3	122
Van Buren	99	2	3	2	1	2	4	113
Washtenaw	703	169	14	1	3	3	1	894
West Michigan	113	4	0	0	0	2	11	130
Woodlands	67	19	0	1	0	2	3	92
Total	17,682	6,996	881	410	362	225	3,317	29,873

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Income
Persons with Dual Diagnosis (MI & I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Total Annual Household Income							
	Income Below \$10,000	Income \$10,001 to \$20,000	Income \$20,001 to \$30,000	Income \$30,001 to \$40,000	Income \$40,001 to \$60,000	Income Over \$60,000	Income Unreported	Total
Allegan	241	9	9	5	5	4	4	277
AuSable	40	12	4	0	1	0	4	61
Barry	53	17	0	0	1	0	1	72
Bay Arenac	162	112	11	3	0	1	6	295
Berrien	327	44	7	0	2	6	1	387
Clinton Eaton Ingham	386	408	26	7	5	9	4	845
CMH for Central Michigan	488	206	20	12	7	5	8	746
Copper	50	48	3	2	2	0	2	107
Detroit	428	82	14	5	4	4	70	607
Genesee	124	13	2	0	0	0	526	665
Gogebic	29	23	8	2	2	0	1	65
Gratiot	55	50	8	2	1	1	3	120
Hiawatha	30	56	12	4	1	0	3	106
Huron	50	38	0	2	1	0	1	92
Ionia	43	37	6	4	1	1	0	92
Kalamazoo	262	286	9	1	1	1	12	572
Lapeer	109	5	0	0	2	0	5	121
Lenewee	32	50	6	2	1	2	1	94
LifeWays	387	109	18	5	8	2	36	565
Livingston	82	12	0	1	0	1	1	97
Macomb	529	78	10	5	3	5	945	1,575
Centra Wellness (Manistee-Benzie)	52	27	11	2	2	0	4	98
Monroe	123	54	10	7	3	6	3	206
Montcalm	46	47	8	3	5	2	1	112
HealthWest (Muskegon)	269	266	33	9	9	4	95	685
network180	427	604	30	31	18	15	1	1,126
Newaygo	46	57	8	2	3	1	0	117
North Country	141	63	10	8	6	3	5	236
Northeast	20	125	8	1	0	1	0	155
Northern Lakes	173	282	24	13	4	5	17	518
Northpointe	76	128	17	8	7	9	6	251
Oakland	1,316	95	31	11	11	11	0	1,475
Ottawa	100	42	6	2	3	0	4	157
Pathways	74	90	8	4	2	1	1	180
Pines	34	84	10	7	10	4	0	149
Saginaw	340	113	11	2	2	0	10	478
Sanilac	56	74	9	5	0	0	3	147
Shiawassee	42	78	12	5	5	0	3	145
St. Clair	194	135	19	6	4	3	56	417
St. Joseph	114	40	10	0	1	1	1	167
Summit Pointe	255	41	8	6	2	1	10	323
Tuscola	98	10	1	0	1	0	3	113
Van Buren	222	1	1	2	4	1	2	233
Washtenaw	321	62	6	2	1	2	2	396
West Michigan	190	16	0	0	0	0	3	209
Woodlands	79	17	1	2	0	1	2	102
Total	8,715	4,246	465	200	151	113	1,866	15,756

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Income
Persons with Substance Use Disorder
Fiscal Year 2015
State of Michigan

CMHSP	Total Annual Household Income							
	Income Below \$10,000	Income \$10,001 to \$20,000	Income \$20,001 to \$30,000	Income \$30,001 to \$40,000	Income \$40,001 to \$60,000	Income Over \$60,000	Income Unreported	Total
Allegan	1	0	0	0	0	0	0	1
AuSable	1	0	0	0	0	0	5	6
Barry	3	0	0	0	0	0	0	3
Bay Arenac	11	0	0	0	0	0	13	24
Berrien	10	0	0	0	0	1	0	11
Clinton Eaton Ingham	50	9	0	0	0	1	11	71
CMH for Central Michigan	11	3	0	1	0	0	11	26
Copper	4	0	0	0	0	0	10	14
Detroit	1,164	38	3	1	0	3	161	1,370
Genesee	8	1	0	0	0	0	217	226
Gogebic	0	0	0	0	0	0	4	4
Gratiot	8	4	0	0	0	0	9	21
Hiawatha	4	1	0	0	0	0	21	26
Huron	1	0	0	0	0	0	1	2
Ionia	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	1	1
Lapeer	1	0	0	0	0	0	9	10
Lenewee	32	5	2	0	0	0	2	41
LifeWays	43	2	1	0	0	0	76	122
Livingston	34	6	5	1	3	0	3	52
Macomb	3	0	0	0	0	0	70	73
Centra Wellness (Manistee-Benzie)	0	0	0	0	0	0	0	0
Monroe	62	10	3	1	3	1	4	84
Montcalm	0	0	0	0	0	0	3	3
HealthWest (Muskegon)								0
network180	67	23	8	1	2	0	0	101
Newaygo	3	0	0	0	0	0	0	3
North Country	20	0	0	0	0	0	5	25
Northeast	0	2	1	0	0	0	1	4
Northern Lakes	9	3	0	0	0	0	7	19
Northpointe	1	0	0	0	0	0	6	7
Oakland	90	0	1	0	0	1	0	92
Ottawa	2	0	0	0	0	0	13	15
Pathways	2	3	0	0	0	0	8	13
Pines	18	8	11	1	3	0	0	41
Saginaw	2	0	1	0	0	0	46	49
Sanilac	0	0	0	0	0	0	2	2
Shiawassee	0	0	0	0	0	0	0	0
St. Clair	0	0	0	0	0	0	15	15
St. Joseph	2	0	0	0	0	0	5	7
Summit Pointe	6	1	0	0	1	0	0	8
Tuscola	2	1	0	0	0	0	2	5
Van Buren	1	0	0	0	0	0	0	1
Washtenaw	43	3	1	0	0	0	4	51
West Michigan	0	0	0	0	0	0	0	0
Woodlands	1	0	0	0	0	0	0	1
Total	1,720	123	37	6	12	7	745	2,650

* The Substance Use Disorder Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Income
Persons with Unknown Diagnosis
Fiscal Year 2015
State of Michigan

CMHSP	Total Annual Household Income							
	Income Below \$10,000	Income \$10,001 to \$20,000	Income \$20,001 to \$30,000	Income \$30,001 to \$40,000	Income \$40,001 to \$60,000	Income Over \$60,000	Income Unreported	Total
Allegan	7	0	0	0	0	0	4	11
AuSable	2	0	0	0	0	0	2	4
Barry	1	1	0	0	0	0	1	3
Bay Arenac	7	1	1	0	1	0	67	77
Berrien	8	0	0	0	0	0	0	8
Clinton Eaton Ingham	0	0	0	0	0	0	1	1
CMH for Central Michigan	22	7	4	2	1	0	155	191
Copper	5	0	0	0	0	0	6	11
Detroit	584	66	19	5	1	1	514	1,190
Genesee	2	1	0	0	0	0	298	301
Gogebic	0	0	0	0	0	0	4	4
Gratiot	0	1	0	0	0	0	0	1
Hiawatha	8	3	0	0	0	1	24	36
Huron	1	1	0	0	0	0	32	34
Ionia	37	3	4	1	2	0	14	61
Kalamazoo	23	0	0	0	0	0	32	55
Lapeer	0	0	0	0	0	0	10	10
Lenewee	16	3	4	1	2	1	38	65
LifeWays	38	4	3	0	0	0	165	210
Livingston	18	3	3	0	0	1	20	45
Macomb	2	1	0	0	0	0	295	298
Centra Wellness (Manistee-Benzie)	13	2	0	2	2	1	14	34
Monroe	85	30	13	10	3	3	9	153
Montcalm	0	0	1	0	0	0	0	1
HealthWest (Muskegon)	0	0	0	0	0	0	0	0
network180	190	83	37	12	4	1	7	334
Newaygo	0	0	0	0	0	0	0	0
North Country	8	5	3	0	0	0	7	23
Northeast	15	12	4	0	1	3	9	44
Northern Lakes	1	0	0	0	0	0	0	1
Northpointe	9	5	1	0	1	0	9	25
Oakland	2,642	47	13	6	4	1	0	2,713
Ottawa	1	1	1	1	1	2	74	81
Pathways	14	4	4	1	1	0	20	44
Pines	1	1	0	0	0	0	0	2
Saginaw	6	4	0	0	0	0	86	96
Sanilac	0	0	0	0	0	0	3	3
Shiawassee	9	1	1	0	0	0	116	127
St. Clair	1	1	0	0	0	0	20	22
St. Joseph	17	2	1	0	0	0	1	21
Summit Pointe	2	2	1	0	0	0	1	6
Tuscola	11	1	0	0	0	0	48	60
Van Buren	6	0	0	0	0	0	10	16
Washtenaw	64	2	1	0	0	0	16	83
West Michigan	0	0	0	0	0	0	1	1
Woodlands	10	1	0	0	0	0	0	11
Total	3,886	299	119	41	24	15	2,133	6,517

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Program Eligibility*
Persons with Mental Illness
Fiscal Year 2015
State of Michigan

CMHSP	Adoption Subsidy	Medicaid	Habilitation Supports Waiver	Medicare	SDA, SSI, or SSDI	Commercial Health Insurance	Other Public Sources	Not Eligible for Program / Plan	Unknown / Unreported
Allegan	35	1,056	1	314	532	73	0	43	0
AuSable	11	1,436	0	277	241	116	523	76	0
Barry	14	942	0	293	283	15	123	65	0
Bay Arenac	0	4,032	0	1,163	0	334	3,069	1,050	0
Berrien	46	3,084	4	774	1,046	0	0	0	0
Clinton Eaton Ingham	0	4,825	1	1,369	1,640	480	5,348	382	0
CMH for Central Michigan	0	5,912	0	1,217	0	316	4,246	1,782	0
Copper	0	545	0	241	284	185	16	179	0
Detroit	503	48,987	1	9,179	7,648	4,490	0	10,200	0
Genesee	1	6,897	1	1,690	0	139	1,552	1,430	0
Gogebic	0	216	0	71	95	52	1	80	0
Gratiot	0	1,088	0	159	405	631	1,142	87	0
Hiawatha	0	699	0	215	311	180	21	267	0
Huron	0	653	2	184	0	33	482	194	0
Ionia	11	982	0	136	357	0	472	114	0
Kalamazoo	43	4,045	1	1,220	678	0	28	36	0
Lapeer	1	963	0	215	0	48	216	321	0
Lenewee	0	1,401	0	347	0	101	0	446	0
LifeWays	0	4,275	2	1,045	0	307	3,087	1,598	0
Livingston	0	1,123	0	271	0	143	0	501	0
Macomb	0	7,174	0	1,892	1,451	1,054	63	2,306	0
Centra Wellness (Manistee-Benzie)	3	855	0	170	111	49	659	40	0
Monroe	0	1,469	1	238	0	137	0	613	0
Montcalm	23	1,070	0	124	365	56	645	56	0
HealthWest (Muskegon)	0	2,442	0	506	1	708	278	0	0
network180	140	8,103	0	1,853	3,650	362	817	658	4
Newaygo	13	1,083	0	190	384	12	1,032	82	0
North Country	18	2,006	0	489	556	454	300	208	9
Northeast	20	1,182	1	392	747	61	0	27	0
Northern Lakes	7	3,351	0	908	1,269	264	12	606	0
Northpointe	0	959	0	309	474	310	54	356	0
Oakland	0	11,079	0	3,628	0	1,344	79	4,052	0
Ottawa	22	1,539	0	420	616	136	14	1	2
Pathways	3	1,626	0	444	617	377	43	512	0
Pines	18	1,279	0	307	381	43	8	1	0
Saginaw	0	3,193	0	833	0	327	2,454	1,094	0
Sanilac	0	744	0	162	0	38	158	191	0
Shiawassee	0	1,003	1	183	0	76	750	277	0
St. Clair	9	2,139	0	467	0	85	465	628	0
St. Joseph	33	1,169	0	282	410	0	89	7	0
Summit Pointe	17	4,328	2	892	591	55	105	261	0
Tuscola	0	804	0	205	0	83	594	212	0
Van Buren	12	1,228	2	441	507	26	53	51	0
Washtenaw	0	2,970	0	925	0	269	0	1,096	0
West Michigan	0	1,218	0	312	1	349	205	0	0
Woodlands	12	688	0	183	223	0	20	62	0
Total	1,015	157,862	20	37,135	25,874	14,318	29,223	32,248	15

* Individuals can be counted in more than one eligibility group

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Program Eligibility*
Persons with Intellectual/Developmental Disabilities (I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Adoption Subsidy	Medicaid	Habilitation Supports Waiver	Medicare	SDA, SSI, or SSDI	Commercial Health Insurance	Other Public Sources	Not Eligible for Program / Plan	Unknown / Unreported
Allegan	5	218	68	109	191	36	0	2	0
AuSable	1	233	65	157	217	11	7	0	0
Barry	4	89	5	45	60	1	0	0	0
Bay Arenac	0	403	91	239	0	83	391	7	0
Berrien	0	247	56	97	136	0	0	0	0
Clinton Eaton Ingham	0	866	122	370	511	266	914	11	0
CMH for Central Michigan	0	766	292	448	0	151	744	11	0
Copper	0	129	37	82	111	74	0	3	0
Detroit	133	9,284	1,227	3,435	3,555	2,148	0	1,453	0
Genesee	2	1,214	312	650	0	83	496	22	0
Gogebic	0	50	15	28	34	23	0	0	0
Gratiot	0	94	30	60	89	30	94	1	0
Hiawatha	0	175	37	84	142	86	1	2	0
Huron	0	89	22	51	0	17	87	5	0
Ionia	0	138	28	43	113	0	21	0	0
Kalamazoo	7	410	98	180	230	0	43	9	0
Lapeer	1	240	47	152	0	35	145	8	0
Lenewee	0	208	64	123	0	41	0	7	0
LifeWays	0	362	134	157	0	71	357	12	0
Livingston	0	455	112	147	0	160	0	25	0
Macomb	0	2,086	255	839	748	843	5	39	0
Centra Wellness (Manistee-Benzie)	2	103	42	53	28	10	39	0	0
Monroe	0	382	92	183	0	105	0	26	0
Montcalm	2	118	18	45	106	21	12	1	0
HealthWest (Muskegon)	0	418	60	150	0	149	11	0	0
network180	9	1,276	87	632	1,067	212	331	9	0
Newaygo	2	88	14	37	60	2	87	1	0
North Country	14	550	171	222	493	63	2	0	4
Northeast	2	236	91	149	213	21	0	0	0
Northern Lakes	8	416	71	166	289	88	4	5	0
Northpointe	0	125	27	60	94	72	3	3	0
Oakland	0	3,368	564	1,477	0	1,114	2	143	0
Ottawa	9	507	56	227	420	157	4	0	0
Pathways	0	444	96	230	282	197	1	6	0
Pines	0	90	28	44	64	11	0	0	0
Saginaw	0	642	49	244	0	143	618	17	0
Sanilac	0	145	43	83	0	14	78	2	0
Shiawassee	0	154	41	93	0	37	150	2	0
St. Clair	11	604	104	237	0	89	227	13	0
St. Joseph	1	106	24	60	76	0	2	2	0
Summit Pointe	4	335	72	119	182	21	3	3	0
Tuscola	0	121	23	71	0	37	118	0	0
Van Buren	3	107	19	41	78	2	0	0	0
Washtenaw	0	878	314	470	0	186	0	20	0
West Michigan	0	124	17	57	1	7	3	0	0
Woodlands	1	85	18	44	69	0	2	1	0
Total	221	29,178	5,258	12,690	9,659	6,917	5,002	1,871	4

* Individuals can be counted in more than one eligibility group

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Program Eligibility*
Persons with Dual Diagnosis (MI & I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Adoption Subsidy	Medicaid	Habilitation Supports Waiver	Medicare	SDA, SSI, or SSDI	Commercial Health Insurance	Other Public Sources	Not Eligible for Program / Plan	Unknown / Unreported
Allegan	13	268	56	131	227	30	0	1	0
AuSable	0	60	0	9	20	2	24	0	0
Barry	2	70	4	44	52	3	1	0	0
Bay Arenac	0	288	77	171	0	44	280	10	0
Berrien	6	375	63	173	243	0	0	0	0
Clinton Eaton Ingham	0	813	127	451	535	142	832	2	0
CMH for Central Michigan	0	734	245	432	0	84	706	20	0
Copper	0	107	28	59	85	48	0	2	0
Detroit	6	590	8	204	215	110	0	126	0
Genesee	2	659	80	212	0	23	181	19	0
Gogebic	0	62	16	20	43	21	3	4	0
Gratiot	0	117	26	56	99	58	120	0	0
Hiawatha	0	102	23	49	82	39	0	3	0
Huron	0	91	23	65	0	8	87	2	0
Ionia	2	91	18	35	71	0	16	2	0
Kalamazoo	12	556	179	274	312	0	32	12	0
Lapeer	1	115	10	47	0	12	47	6	0
Lenewee	0	87	33	52	0	5	0	8	0
LifeWays	0	554	132	256	0	55	513	36	0
Livingston	0	96	24	56	0	11	0	1	0
Macomb	0	1,560	256	794	512	507	15	37	0
Centra Wellness (Manistee-Benzie)	2	95	33	49	29	3	43	0	0
Monroe	0	193	36	73	0	35	0	18	0
Montcalm	4	107	18	29	82	12	21	2	0
HealthWest (Muskegon)	0	667	92	291	0	306	6	0	0
network180	10	1,111	94	607	973	140	277	2	0
Newaygo	1	112	8	50	78	0	111	3	0
North Country	3	234	49	88	199	25	3	1	0
Northeast	1	154	83	116	153	6	0	0	0
Northern Lakes	4	501	97	262	414	53	23	2	0
Northpointe	0	231	64	122	188	132	1	9	0
Oakland	0	1,442	336	798	0	295	7	127	0
Ottawa	0	155	37	101	136	13	2	0	0
Pathways	0	177	37	103	122	79	1	5	0
Pines	5	135	28	68	97	3	0	0	0
Saginaw	0	466	80	266	0	56	451	15	0
Sanilac	0	147	32	66	0	14	65	4	0
Shiawassee	0	142	31	64	0	29	140	1	0
St. Clair	5	413	70	179	0	39	178	22	0
St. Joseph	3	164	25	77	101	0	1	2	0
Summit Pointe	12	317	12	111	142	11	4	5	0
Tuscola	0	112	43	72	0	12	111	0	0
Van Buren	8	220	39	90	163	1	1	1	0
Washtenaw	0	380	72	148	0	58	0	40	0
West Michigan	0	199	23	92	0	16	3	0	0
Woodlands	3	99	12	48	73	0	3	0	0
Total	105	15,368	2,879	7,560	5,446	2,540	4,309	550	0

* Individuals can be counted in more than one eligibility group

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Program Eligibility*
Persons with Substance Use Disorder
Fiscal Year 2015
State of Michigan

CMHSP	Adoption Subsidy	Medicaid	Habilitation Supports Waiver	Medicare	SDA, SSI, or SSDI	Commercial Health Insurance	Other Public Sources	Not Eligible for Program / Plan	Unknown / Unreported
Allegan	0	1	0	0	0	0	0	0	0
AuSable	0	3	0	2	0	1	0	0	0
Barry	0	2	0	1	0	0	1	1	0
Bay Arenac	0	18	0	8	0	3	11	11	0
Berrien	0	9	0	2	2	0	0	0	0
Clinton Eaton Ingham	0	35	0	1	3	2	44	26	0
CMH for Central Michigan	0	21	0	3	0	1	12	14	0
Copper	0	8	0	0	0	0	0	13	0
Detroit	7	1,334	0	77	153	9	0	441	0
Genesee	0	206	0	20	0	4	25	127	0
Gogebic	0	1	0	0	0	0	0	3	0
Gratiot	0	16	0	1	2	7	17	4	0
Hiawatha	0	18	0	4	1	2	0	15	0
Huron	0	1	0	0	0	0	1	1	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	1	0	0	0	0	0	0	0
Lapeer	0	4	0	0	0	0	0	9	0
Lenewee	0	37	0	5	0	0	0	23	0
LifeWays	0	97	0	7	0	3	38	82	0
Livingston	0	37	0	3	0	1	0	35	0
Macomb	0	67	0	3	3	5	0	56	0
Centra Wellness (Manistee-Benzie)	0	0	0	0	0	0	0	0	0
Monroe	0	70	0	7	0	3	0	49	0
Montcalm	0	1	0	0	0	0	1	0	0
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0
network180	3	88	0	21	45	4	9	8	0
Newaygo	0	3	0	0	0	0	3	0	0
North Country	0	10	0	0	0	2	1	17	0
Northeast	0	3	0	1	2	0	0	0	0
Northern Lakes	0	15	0	1	1	0	0	2	0
Northpointe	0	2	0	0	0	0	0	7	0
Oakland	0	82	0	6	0	2	0	55	0
Ottawa	0	4	0	1	0	2	0	0	0
Pathways	0	11	0	2	0	3	1	6	0
Pines	0	25	0	3	3	1	0	0	0
Saginaw	0	36	0	4	0	2	17	32	0
Sanilac	0	2	0	0	0	0	0	2	0
Shiawassee	0	0	0	0	0	0	0	0	0
St. Clair	0	15	0	3	0	1	3	4	0
St. Joseph	0	2	0	0	0	0	6	0	0
Summit Pointe	0	8	0	0	0	0	1	0	0
Tuscola	0	4	0	1	0	0	2	3	0
Van Buren	0	1	0	0	1	0	0	0	0
Washtenaw	0	44	0	4	0	2	0	32	0
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	0	1	0	0	0	0	0	0	0
Total	10	2,343	0	191	216	60	193	1,078	0

* Individuals can be counted in more than one eligibility group

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

*** The Substance Use Disorder Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Program Eligibility*
Persons with Unknown Disability
Fiscal Year 2015
State of Michigan

CMHSP	Adoption Subsidy	Medicaid	Habilitation Supports Waiver	Medicare	SDA, SSI, or SSDI	Commercial Health Insurance	Other Public Sources	Not Eligible for Program / Plan	Unknown / Unreported
Allegan	1	9	1	4	5	0	0	1	0
AuSable	0	3	0	2	0	0	0	1	0
Barry	0	1	0	1	1	0	1	0	0
Bay Arenac	0	61	0	13	0	5	34	39	0
Berrien	0	6	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	0	0	0	0	0	0	1	0
CMH for Central Michigan	0	91	1	6	0	14	70	118	0
Copper	0	6	0	0	0	0	0	9	0
Detroit	6	892	0	90	118	46	0	88	0
Genesee	0	206	0	21	0	3	12	168	0
Gogebic	0	4	0	0	0	0	0	1	0
Gratiot	0	1	0	0	0	1	1	0	0
Hiawatha	0	23	0	3	0	4	0	20	0
Huron	0	14	0	0	0	1	8	26	0
Ionia	0	40	0	3	9	0	15	6	0
Kalamazoo	0	38	0	4	0	0	0	0	0
Lapeer	0	9	0	0	0	0	0	5	0
Lenewee	0	49	0	2	0	2	0	38	0
LifeWays	0	159	0	12	0	19	112	92	0
Livingston	0	33	2	2	0	1	0	21	0
Macomb	0	214	0	25	1	22	0	186	0
Centra Wellness (Manistee-Benzie)	0	24	0	1	0	3	19	11	0
Monroe	0	111	1	16	0	22	0	54	0
Montcalm	0	1	0	0	0	0	1	0	0
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0
network180	0	302	0	75	140	18	45	49	1
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	14	0	5	5	1	0	3	4
Northeast	0	35	0	15	19	2	0	5	0
Northern Lakes	0	1	0	0	0	0	0	0	0
Northpointe	0	11	0	3	3	7	2	13	0
Oakland	0	1,691	0	143	0	226	4	1,801	0
Ottawa	0	5	0	16	0	24	3	0	0
Pathways	0	36	0	4	8	4	1	16	0
Pines	0	2	0	1	1	0	0	0	0
Saginaw	0	73	0	3	0	6	54	39	0
Sanilac	0	3	0	2	0	0	0	0	0
Shiawassee	0	104	0	13	0	10	52	70	0
St. Clair	0	20	0	1	0	0	0	5	0
St. Joseph	0	16	0	0	2	0	5	0	0
Summit Pointe	0	5	0	2	1	0	0	0	0
Tuscola	0	53	0	5	0	4	40	18	0
Van Buren	0	9	0	0	2	0	0	0	0
Washtenaw	0	61	3	13	0	3	0	34	0
West Michigan	0	0	0	0	0	0	1	0	0
Woodlands	0	11	0	1	1	0	1	2	0
Total	7	4,447	8	507	316	448	481	2,940	5

* Individuals can be counted in more than one eligibility group

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Employment Status
Persons with Mental Illness
Fiscal Year 2015
State of Michigan

CMHSP	Employment Status										
	Employed Full Time	Employed Part Time	Unemployed - Looking for Work	Sheltered Workshop	In Unpaid Work	Self-Employed	Enclaves / Mobile Crews	Facility-based Activity Program	Not in Competitive Labor Force	Unknown/ Unreported	Total
Allegan	49	61	417	0	5	3	3	0	584	123	1,245
AuSable	36	67	253	0	0	0	5	0	879	397	1,637
Barry	88	98	291	2	1	10	0	1	655	16	1,162
Bay Arenac	162	319	703	54	2	23	5	12	2,972	39	4,291
Berrien	178	225	738	29	10	33	0	6	2,248	239	3,706
Clinton Eaton Ingham	218	359	1,326	9	14	21	0	46	3,773	75	5,841
CMH for Central Michigan	257	529	1,014	52	6	52	15	8	4,248	51	6,232
Copper	44	53	133	18	1	9	12	1	408	6	685
Detroit	1,375	2,137	10,134	68	58	124	5	81	36,928	2,681	53,591
Genesee	78	199	1,750	16	7	19	18	85	4,671	330	7,173
Gogebic	21	15	28	0	3	1	0	0	186	4	258
Gratiot	80	116	335	0	0	3	0	0	686	39	1,259
Hiawatha	57	63	124	2	7	6	5	2	619	9	894
Huron	0	0	0	0	0	0	0	0	0	690	690
Ionia	68	53	217	2	3	12	1	0	867	34	1,257
Kalamazoo	163	277	2,004	40	8	28	21	3	1,974	102	4,620
Lapeer	50	79	272	8	2	8	7	13	576	1	1,016
Lenewee	57	92	384	7	1	2	1	4	978	16	1,542
LifeWays	110	175	611	6	9	16	0	6	3,081	857	4,871
Livingston	65	144	492	1	1	17	1	0	686	15	1,422
Macomb	189	459	1,306	18	12	30	1	27	4,808	824	7,674
Centra Wellness (Manistee-Benzie)	33	46	89	4	2	6	0	0	728	25	933
Monroe	73	135	553	0	3	6	0	0	927	0	1,697
Montcalm	49	65	117	0	3	5	2	0	892	78	1,211
HealthWest (Muskegon)	70	116	199	7	2	7	2	1	2,059	483	2,946
network180	1,212	800	1,862	13	12	67	1	12	4,726	259	8,964
Newaygo	32	41	353	0	0	2	3	0	715	8	1,154
North Country	73	153	392	10	7	21	3	2	1,406	352	2,419
Northeast	30	79	170	0	6	6	0	0	948	0	1,239
Northern Lakes	159	239	678	3	12	37	1	3	3,073	0	4,205
Northpointe	80	121	234	11	1	10	29	0	776	10	1,272
Oakland	534	1,053	2,974	50	43	72	7	47	7,345	104	12,229
Ottawa	105	111	374	3	13	15	1	18	1,090	123	1,853
Pathways	76	152	325	24	5	13	8	3	1,257	28	1,891
Pines	170	126	451	12	5	16	0	1	792	54	1,627
Saginaw	53	117	421	16	6	5	5	14	2,243	787	3,667
Sanilac	19	48	163	5	5	8	1	3	525	0	777
Shiawassee	53	87	188	0	1	7	0	1	738	1	1,076
St. Clair	59	117	529	12	1	11	4	17	1,500	4	2,254
St. Joseph	50	64	410	1	0	1	0	1	755	3	1,285
Summit Pointe	260	296	1,536	7	44	40	14	11	2,151	142	4,501
Tuscola	39	59	96	0	0	4	0	1	651	4	854
Van Buren	102	111	243	7	0	11	8	1	1,072	132	1,687
Washtenaw	127	303	1,250	3	10	15	23	3	1,728	13	3,475
West Michigan	109	80	325	5	8	17	0	4	977	29	1,554
Woodlands	54	35	99	0	1	1	0	0	606	23	819
Total	6,966	10,074	36,563	525	340	820	212	438	111,507	9,210	176,655

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Employment Status
Persons with Intellectual/Developmental Disabilities (I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Employment Status										
	Employed Full Time	Employed Part Time	Unemployed - Looking for Work	Sheltered Workshop	In Unpaid Work	Self-Employed	Enclaves / Mobile Crews	Facility-based Activity Program	Not in Competitive Labor Force	Unknown/ Unreported	Total
Allegan	5	28	46	1	20	2	1	12	109	3	227
AuSable	0	9	18	2	3	0	56	0	138	9	235
Barry	0	2	0	9	0	0	0	2	86	0	99
Bay Arenac	2	24	5	106	1	0	5	51	210	2	406
Berrien	0	14	11	5	2	0	8	25	181	4	250
Clinton Eaton Ingham	5	76	31	68	4	0	7	201	556	5	953
CMH for Central Michigan	1	47	17	238	1	4	42	34	388	1	773
Copper	1	7	2	50	0	0	3	4	65	0	132
Detroit	43	278	264	800	89	25	484	1,110	6,250	128	9,471
Genesee	3	32	70	36	1	24	88	358	606	1	1,219
Gogebic	0	0	1	18	1	0	0	0	30	0	50
Gratiot	0	4	10	0	0	0	4	0	78	0	96
Hiawatha	2	12	4	23	0	0	7	4	131	0	183
Huron	0	0	0	0	0	0	0	0	0	92	92
Ionia	1	3	3	1	1	1	0	1	131	2	144
Kalamazoo	2	35	31	30	13	1	4	36	264	9	425
Lapeer	0	9	5	65	2	0	30	52	80	0	243
Lenewee	2	7	5	10	0	0	0	17	170	2	213
LifeWays	0	17	13	10	3	0	1	2	310	20	376
Livingston	2	35	55	14	3	1	13	15	356	8	502
Macomb	3	70	16	132	22	3	16	457	1,371	19	2,109
Centra Wellness (Manistee-Benzie)	0	9	2	0	1	4	0	1	87	1	105
Monroe	2	21	14	32	3	1	4	23	309	0	409
Montcalm	0	4	1	0	0	0	3	0	115	2	125
HealthWest (Muskegon)	0	12	1	29	1	0	3	41	321	24	432
network180	59	69	66	152	7	4	7	115	783	35	1,297
Newaygo	0	1	1	0	0	0	0	1	87	0	90
North Country	0	57	19	76	3	10	0	23	354	19	561
Northeast	1	57	21	0	0	7	0	0	154	0	240
Northern Lakes	1	10	4	101	1	0	8	3	324	0	452
Northpointe	1	2	1	28	0	0	13	8	78	0	131
Oakland	21	358	209	313	207	31	196	379	1,687	3	3,404
Ottawa	7	34	35	74	6	2	0	64	301	2	525
Pathways	0	18	9	85	4	4	12	8	308	0	448
Pines	1	2	7	16	0	0	0	0	68	1	95
Saginaw	0	32	17	60	11	2	27	68	426	8	651
Sanilac	0	3	3	47	0	2	0	23	68	0	146
Shiawassee	0	23	3	13	0	0	0	1	116	0	156
St. Clair	0	24	8	109	2	0	4	50	410	2	609
St. Joseph	0	8	4	4	2	0	0	1	90	0	109
Summit Pointe	2	17	21	3	3	0	5	5	266	17	339
Tuscola	0	8	2	15	1	0	1	0	95	0	122
Van Buren	0	7	3	15	2	0	0	0	84	2	113
Washtenaw	4	102	72	3	16	1	60	75	559	2	894
West Michigan	1	2	4	37	0	0	0	2	81	3	130
Woodlands	0	3	0	0	0	0	0	0	89	0	92
Total	172	1,592	1,134	2,830	436	129	1,112	3,272	18,770	426	29,873

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Employment Status
Persons with Dual Diagnosis (MI & I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Employment Status										
	Employed Full Time	Employed Part Time	Unemployed - Looking for Work	Sheltered Workshop	In Unpaid Work	Self-Employed	Enclaves / Mobile Crews	Facility-based Activity Program	Not in Competitive Labor Force	Unknown/ Unreported	Total
Allegan	5	26	66	5	20	4	3	5	142	1	277
AuSable	0	2	1	0	0	0	4	0	42	12	61
Barry	0	2	9	6	2	0	1	0	51	1	72
Bay Arenac	0	12	14	65	0	2	0	29	173	0	295
Berrien	4	16	26	8	2	0	1	20	310	0	387
Clinton Eaton Ingham	8	77	79	66	7	1	7	173	427	0	845
CMH for Central Michigan	1	28	29	184	3	5	44	16	436	0	746
Copper	1	4	6	33	0	0	7	3	53	0	107
Detroit	4	23	41	30	5	1	35	45	414	9	607
Genesee	1	10	25	14	0	7	25	95	487	1	665
Gogebic	0	5	3	10	0	0	0	1	46	0	65
Gratiot	1	5	10	0	0	0	1	2	101	0	120
Hiawatha	0	6	3	9	1	0	5	2	80	0	106
Huron	0	0	0	0	0	0	0	0	0	92	92
Ionia	0	2	3	0	1	0	1	0	84	1	92
Kalamazoo	0	33	77	52	29	6	0	48	324	3	572
Lapeer	3	3	4	8	0	0	7	16	80	0	121
Lenewee	0	3	7	5	0	0	0	6	72	1	94
LifeWays	2	28	46	11	10	1	0	8	436	23	565
Livingston	0	10	16	1	4	0	4	2	59	1	97
Macomb	4	59	48	165	29	3	21	338	899	9	1,575
Centra Wellness (Manistee-Benzie)	0	4	2	0	1	5	0	0	85	1	98
Monroe	1	7	17	7	0	0	1	17	156	0	206
Montcalm	0	6	3	0	0	0	5	0	97	1	112
HealthWest (Muskegon)	2	28	22	87	1	1	8	67	440	29	685
network180	40	72	56	155	4	8	1	64	700	26	1,126
Newaygo	2	3	7	0	0	1	3	0	101	0	117
North Country	0	26	17	26	0	2	0	7	153	5	236
Northeast	0	35	14	0	0	11	0	0	95	0	155
Northern Lakes	0	28	13	124	4	0	5	2	342	0	518
Northpointe	1	9	11	39	2	0	19	17	153	0	251
Oakland	18	123	145	216	59	9	110	189	605	1	1,475
Ottawa	4	13	8	36	2	0	0	13	80	1	157
Pathways	0	8	9	37	1	2	1	3	119	0	180
Pines	3	6	10	16	0	1	0	0	113	0	149
Saginaw	3	10	15	54	5	2	18	72	288	11	478
Sanilac	0	4	8	42	0	0	0	15	78	0	147
Shiawassee	0	18	3	4	0	0	2	0	117	1	145
St. Clair	1	14	21	72	4	1	4	31	269	0	417
St. Joseph	0	8	8	5	4	0	0	2	140	0	167
Summit Pointe	0	11	45	0	4	0	5	2	251	5	323
Tuscola	0	9	4	10	0	0	0	1	89	0	113
Van Buren	0	18	16	30	0	2	9	0	155	3	233
Washtenaw	2	33	67	2	8	0	14	14	255	1	396
West Michigan	0	12	7	45	1	1	0	0	142	1	209
Woodlands	0	4	1	0	1	0	0	0	96	0	102
Total	111	863	1,042	1,679	214	76	371	1,325	9,835	240	15,756

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Employment Status
Persons with Substance Use Disorder
Fiscal Year 2015
State of Michigan

CMHSP	Employment Status										
	Employed Full Time	Employed Part Time	Unemployed - Looking for Work	Sheltered Workshop	In Unpaid Work	Self-Employed	Enclaves / Mobile Crews	Facility-based Activity Program	Not in Competitive Labor Force	Unknown/ Unreported	Total
Allegan	0	0	1	0	0	0	0	0	0	0	1
AuSable	0	0	1	0	0	0	0	0	0	5	6
Barry	0	1	2	0	0	0	0	0	0	0	3
Bay Arenac	1	1	5	2	0	0	0	0	10	5	24
Berrien	1	0	1	0	0	1	0	0	8	0	11
Clinton Eaton Ingham	17	5	30	0	0	0	0	0	15	4	71
CMH for Central Michigan	0	1	8	0	0	0	0	0	17	0	26
Copper	1	1	7	0	0	0	0	0	5	0	14
Detroit	36	42	578	0	2	8	0	0	668	36	1,370
Genesee	10	5	145	0	0	1	0	0	60	5	226
Gogebic	0	1	1	0	0	0	0	0	2	0	4
Gratiot	2	3	9	0	0	0	0	0	1	6	21
Hiawatha	2	4	8	0	0	2	0	0	10	0	26
Huron	0	0	0	0	0	0	0	0	0	2	2
Ionia	0	0	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	1	0	0	0	0	0	0	0	1
Lapeer	2	2	3	0	0	0	0	1	2	0	10
Lenewee	3	4	20	0	0	0	0	0	8	6	41
LifeWays	0	2	8	0	0	0	0	0	23	89	122
Livingston	12	6	25	0	1	0	0	0	7	1	52
Macomb	3	0	7	0	0	0	0	0	7	56	73
Centra Wellness (Manistee-Benzie)	0	0	0	0	0	0	0	0	0	0	0
Monroe	8	5	51	0	0	0	0	0	20	0	84
Montcalm	0	0	0	0	0	0	0	0	0	3	3
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0	0	0
network180	12	8	28	0	1	0	0	0	49	3	101
Newaygo	0	0	3	0	0	0	0	0	0	0	3
North Country	0	1	5	0	0	0	0	0	4	15	25
Northeast	0	0	0	0	0	0	0	0	4	0	4
Northern Lakes	6	2	4	0	0	0	0	0	7	0	19
Northpointe	0	2	3	0	0	0	0	0	1	1	7
Oakland	2	8	28	0	0	1	0	0	25	28	92
Ottawa	2	0	5	0	0	0	0	0	1	7	15
Pathways	2	5	3	0	0	0	0	0	3	0	13
Pines	14	3	18	0	0	1	0	0	5	0	41
Saginaw	0	0	0	0	0	0	0	0	4	45	49
Sanilac	1	0	1	0	0	0	0	0	0	0	2
Shiawassee	0	0	0	0	0	0	0	0	0	0	0
St. Clair	0	2	3	0	0	1	0	0	8	1	15
St. Joseph	3	0	4	0	0	0	0	0	0	0	7
Summit Pointe	3	0	3	0	1	1	0	0	0	0	8
Tuscola	1	1	0	0	0	0	0	0	3	0	5
Van Buren	0	0	0	0	0	0	0	0	1	0	1
Washtenaw	3	6	33	0	0	0	1	0	8	0	51
West Michigan	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	1	0	0	0	0	0	0	0	0	1
Total	147	122	1,052	2	5	16	1	1	986	318	2,650

* The Substance Use Disorder Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Employment Status
Persons with Unknown Disability
Fiscal Year 2015
State of Michigan

CMHSP	Employment Status										
	Employed Full Time	Employed Part Time	Unemployed - Looking for Work	Sheltered Workshop	In Unpaid Work	Self-Employed	Enclaves / Mobile Crews	Facility-based Activity Program	Not in Competitive Labor Force	Unknown/ Unreported	Total
Allegan	0	1	2	0	1	0	0	1	2	4	11
AuSable	0	1	0	0	0	0	0	0	1	2	4
Barry	1	0	0	0	0	0	0	0	1	1	3
Bay Arenac	5	2	10	0	0	1	0	0	14	45	77
Berrien	0	0	4	0	0	2	0	0	2	0	8
Clinton Eaton Ingham	0	0	0	0	0	0	0	0	0	1	1
CMH for Central Michigan	2	4	12	0	0	0	0	0	139	34	191
Copper	2	1	1	0	0	0	0	0	5	2	11
Detroit	27	23	193	1	2	1	0	1	850	92	1,190
Genesee	5	6	28	0	0	0	0	0	38	224	301
Gogebic	0	0	2	0	0	0	0	0	1	1	4
Gratiot	1	0	0	0	0	0	0	0	0	0	1
Hiawatha	3	2	4	0	0	1	0	0	16	10	36
Huron	0	0	0	0	0	0	0	0	0	34	34
Ionia	6	3	14	0	0	0	0	0	35	3	61
Kalamazoo	4	2	38	0	0	0	0	1	7	3	55
Lapeer	1	1	3	0	0	0	0	0	4	1	10
Lenewee	4	3	13	0	0	0	0	0	10	35	65
LifeWays	2	0	3	0	0	1	0	0	7	197	210
Livingston	5	1	10	0	0	2	0	0	22	5	45
Macomb	2	1	8	0	0	0	0	0	16	271	298
Centra Wellness (Manistee-Benzie)	0	2	1	0	0	0	0	0	28	3	34
Monroe	6	8	50	0	0	0	0	0	86	3	153
Montcalm	0	0	0	0	0	0	0	0	1	0	1
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0	0	0
network180	36	29	47	0	0	3	0	0	165	54	334
Newaygo	0	0	0	0	0	0	0	0	0	0	0
North Country	0	1	3	0	0	0	0	0	12	7	23
Northeast	2	2	6	0	1	0	0	1	31	1	44
Northern Lakes	0	0	0	0	0	0	0	0	1	0	1
Northpointe	6	2	7	0	0	0	0	0	10	0	25
Oakland	37	31	128	0	1	3	0	3	241	2,269	2,713
Ottawa	4	1	9	0	0	0	0	0	10	57	81
Pathways	2	1	3	0	0	1	0	0	30	7	44
Pines	0	0	1	0	0	0	0	0	1	0	2
Saginaw	1	2	10	0	0	0	0	0	14	69	96
Sanilac	0	0	0	0	0	0	0	0	3	0	3
Shiawassee	11	14	27	0	1	2	0	0	39	33	127
St. Clair	1	0	5	0	0	0	0	0	12	4	22
St. Joseph	4	2	3	0	0	1	0	0	11	0	21
Summit Pointe	1	1	1	0	0	1	0	0	1	1	6
Tuscola	2	1	5	0	0	0	0	0	19	33	60
Van Buren	0	2	2	0	0	0	0	0	4	8	16
Washtenaw	2	5	21	0	0	0	0	1	44	10	83
West Michigan	0	0	0	0	0	0	0	0	1	0	1
Woodlands	2	1	7	0	0	0	0	0	1	0	11
Total	187	156	681	1	6	19	0	8	1,935	3,524	6,517

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Education
Persons with Mental Illness
Fiscal Year 2015
State of Michigan

CMHSP	Education								Total
	Completed Less than High School	Completed High School or More	In School K - 12	In Training Program	In Special Education	Attended or Attending Undergraduate College	College Graduate	Unreported	
Allegan	177	534	263	1	10	73	48	139	1,245
AuSable	177	355	513	10	10	91	56	425	1,637
Barry	140	491	262	1	2	192	53	21	1,162
Bay Arenac	840	1,492	921	4	60	665	177	132	4,291
Berrien	699	1,233	911	9	30	374	199	251	3,706
Clinton Eaton Ingham	1,048	1,499	1,224	24	86	1,080	383	497	5,841
CMH for Central Michigan	1,145	2,024	1,486	5	75	1,028	224	245	6,232
Copper	82	248	83	2	3	93	64	110	685
Detroit	11,761	13,775	9,563	111	429	5,847	1,252	10,853	53,591
Genesee	1,572	2,549	1,489	3	66	809	114	571	7,173
Gogebic	41	86	43	3	1	23	12	49	258
Gratiot	121	445	360	4	6	202	42	79	1,259
Hiawatha	116	234	202	1	11	127	50	153	894
Huron	0	0	0	0	0	0	0	690	690
Ionia	201	466	316	5	9	151	56	53	1,257
Kalamazoo	845	1,595	976	3	113	630	240	218	4,620
Lapeer	155	362	171	0	67	212	39	10	1,016
Lenewee	251	600	394	2	6	222	42	25	1,542
LifeWays	1,070	1,553	819	10	39	860	173	347	4,871
Livingston	185	513	291	2	64	234	100	33	1,422
Macomb	1,364	2,463	1,226	45	126	1,094	370	986	7,674
Centra Wellness (Manistee-Benzie)	110	279	344	0	2	114	25	59	933
Monroe	294	798	355	0	56	162	28	4	1,697
Montcalm	145	364	465	1	10	95	44	87	1,211
HealthWest (Muskegon)	433	923	604	1	1	330	77	577	2,946
network180	1,413	2,203	2,688	22	292	1,231	468	647	8,964
Newaygo	195	428	360	2	0	104	18	47	1,154
North Country	239	789	634	3	12	241	120	381	2,419
Northeast	214	449	280	0	12	213	67	4	1,239
Northern Lakes	551	1,242	852	15	19	661	229	636	4,205
Northpointe	136	445	241	2	18	159	57	214	1,272
Oakland	2,274	4,217	1,386	35	295	2,753	1,040	229	12,229
Ottawa	199	655	430	8	105	181	102	173	1,853
Pathways	251	502	423	2	3	390	102	218	1,891
Pines	262	634	394	5	4	174	95	59	1,627
Saginaw	610	1,011	733	19	45	159	64	1,026	3,667
Sanilac	127	268	163	1	54	115	41	8	777
Shiawassee	177	315	328	2	11	178	44	21	1,076
St. Clair	403	765	495	2	150	320	95	24	2,254
St. Joseph	202	502	314	0	8	125	31	103	1,285
Summit Pointe	732	1,673	1,146	23	67	458	239	163	4,501
Tuscola	126	342	204	0	13	135	23	11	854
Van Buren	275	541	343	10	5	265	110	138	1,687
Washtenaw	508	1,138	449	7	133	865	300	75	3,475
West Michigan	252	527	250	2	31	142	94	256	1,554
Woodlands	129	277	255	2	7	57	24	68	819
Total	32,247	53,804	35,649	409	2,566	23,634	7,231	21,115	176,655

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Education
Persons with Intellectual/Developmental Disabilities (I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Education								Total
	Completed Less than High School	Completed High School or More	In School K - 12	In Training Program	In Special Education	Attended or Attending Undergraduate College	College Graduate	Unreported	
Allegan	42	114	21	2	40	0	0	8	227
AuSable	56	131	8	0	24	0	0	16	235
Barry	8	40	14	1	31	0	0	5	99
Bay Arenac	79	149	21	10	120	4	3	20	406
Berrien	16	137	36	1	38	1	1	20	250
Clinton Eaton Ingham	97	346	47	0	330	3	1	129	953
CMH for Central Michigan	141	329	54	6	167	5	4	67	773
Copper	23	62	6	0	26	0	0	15	132
Detroit	973	3,455	1,199	422	1,845	86	20	1,471	9,471
Genesee	391	392	158	7	226	12	0	33	1,219
Gogebic	13	19	3	0	12	0	0	3	50
Gratiot	12	52	17	0	5	1	0	9	96
Hiawatha	28	82	25	0	30	1	0	17	183
Huron	0	0	0	0	0	0	0	92	92
Ionia	18	62	40	1	15	4	0	4	144
Kalamazoo	84	150	24	2	156	4	0	5	425
Lapeer	48	147	5	0	41	1	0	1	243
Lenewee	39	114	11	0	43	1	0	5	213
LifeWays	40	165	50	4	71	3	2	41	376
Livingston	88	154	44	10	179	0	1	26	502
Macomb	215	835	75	51	793	25	12	103	2,109
Centra Wellness (Manistee-Benzie)	19	47	10	1	24	1	1	2	105
Monroe	68	189	24	2	124	1	1	0	409
Montcalm	19	59	30	0	14	1	0	2	125
HealthWest (Muskegon)	49	144	70	0	36	2	0	131	432
network180	85	507	14	127	462	19	0	83	1,297
Newaygo	13	39	16	1	15	0	0	6	90
North Country	127	181	51	2	153	2	1	44	561
Northeast	38	128	14	0	33	2	1	24	240
Northern Lakes	47	130	67	8	124	2	0	74	452
Northpointe	14	62	16	0	26	2	0	11	131
Oakland	298	1,766	142	20	1,039	77	32	30	3,404
Ottawa	46	274	21	6	160	3	2	13	525
Pathways	44	210	41	9	74	11	4	55	448
Pines	12	36	13	0	26	1	1	6	95
Saginaw	95	255	80	7	182	3	1	28	651
Sanilac	45	58	10	2	30	0	0	1	146
Shiawassee	46	68	13	0	20	1	0	8	156
St. Clair	102	283	23	3	184	4	2	8	609
St. Joseph	20	54	7	0	21	1	0	6	109
Summit Pointe	68	114	30	5	85	2	0	35	339
Tuscola	13	68	1	0	33	0	0	7	122
Van Buren	10	45	20	0	30	0	0	8	113
Washtenaw	72	438	43	12	282	23	10	14	894
West Michigan	23	52	13	1	34	0	0	7	130
Woodlands	19	38	6	1	21	0	0	7	92
Total	3,803	12,180	2,633	724	7,424	309	100	2,700	29,873

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Education
Persons with Dual Diagnosis (MI & I/DD)
Fiscal Year 2015
State of Michigan

CMHSP	Education								
	Completed Less than High School	Completed High School or More	In School K - 12	In Training Program	In Special Education	Attended or Attending Undergraduate College	College Graduate	Unreported	Total
Allegan	63	140	44	1	19	2	2	6	277
AuSable	3	6	28	1	6	1	1	15	61
Barry	14	34	7	2	14	0	0	1	72
Bay Arenac	71	129	24	3	59	4	0	5	295
Berrien	67	195	76	4	33	6	2	4	387
Clinton Eaton Ingham	148	380	43	1	170	19	2	82	845
CMH for Central Michigan	154	340	96	3	113	8	1	31	746
Copper	28	48	13	0	7	3	0	8	107
Detroit	72	251	71	13	119	20	4	57	607
Genesee	129	163	124	2	87	7	1	152	665
Gogebic	15	22	13	0	12	1	1	1	65
Gratiot	20	58	25	1	7	3	0	6	120
Hiawatha	17	47	21	0	12	0	0	9	106
Huron	0	0	0	0	0	0	0	92	92
Ionia	17	48	18	2	3	2	0	2	92
Kalamazoo	144	218	77	4	122	4	1	2	572
Lapeer	18	50	10	1	35	5	1	1	121
Lenewee	32	38	10	0	11	0	0	3	94
LifeWays	137	238	89	1	68	13	2	17	565
Livingston	14	52	11	1	14	4	0	1	97
Macomb	315	721	94	27	354	31	6	27	1,575
Centra Wellness (Manistee-Benzie)	16	44	19	0	15	3	0	1	98
Monroe	48	75	25	2	53	3	0	0	206
Montcalm	16	31	56	0	7	1	0	1	112
HealthWest (Muskegon)	118	303	110	0	29	11	2	112	685
network180	141	378	54	158	283	29	4	79	1,126
Newaygo	16	56	37	0	6	2	0	0	117
North Country	47	83	47	1	45	4	0	9	236
Northeast	41	80	9	0	21	2	0	2	155
Northern Lakes	98	180	69	11	114	9	1	36	518
Northpointe	40	113	37	0	38	4	0	19	251
Oakland	257	795	76	8	267	42	12	18	1,475
Ottawa	25	107	3	4	14	0	0	4	157
Pathways	34	101	20	0	11	5	0	9	180
Pines	20	64	50	1	13	0	0	1	149
Saginaw	96	236	53	13	67	3	1	9	478
Sanilac	41	48	7	0	51	0	0	0	147
Shiawassee	32	58	33	0	17	0	0	5	145
St. Clair	64	204	30	2	111	5	0	1	417
St. Joseph	33	59	29	0	41	1	0	4	167
Summit Pointe	54	114	74	3	61	2	2	13	323
Tuscola	16	64	10	0	18	0	0	5	113
Van Buren	43	103	55	0	25	2	0	5	233
Washtenaw	63	163	45	2	89	28	5	1	396
West Michigan	55	79	25	1	39	2	1	7	209
Woodlands	20	43	17	0	20	0	0	2	102
Total	2,912	6,759	1,884	273	2,720	291	52	865	15,756

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Education
Persons with Substance Use Disorder
Fiscal Year 2015
State of Michigan

CMHSP	Education								
	Completed Less than High School	Completed High School or More	In School K - 12	In Training Program	In Special Education	Attended or Attending Undergraduate College	College Graduate	Unreported	Total
Allegan	0	1	0	0	0	0	0	0	1
AuSable	1	0	0	0	0	0	0	5	6
Barry	0	2	0	0	0	0	0	1	3
Bay Arenac	7	9	1	0	0	2	1	4	24
Berrien	3	6	1	0	0	1	0	0	11
Clinton Eaton Ingham	13	29	0	0	0	15	7	7	71
CMH for Central Michigan	10	8	0	0	1	3	1	3	26
Copper	1	2	0	0	0	2	0	9	14
Detroit	429	501	87	6	1	208	39	99	1,370
Genesee	55	114	5	0	0	42	2	8	226
Gogebic	0	0	0	0	0	1	0	3	4
Gratiot	2	6	0	0	0	4	2	7	21
Hiawatha	2	9	0	0	0	2	0	13	26
Huron	0	0	0	0	0	0	0	2	2
Ionia									0
Kalamazoo	1	0	0	0	0	0	0	0	1
Lapeer	2	5	0	0	0	3	0	0	10
Lenewee	6	19	2	0	0	8	0	6	41
LifeWays	40	36	9	0	0	24	3	10	122
Livingston	8	23	3	0	0	14	4	0	52
Macomb	5	11	1	0	0	1	0	55	73
Centra Wellness (Manistee-Benzie)	0	0	0	0	0	0	0	0	0
Monroe	17	52	2	0	1	10	2	0	84
Montcalm	0	0	0	0	0	0	0	3	3
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0
network180	19	38	21	1	1	14	3	4	101
Newaygo	0	3	0	0	0	0	0	0	3
North Country	1	5	1	0	0	1	1	16	25
Northeast	3	0	0	0	0	1	0	0	4
Northern Lakes	6	4	0	0	0	8	1	0	19
Northpointe	1	0	0	0	0	2	0	4	7
Oakland	20	33	3	0	0	15	1	20	92
Ottawa	3	4	0	0	1	1	0	6	15
Pathways	3	3	0	0	0	2	0	5	13
Pines	9	21	2	0	0	6	2	1	41
Saginaw	3	0	2	0	0	0	0	44	49
Sanilac	1	1	0	0	0	0	0	0	2
Shiawassee	0	0	0	0	0	0	0	0	0
St. Clair	2	7	1	0	0	2	1	2	15
St. Joseph	1	6	0	0	0	0	0	0	7
Summit Pointe	0	6	1	0	0	1	0	0	8
Tuscola	0	2	2	0	0	1	0	0	5
Van Buren	0	1	0	0	0	0	0	0	1
Washtenaw	9	22	2	2	0	12	0	4	51
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	1	0	0	0	0	0	0	0	1
Total	684	989	146	9	5	406	70	341	2,650

* The Substance Use Disorder Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither an intellectual/developmental disability nor a mental illness.

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Education
Persons with Unknown Disability
Fiscal Year 2015
State of Michigan

CMHSP	Education								
	Completed Less than High School	Completed High School or More	In School K - 12	In Training Program	In Special Education	Attended or Attending Undergraduate College	College Graduate	Unreported	Total
Allegan	1	4	2	0	0	0	0	4	11
AuSable	0	2	0	0	0	0	0	2	4
Barry	0	1	0	0	0	1	0	1	3
Bay Arenac	2	9	2	0	0	9	2	53	77
Berrien	0	4	2	0	0	2	0	0	8
Clinton Eaton Ingham	0	0	0	0	0	0	0	1	1
CMH for Central Michigan	8	9	19	0	1	15	0	139	191
Copper	0	0	1	0	0	2	0	8	11
Detroit	149	193	142	1	6	62	9	628	1,190
Genesee	26	26	9	0	1	11	2	226	301
Gogebic	0	0	0	0	0	0	0	4	4
Gratiot	0	1	0	0	0	0	0	0	1
Hiawatha	3	4	3	0	1	0	0	25	36
Huron	0	0	0	0	0	0	0	34	34
Ionia	6	20	8	1	4	8	5	9	61
Kalamazoo	17	22	1	0	1	6	1	7	55
Lapeer	2	2	3	0	0	0	1	2	10
Lenewee	3	10	9	0	0	4	1	38	65
LifeWays	39	49	46	0	0	35	8	33	210
Livingston	2	9	9	1	6	8	2	8	45
Macomb	4	5	6	0	3	2	1	277	298
Centra Wellness (Manistee-Benzie)	5	4	19	0	0	0	1	5	34
Monroe	17	62	56	0	8	7	2	1	153
Montcalm	0	0	1	0	0	0	0	0	1
HealthWest (Muskegon)	0	0	0	0	0	0	0	0	0
network180	38	50	97	1	23	27	10	88	334
Newaygo	0	0	0	0	0	0	0	0	0
North Country	2	6	4	0	2	1	0	8	23
Northeast	11	15	4	0	0	7	4	3	44
Northern Lakes	0	0	1	0	0	0	0	0	1
Northpointe	4	6	1	0	0	3	1	10	25
Oakland	200	339	142	10	14	193	94	1,721	2,713
Ottawa	3	3	9	0	1	3	1	61	81
Pathways	3	2	12	0	0	3	2	22	44
Pines	1	1	0	0	0	0	0	0	2
Saginaw	4	15	10	0	0	0	0	67	96
Sanilac	0	2	1	0	0	0	0	0	3
Shiawassee	18	37	14	1	0	13	3	41	127
St. Clair	3	2	6	0	1	5	0	5	22
St. Joseph	2	8	4	0	0	1	0	6	21
Summit Pointe	1	3	0	0	0	1	0	1	6
Tuscola	2	11	9	0	1	1	1	35	60
Van Buren	3	6	2	0	0	1	0	4	16
Washtenaw	10	14	20	0	2	12	6	19	83
West Michigan	0	0	0	0	0	0	0	1	1
Woodlands	2	6	1	0	0	2	0	0	11
Total	591	962	675	15	75	445	157	3,597	6,517

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

SECTION 904 (2)(b)
PER CAPITA EXPENDITURES
FY 2015

Statewide & CMHSP Specific

Per Capita and Per Person Served CMHSP Expenditures by CMHSP

Adults with Mental Illness

State of Michigan

SUB-ELEMENT COST REPORT: Fiscal Year 2015

CMHSP	Cost	2013 Adult Population	Cost Per Capita	Total MI-A Served	Cost Per Person Served
Allegan	\$7,103,268	84,279	\$84.28	1,248	\$5,691.72
AuSable Valley	\$4,912,316	45,023	\$109.11	1,199	\$4,097.01
Barry	\$3,670,506	45,428	\$80.80	1,046	\$3,509.09
Bay-Arenac	\$16,049,912	96,651	\$166.06	3,535	\$4,540.29
Berrien	\$13,530,918	119,995	\$112.76	2,929	\$4,619.64
Clinton Eaton Ingham	\$30,980,489	367,881	\$84.21	4,492	\$6,896.81
CMH for Central Michigan	\$27,427,399	220,892	\$124.17	4,943	\$5,548.74
Copper Country	\$4,563,080	43,079	\$105.92	630	\$7,242.98
Detroit-Wayne	\$207,573,134	1,344,465	\$154.39	43,539	\$4,767.52
Genesee	\$50,402,037	316,870	\$159.06	8,310	\$6,065.23
Gogebic	\$1,677,563	13,340	\$125.75	233	\$7,199.84
Gratiot	\$4,471,337	33,333	\$134.14	982	\$4,553.30
Hiawatha	\$4,758,359	47,095	\$101.04	788	\$6,038.53
Huron	\$4,521,717	25,899	\$174.59	603	\$7,498.70
Ionia	\$4,269,723	49,055	\$87.04	976	\$4,374.72
Kalamazoo	\$24,225,072	199,840	\$121.22	3,864	\$6,269.43
Lapeer	\$6,599,952	68,508	\$96.34	854	\$7,728.28
Lenawee	\$6,649,545	77,233	\$86.10	1,307	\$5,087.64
LifeWays	\$21,811,693	160,132	\$136.21	4,297	\$5,076.03
Livingston	\$7,351,084	140,819	\$52.20	1,211	\$6,070.26
Macomb	\$49,817,946	665,601	\$74.85	7,049	\$7,067.38
Manistee-Benzie (Centra Wel	\$4,332,814	34,135	\$126.93	662	\$6,545.04
Monroe	\$6,742,924	116,019	\$58.12	1,572	\$4,289.39
Montcalm	\$5,469,393	48,541	\$112.68	832	\$6,573.79
Muskegon (HealthWest)	\$17,249,307	129,815	\$132.88	2,459	\$7,014.76
Network180	\$43,377,520	463,869	\$93.51	6,494	\$6,679.63
Newaygo	\$4,530,921	36,717	\$123.40	911	\$4,973.57
North Country	\$11,251,220	118,962	\$94.58	1,811	\$6,212.71
Northeast Michigan	\$6,973,208	51,368	\$135.75	1,305	\$5,343.45
Northern Lakes	\$17,001,314	157,050	\$108.25	3,648	\$4,660.45
Northpointe	\$5,984,759	49,564	\$120.75	1,020	\$5,867.41
Oakland	\$97,631,553	955,043	\$102.23	13,903	\$7,022.34
Ottawa	\$9,593,202	204,120	\$47.00	1,548	\$6,197.16
Pathways	\$9,227,324	98,215	\$93.95	1,504	\$6,135.19
Pines	\$3,804,884	33,253	\$114.42	1,367	\$2,783.38
Saginaw	\$25,233,901	152,858	\$165.08	3,046	\$8,284.27
Sanilac	\$4,902,201	32,444	\$151.10	606	\$8,089.44
Shiawassee	\$6,040,846	53,345	\$113.24	872	\$6,927.58
St. Clair	\$14,143,206	124,615	\$113.50	1,737	\$8,142.32
St. Joseph	\$5,634,259	45,608	\$123.54	928	\$6,071.40
Summit Pointe	\$16,633,242	103,526	\$160.67	3,481	\$4,778.29
Tuscola	\$5,073,443	42,490	\$119.40	711	\$7,135.64
Van Buren	\$7,469,598	57,127	\$130.75	1,502	\$4,973.10
Washtenaw	\$26,990,612	283,624	\$95.16	3,147	\$8,576.62
West Michigan	\$6,498,141	52,128	\$124.66	1,370	\$4,743.17
Woodlands	\$3,071,439	40,567	\$75.71	586	\$5,241.36
State Totals	\$867,228,280	7,650,421	\$113.36	151,057	\$5,741.07

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2015.

2013 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Per Capita and Per Person Served CMHSP Expenditures by CMHSP

Children with Serious Emotional Disturbance

State of Michigan

SUB-ELEMENT COST REPORT: Fiscal Year 2015

CMHSP	Cost	2013 Child Population	Cost Per Capita	Total MI-C Served	Cost Per Person Served
Allegan	\$1,946,792	28,252	\$68.91	377	\$5,163.90
AuSable Valley	\$3,230,715	10,019	\$322.46	669	\$4,829.17
Barry	\$909,480	13,669	\$66.54	296	\$3,072.57
Bay-Arenac	\$4,321,269	25,668	\$168.35	1,076	\$4,016.05
Berrien	\$3,414,228	35,257	\$96.84	956	\$3,571.37
Clinton Eaton Ingham	\$12,769,372	99,440	\$128.41	1,896	\$6,734.90
CMH for Central Michigan	\$5,579,831	55,892	\$99.83	1,759	\$3,172.16
Copper Country	\$536,353	10,354	\$51.80	102	\$5,258.36
Detroit-Wayne	\$66,560,331	430,808	\$154.50	13,753	\$4,839.70
Genesee	\$11,681,338	98,506	\$118.59	1,910	\$6,115.88
Gogebic	\$279,444	2,576	\$108.48	49	\$5,702.94
Gratiot	\$2,511,621	8,635	\$290.87	481	\$5,221.67
Hiawatha	\$943,887	10,909	\$86.52	258	\$3,658.48
Huron	\$723,908	6,325	\$114.45	169	\$4,283.48
Ionia	\$1,849,557	15,018	\$123.16	172	\$10,753.24
Kalamazoo	\$5,096,601	56,885	\$89.59	1,215	\$4,194.73
Lapeer	\$1,342,642	19,881	\$67.53	232	\$5,787.25
Lenawee	\$1,156,857	21,955	\$52.69	399	\$2,899.39
LifeWays	\$5,946,227	46,338	\$128.32	1,199	\$4,959.32
Livingston	\$2,609,638	43,624	\$59.82	355	\$7,351.09
Macomb	\$8,297,999	189,168	\$43.87	1,526	\$5,437.75
Manistee-Benzie (Centra Wel	\$1,625,633	7,743	\$209.95	360	\$4,515.65
Monroe	\$1,943,744	34,357	\$56.57	463	\$4,198.15
Montcalm	\$1,851,154	14,564	\$127.10	498	\$3,717.18
Muskegon (HealthWest)	\$4,422,583	41,193	\$107.36	634	\$6,975.68
Network180	\$14,523,058	157,831	\$92.02	3,856	\$3,766.35
Newaygo	\$1,962,770	11,284	\$173.94	397	\$4,944.01
North Country	\$3,134,451	30,728	\$102.01	747	\$4,196.05
Northeast Michigan	\$1,374,639	10,713	\$128.32	349	\$3,938.79
Northern Lakes	\$3,887,868	40,298	\$96.48	1,021	\$3,807.90
Northpointe	\$1,301,287	11,841	\$109.90	321	\$4,053.85
Oakland	\$14,887,674	276,597	\$53.82	2,481	\$6,000.67
Ottawa	\$2,370,801	68,581	\$34.57	597	\$3,971.19
Pathways	\$2,261,964	22,414	\$100.92	511	\$4,426.54
Pines	\$734,333	10,396	\$70.64	408	\$1,799.84
Saginaw	\$5,169,716	43,684	\$118.34	958	\$5,396.36
Sanilac	\$1,118,089	9,379	\$119.21	213	\$5,249.25
Shiawassee	\$1,535,484	15,555	\$98.71	394	\$3,897.17
St. Clair	\$5,946,890	35,854	\$165.86	662	\$8,983.22
St. Joseph	\$1,719,975	15,356	\$112.01	445	\$3,865.11
Summit Pointe	\$3,694,788	31,486	\$117.35	1,137	\$3,249.59
Tuscola	\$2,121,440	11,773	\$180.20	254	\$8,352.13
Van Buren	\$1,054,204	18,328	\$57.52	481	\$2,191.69
Washtenaw	\$3,524,262	70,616	\$49.91	873	\$4,036.96
West Michigan	\$1,297,616	14,108	\$91.98	262	\$4,952.73
Woodlands	\$1,134,430	11,343	\$100.01	304	\$3,731.68
State Totals	\$226,306,947	2,245,201	\$100.80	47,475	\$4,766.87

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2015.

2013 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Per Capita and Per Person Served CMHSP Expenditures by CMHSP

Persons with Developmental Disabilities

State of Michigan

SUB-ELEMENT COST REPORT: Fiscal Year 2015

CMHSP	Cost	2013 Total Population	Cost Per Capita	Total DD Served	Cost Per Person Served
Allegan	\$12,871,142	112,531	\$114.38	569	\$22,620.64
AuSable Valley	\$11,819,167	55,042	\$214.73	271	\$43,613.16
Barry	\$3,698,983	59,097	\$62.59	178	\$20,780.80
Bay-Arenac	\$19,584,039	122,319	\$160.11	704	\$27,818.24
Berrien	\$19,663,405	155,252	\$126.65	654	\$30,066.37
Clinton Eaton Ingham	\$56,862,010	467,321	\$121.68	2,311	\$24,604.94
CMH for Central Michigan	\$49,539,860	276,784	\$178.98	1,569	\$31,574.16
Copper Country	\$7,909,494	53,433	\$148.03	246	\$32,152.41
Detroit-Wayne	\$239,114,720	1,775,273	\$134.69	10,119	\$23,630.27
Genesee	\$54,469,994	415,376	\$131.13	1,919	\$28,384.57
Gogebic	\$3,319,977	15,916	\$208.59	117	\$28,375.87
Gratiot	\$4,570,371	41,968	\$108.90	231	\$19,785.15
Hiawatha	\$7,689,825	58,004	\$132.57	298	\$25,804.78
Huron	\$3,681,667	32,224	\$114.25	186	\$19,793.91
Ionia	\$5,196,164	64,073	\$81.10	212	\$24,510.21
Kalamazoo	\$32,599,675	256,725	\$126.98	1,035	\$31,497.27
Lapeer	\$10,966,920	88,389	\$124.08	376	\$29,167.34
Lenawee	\$7,896,639	99,188	\$79.61	319	\$24,754.35
LifeWays	\$25,518,052	206,470	\$123.59	954	\$26,748.48
Livingston	\$15,223,269	184,443	\$82.54	615	\$24,753.28
Macomb	\$123,548,695	854,769	\$144.54	3,833	\$32,232.90
Manistee-Benzie (Centra Wel	\$5,941,267	41,878	\$141.87	188	\$31,602.48
Monroe	\$19,760,541	150,376	\$131.41	627	\$31,516.01
Montcalm	\$5,664,783	63,105	\$89.77	270	\$20,980.68
Muskegon (HealthWest)	\$34,149,462	171,008	\$199.70	1,143	\$29,877.05
Network180	\$63,183,772	621,700	\$101.63	2,495	\$25,324.16
Newaygo	\$4,471,465	48,001	\$93.15	221	\$20,232.87
North Country	\$25,403,063	149,690	\$169.70	792	\$32,074.57
Northeast Michigan	\$16,637,165	62,081	\$267.99	398	\$41,801.92
Northern Lakes	\$26,475,792	197,348	\$134.16	977	\$27,099.07
Northpointe	\$9,276,189	61,405	\$151.07	387	\$23,969.48
Oakland	\$144,718,787	1,231,640	\$117.50	4,587	\$31,549.77
Ottawa	\$22,862,422	272,701	\$83.84	703	\$32,521.23
Pathways	\$21,574,949	120,629	\$178.85	642	\$33,605.84
Pines	\$5,335,215	43,649	\$122.23	253	\$21,087.80
Saginaw	\$30,943,380	196,542	\$157.44	1,148	\$26,954.16
Sanilac	\$10,412,360	41,823	\$248.96	295	\$35,296.14
Shiawassee	\$9,300,516	68,900	\$134.99	313	\$29,714.11
St. Clair	\$30,142,465	160,469	\$187.84	1,048	\$28,761.89
St. Joseph	\$7,391,189	60,964	\$121.24	280	\$26,397.10
Summit Pointe	\$15,029,945	135,012	\$111.32	707	\$21,258.76
Tuscola	\$9,024,878	54,263	\$166.32	239	\$37,761.00
Van Buren	\$7,815,288	75,455	\$103.58	368	\$21,237.20
Washtenaw	\$44,136,812	354,240	\$124.60	1,089	\$40,529.67
West Michigan	\$11,002,106	66,236	\$166.10	347	\$31,706.36
Woodlands	\$6,231,205	51,910	\$120.04	198	\$31,470.73
State Totals	\$1,302,629,081	9,895,622	\$131.64	46,431	\$28,055.16

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2015.

2013 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Per Capita and Per Person Served CMHSP Expenditures by CMHSP

Administrative Costs

State of Michigan

SUB-ELEMENT COST REPORT: Fiscal Year 2015

CMHSP	Cost	2013 Total Population	Cost Per Capita	Total Served	Administrative Cost Per Person
Allegan	\$1,744,291	112,531	\$15.50	2,194	\$795.03
AuSable Valley	\$59,625	55,042	\$1.08	2,139	\$27.88
Barry	\$536,186	59,097	\$9.07	1,520	\$352.75
Bay-Arenac	\$2,510,392	122,319	\$20.52	5,315	\$472.32
Berrien	\$3,847,206	155,252	\$24.78	4,539	\$847.59
Clinton Eaton Ingham	\$2,971,473	467,321	\$6.36	8,699	\$341.59
CMH for Central Michigan	\$2,912,197	276,784	\$10.52	8,271	\$352.10
Copper Country	\$268,993	53,433	\$5.03	978	\$275.04
Detroit-Wayne	\$10,212,229	1,775,273	\$5.75	67,411	\$151.49
Genesee	\$8,972,264	415,376	\$21.60	12,139	\$739.13
Gogebic	\$157,296	15,916	\$9.88	399	\$394.22
Gratiot	\$327,859	41,968	\$7.81	1,694	\$193.54
Hiawatha	\$1,100,953	58,004	\$18.98	1,344	\$819.16
Huron	\$738,298	32,224	\$22.91	958	\$770.67
Ionia	\$419,212	64,073	\$6.54	1,360	\$308.24
Kalamazoo	\$5,215,641	256,725	\$20.32	6,114	\$853.07
Lapeer	\$250,253	88,389	\$2.83	1,462	\$171.17
Lenawee	\$697,682	99,188	\$7.03	2,025	\$344.53
LifeWays	\$5,216,133	206,470	\$25.26	6,450	\$808.70
Livingston	\$666,442	184,443	\$3.61	2,181	\$305.57
Macomb	\$13,232,162	854,769	\$15.48	12,408	\$1,066.42
Manistee-Benzie (Centra Wel	\$276,636	41,878	\$6.61	1,210	\$228.62
Monroe	\$0	150,376	\$0.00	2,662	\$0.00
Montcalm	\$673,618	63,105	\$10.67	1,600	\$421.01
Muskegon (HealthWest)	\$2,532,880	171,008	\$14.81	4,236	\$597.94
Network180	\$560,579	621,700	\$0.90	12,845	\$43.64
Newaygo	\$405,991	48,001	\$8.46	1,529	\$265.53
North Country	\$766,481	149,690	\$5.12	3,350	\$228.80
Northeast Michigan	\$682,376	62,081	\$10.99	2,052	\$332.54
Northern Lakes	\$861,765	197,348	\$4.37	5,646	\$152.63
Northpointe	\$318,969	61,405	\$5.19	1,728	\$184.59
Oakland	\$16,767,145	1,231,640	\$13.61	20,971	\$799.54
Ottawa	\$1,562,678	272,701	\$5.73	2,848	\$548.69
Pathways	\$1,763,690	120,629	\$14.62	2,657	\$663.79
Pines	\$804,693	43,649	\$18.44	2,028	\$396.79
Saginaw	\$4,026,526	196,542	\$20.49	5,152	\$781.55
Sanilac	\$232,797	41,823	\$5.57	1,114	\$208.97
Shiawassee	\$647,904	68,900	\$9.40	1,579	\$410.33
St. Clair	\$3,101,738	160,469	\$19.33	3,447	\$899.84
St. Joseph	\$857,521	60,964	\$14.07	1,653	\$518.77
Summit Pointe	\$2,279,068	135,012	\$16.88	5,325	\$427.99
Tuscola	\$486,956	54,263	\$8.97	1,204	\$404.45
Van Buren	\$1,189,887	75,455	\$15.77	2,351	\$506.12
Washtenaw	\$320,947	354,240	\$0.91	5,109	\$62.82
West Michigan	\$776,006	66,236	\$11.72	1,979	\$392.12
Woodlands	\$629,850	51,910	\$12.13	1,088	\$578.91
State Totals	\$104,583,488	9,895,622	\$10.57	244,963	\$426.94

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2015.

2013 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Per Capita and Per Person Served CMHSP Expenditures by CMHSP

Other Costs
State of Michigan

SUB-ELEMENT COST REPORT: Fiscal Year 2015

CMHSP	Cost	2013 Total Population	Cost Per Capita	Total Served	Other Costs Per Person
Allegan	\$1,383,000	112,531	\$12.29	2,194	\$630.36
AuSable Valley	\$814,948	55,042	\$14.81	2,139	\$380.99
Barry	\$786,802	59,097	\$13.31	1,520	\$517.63
Bay-Arenac	\$1,574,934	122,319	\$12.88	5,315	\$296.32
Berrien	\$2,019,682	155,252	\$13.01	4,539	\$444.96
Clinton Eaton Ingham	\$1,225,425	467,321	\$2.62	8,699	\$140.87
CMH for Central Michigan	\$3,235,518	276,784	\$11.69	8,271	\$391.19
Copper Country	\$116,932	53,433	\$2.19	978	\$119.56
Detroit-Wayne	\$57,887,680	1,775,273	\$32.61	67,411	\$858.73
Genesee	\$322,816	415,376	\$0.78	12,139	\$26.59
Gogebic	\$544,849	15,916	\$34.23	399	\$1,365.54
Gratiot	\$469,522	41,968	\$11.19	1,694	\$277.17
Hiawatha	\$543,280	58,004	\$9.37	1,344	\$404.23
Huron	\$327,696	32,224	\$10.17	958	\$342.06
Ionia	\$499,925	64,073	\$7.80	1,360	\$367.59
Kalamazoo	\$5,212,820	256,725	\$20.31	6,114	\$852.60
Lapeer	\$453,695	88,389	\$5.13	1,462	\$310.32
Lenawee	\$905,481	99,188	\$9.13	2,025	\$447.15
LifeWays	\$610,026	206,470	\$2.95	6,450	\$94.58
Livingston	\$2,067,811	184,443	\$11.21	2,181	\$948.10
Macomb	\$1,586,118	854,769	\$1.86	12,408	\$127.83
Manistee-Benzie (Centra Wel	\$541,100	41,878	\$12.92	1,210	\$447.19
Monroe	\$1,330,243	150,376	\$8.85	2,662	\$499.72
Montcalm	\$232,373	63,105	\$3.68	1,600	\$145.23
Muskegon (HealthWest)	\$660,200	171,008	\$3.86	4,236	\$155.85
Network180	\$1,188,559	621,700	\$1.91	12,845	\$92.53
Newaygo	\$344,983	48,001	\$7.19	1,529	\$225.63
North Country	\$3,061,902	149,690	\$20.45	3,350	\$914.00
Northeast Michigan	\$751,997	62,081	\$12.11	2,052	\$366.47
Northern Lakes	\$12,868,029	197,348	\$65.20	5,646	\$2,279.14
Northpointe	\$1,074,302	61,405	\$17.50	1,728	\$621.70
Oakland	\$3,741,867	1,231,640	\$3.04	20,971	\$178.43
Ottawa	\$2,031,570	272,701	\$7.45	2,848	\$713.33
Pathways	\$65,078	120,629	\$0.54	2,657	\$24.49
Pines	\$857,480	43,649	\$19.64	2,028	\$422.82
Saginaw	\$9,283,157	196,542	\$47.23	5,152	\$1,801.86
Sanilac	\$230,797	41,823	\$5.52	1,114	\$207.18
Shiawassee	\$549,428	68,900	\$7.97	1,579	\$347.96
St. Clair	\$947,402	160,469	\$5.90	3,447	\$274.85
St. Joseph	\$2,305,086	60,964	\$37.81	1,653	\$1,394.49
Summit Pointe	\$9,142,867	135,012	\$67.72	5,325	\$1,716.97
Tuscola	\$300,524	54,263	\$5.54	1,204	\$249.60
Van Buren	\$2,059,774	75,455	\$27.30	2,351	\$876.13
Washtenaw	\$2,611,323	354,240	\$7.37	5,109	\$511.12
West Michigan	\$464,566	66,236	\$7.01	1,979	\$234.75
Woodlands	\$783,931	51,910	\$15.10	1,088	\$720.52
State Totals	\$140,017,496	9,895,622	\$14.15	244,963	\$571.59

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2015.

2013 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Note: Other costs include expenses for services not reported in the sub-element services such as room and board, MRS match, grant funded services, lab and pharmacy services.

Prevention Indirect Service Model

State of Michigan

SUB-ELEMENT COST REPORT: Fiscal Year 2015

CMH Name	Prevention Indirect Cost	Total Service Expenditures	Percentage
Allegan	\$341,861	\$25,048,492	1.36%
AuSable Valley	\$29,481	\$20,836,771	0.14%
Barry	\$0	\$9,601,958	0.00%
Bay-Arenac	\$76,366	\$44,040,546	0.17%
Berrien	\$0	\$42,475,439	0.00%
Clinton Eaton Ingham	\$0	\$104,808,769	0.00%
CMH for Central Michigan	\$0	\$88,694,805	0.00%
Copper Country	\$34,426	\$13,394,850	0.26%
Detroit-Wayne	\$1,500,000	\$581,348,094	0.26%
Genesee	\$0	\$125,848,450	0.00%
Gogebic	\$0	\$5,979,128	0.00%
Gratiot	\$0	\$12,350,710	0.00%
Hiawatha	\$0	\$15,036,304	0.00%
Huron	\$32,500	\$9,993,286	0.33%
Ionia	\$0	\$12,234,581	0.00%
Kalamazoo	\$0	\$72,349,810	0.00%
Lapeer	\$0	\$19,613,462	0.00%
Lenawee	\$0	\$17,306,204	0.00%
LifeWays	\$0	\$59,102,130	0.00%
Livingston	\$0	\$27,918,244	0.00%
Macomb	\$657,655	\$196,482,920	0.33%
Manistee-Benzie (Centra Wellness)	\$0	\$12,717,450	0.00%
Monroe	\$0	\$29,777,452	0.00%
Montcalm	\$0	\$13,891,321	0.00%
Muskegon (HealthWest)	\$0	\$59,014,432	0.00%
Network180	\$595,892	\$122,833,488	0.49%
Newaygo	\$0	\$11,716,130	0.00%
North Country	\$0	\$43,617,117	0.00%
Northeast Michigan	\$7,167	\$26,419,385	0.03%
Northern Lakes	\$0	\$61,094,768	0.00%
Northpointe	\$0	\$17,955,506	0.00%
Oakland	\$155,578	\$277,747,026	0.06%
Ottawa	\$0	\$38,420,673	0.00%
Pathways	\$0	\$34,893,005	0.00%
Pines	\$0	\$11,536,604	0.00%
Saginaw	\$0	\$74,656,680	0.00%
Sanilac	\$64,752	\$16,896,245	0.38%
Shiawassee	\$248,449	\$18,074,178	1.37%
St. Clair	\$0	\$54,281,702	0.00%
St. Joseph	\$0	\$17,908,031	0.00%
Summit Pointe	\$0	\$46,779,910	0.00%
Tuscola	\$7,500	\$17,007,241	0.04%
Van Buren	\$0	\$19,588,751	0.00%
Washtenaw	\$0	\$77,583,955	0.00%
West Michigan	\$0	\$20,038,435	0.00%
Woodlands	\$0	\$11,850,856	0.00%
State Totals	\$3,751,626	\$2,640,765,292	0.14%

SECTION 904 (2) (c)
TOTAL CMHSP COSTS BY SERVICE
CATEGORY
FY 2015

Statewide CMHSP Summaries

Adults with Mental Illness (MI-A)
Children with a Serious Emotional Disturbance (MI-C)
Individuals with a Intellectual/Developmental Disability (I/DD)

Cost Information by Service Category, Client Group and Fund Source

The information in this section was provided by CMHSPs as required by the FY 2015 Michigan Department of Health and Human Services (MDHHS) [formerly Michigan Department of Community Health]/CMHSP contract. Cost data were collected for the reporting period October 1, 2014 to September 30, 2015 and due to MDHHS by March 2, 2016. The data in this section represent the total statewide CMHSP costs for each of the three consumer populations – Adults with Mental Illness (MI-A), Children with Serious Emotional Disturbance (SED), and Persons with Intellectual/Developmental Disability (I/DD) by service category.

Service Costs by Category

Departmental services were categorized into ten service groupings that are listed below. The individual services that make up each category for each of the three consumer populations are shown on pages 16-39.

State Inpatient
Community Inpatient and Crisis Services
Outpatient Services
Assertive Community Treatment
Case Management
Supports for Living
Family/Caregiver Support
Daytime Supports and Services
Other
Substance Use Services

State-wide Service Costs

FY15 state-wide service costs totaled \$2,375,574,357. The majority of the dollars were for supports for living services (\$804,900,165), and daytime supports and services (\$494,076,414). The total FY15 expenditures for adults with mental illness were \$867,228,280. The majority of the expenditures for these consumers were distributed across the following services - supports for living (\$184,379,767), outpatient services (\$179,756,308), case management (\$145,144,649) and community inpatient and crisis services (\$143,359,949). The total FY15 service expenditures for children with a serious emotional disorder was \$205,716,996. The large majority of these dollars were for supports for family caregivers (\$79,835,062), outpatient services (\$70,580,475) and case management (\$40,243,551). The total FY15 expenditures for consumers with an intellectual/developmental disability were \$1,302,629,081. Over three-quarters of these dollars were used to provide supports for living services (\$619,190,600) and

daytime supports and services (\$407,904,394). The pie charts on pages 7-9 show the dollars expended on each service grouping for each consumer population.

Service Costs by CMHSP

The distribution of service dollars for each of the ten categories is shown by CMHSP on pages 10-15 for each of the consumer populations. In general, the distribution of expenditures across these service categories is fairly similar to the state-wide figures. However, there are a few cost outliers in which some CMHSPs spent a larger percentage of their dollars on a particular service category. Several of the CMHSPs reference these consumer needs in the FY11, FY12, FY13, FY14, and FY15 needs assessment section 404(2)(g) and highlight the CMHSP initiatives to address these needs.

Adults with Mental Illness. The CMHSP percentage distributions for costs by service groupings for adults with mental illness are shown on pages 10-11. In general, the distribution of dollars across the service categories is fairly similar across the CMHSPs with only a few cost outliers. As an example, the percentage of MI-A dollars that CMHSPs spent on community inpatient and crisis was not very much different from the state-wide average of 16.53%. However, network180 and Genesee were outliers on the percentage of dollars spent on these services (network180: 32.71%, Genesee: 28.34%, State: 16.53%). Network180 notes in their FY14 and FY15 needs assessment section 404(2)(g) that the need to increase psychiatric capacity continues to be a priority. To address this, network180 continues to add psychiatric capacity by hiring additional doctors and through the expanded use of tele-psychiatry. In addition, network180 continues its partnership with Pine Rest to provide psychiatric training for MSU medical students. Network180 is also changing medical policy to promote the use of NPs, RNs, and PAs for medication reviews after an individual has been assessed by a psychiatrist. Network180 is also re-evaluating their method of payment for psychiatric services to ensure that their payment structure maximizes psychiatric participation. In their 2015 update, network180 notes that in July of 2015, psychiatric residents started doing three-month rotations through network180's psychiatric clinic. Thus far five residents have rotated through. Network180 anticipates that this will continue.

Van Buren and Berrien were outliers on the percentage of MI-A dollars spent on supports for living (Van Buren: 37.40%, Berrien: 37.72%, State: 21.26%). In their FY15 needs assessment section 404(2)(g) Van Buren describes their participation in the regional request to develop alternative residential treatment options for residents served at Kalamazoo Psychiatric Hospital (KPH). For FY15 Van Buren has gotten the KPH census to zero. Van Buren notes that they have increased housing options and adherence to evolving federal rules (HCBS) regarding choice of roommates, access to/selection of food, privacy, etc. Van Buren highlights their success in developing living supports in the community for two consumers who have a long history of hospitalization at state institutions.

Shiawassee, Montcalm, Gogebic, Ionia CMHSPs were outliers on the percentage of MI-A dollars spent on family and caregiver support (Shiawassee: 4.33%, Montcalm: 4.39%, Gogebic: 5.43%, Ionia: 7.67%, State: 0.82%)

Most CMHSPs did not spend dollars on substance abuse services for adults with mental illness. However, eleven CMHSPs appear as outliers since they spent some dollars on these services – Barry, Berrien, Clinton-Eaton-Ingham (CEI), Detroit-Wayne, Ionia, Centra Wellness/Manistee-Benzie, Oakland, Pines, St. Joseph, Summit Pointe and Woodlands. In the FY15 needs assessment section 404(2)(g), CEI CMHSP notes that consumers in Clinton, Eaton and Ingham County jails with co-occurring MI/SUD have an especially high recidivism rate due to lack of attention to post-discharge follow-up and intervention in both areas of need (i.e., MI/SUD). To address this issue, Substance Abuse Services & Corrections Mental Health, in partnership with the Ingham County Sheriff's Office have received funding from Ingham County, to begin January 1, 2016 for an on-call program for weekends and holidays to provide mental health screening and crisis services in the jail. The Ingham County Commissioners were receptive to the proposal and this amount will be budgeted annually.

Children with a Serious Emotional Disturbance. The CMHSP percentage distributions for costs by service groupings for children with an emotional disturbance (SED children) are shown on pages 12-13. While the distribution of dollars for most of the children's service categories is fairly similar across the CMHSPs, there are a few more outliers and variations in the costs for children's service than there are for the adult services. Three CMHSPs appear as outliers in their expenditures for state inpatient stays – Copper Country (16.26%), Lapeer (8.85%) and North Country (6.01%). The state-wide percentage for expenditures on state inpatient stays for children with emotional disturbance was only 1.48%. In their FY15 needs assessment, Copper Country CMSHP reports that stakeholders identified an unmet need for both inpatient and outpatient services and a special need in regard to outpatient services for children.

Van Buren CMHSP spent a larger percentage of dollars on case management (Van Buren: 38.16%, State: 17.78%) than did other CMHSPs. In their FY15 needs assessment, Van Buren reports that stakeholders identified the mental health needs of adolescents as the highest priority issue. In response to this, Van Buren launched numerous initiatives including partnering with Van Buren ISD to screen and refer youth as needed to earlier intervention services, facilitate Suicide Prevention Coalition to decrease youth suicide in Van Buren County, provide training to local DHHS foster care, child protective services and other child serving agencies on impact of trauma and other requested topics, increase utilization of services provided by Parent Support Partner to empower parents of adolescents with serious emotional disturbance and/or developmental disabilities, implement youth mental health court, facilitate

support group for parents of youth with mental health and behavioral challenges providing information and empowering parents.

Many CMHSPs spent less than one percent of their dollars for children on supports for living with the state-wide average at .59%. However, five CMHSPs appear as outliers as they spent one and one-half (1.5%) percent or more of their dollars on supports for living for children – Pathways (1.84%), Bay-Arenac (1.91%), St. Clair (2.30%), Lifeways (3.69%), North Country (6.38%). In the needs assessment section for 404(2)(g), St. Clair notes that there is currently no in-county resource for children with challenging behaviors needing residential supports. In response St. Clair CMHSP has increased Community Living Support and Respite in the family home. Bay-Arenac notes that a perceived decrease in services for youth was identified as a priority for stakeholders. Bay-Arenac responded to this concern in part by increasing wrap around services to improve coordination with community agencies.

Kalamazoo, St Joseph, and Macomb CMHSPs are outliers in the percentage of dollars spent on daytime supports and services for children (16.21%, 17.31%, 28.42%). The state-wide average for children with serious emotional disturbance is 2.44%. In the FY14 and FY15 Needs Assessment, Kalamazoo identifies early intervention and more supports for youth as an overwhelming concern for stakeholders. Themes in this area include continued support for youth and families with increased collaboration and partnerships with schools, child welfare (DHS), and the justice system. Feedback also led to the need for continued focus and attention to children transitioning to adulthood.

The majority of CMHSPs did not expend dollars on substance use services for children with a serious emotional disturbance. However, the following CMHSPs spent some dollars on these services – Barry, Berrien, Clinton-Eaton-Ingham CMHSP, Ionia, network180, and Woodlands.

Consumers with an Intellectual/Developmental Disability. The CMHSP percentage distributions for costs by service groupings for consumers with an intellectual/developmental disability are shown on pages 1. Several CMHSPs spent a relatively large percentage of their dollars on services that are more typically provided to consumers with mental illness. For example, several CMHSPs were outliers in the percentage of dollars spent on state psychiatric inpatient stays (Copper Country, 1.61%; Shiawassee, 2.14%; Pathways, 2.15%; Genesee (2.55%), Woodlands (2.86%). State-wide, only 0.40% of expenditures for consumers with an intellectual/developmental disability were for state psychiatric inpatient stays. Most CMHSPs did not provide dollars for Assertive Community Treatment for consumers with an intellectual/developmental disability; however, six CMHSPs are outliers in the percentage of dollars spent on ACT – Lifeways (0.51%), Copper Country (0.66%), Gogebic (0.73%), Pines (0.77%), Summit Pointe (0.90%), Montcalm (1.07%) and Manistee-Benzie (0.87%). The state-wide average is 0.08%.

Two CMHSPs were outliers on the amount spent on community inpatient and crisis services for individuals with intellectual and developmental disabilities – Shiawassee (1.30%) and Lifeways (1.47%). The statewide average is 0.57%. In the 2015 needs assessment section 904(2)(g), Shiawassee CMHSP indicates a need to identify alternatives to inpatient services and notes the difficulty of locating providers in the area. On 10/1/2015 Shiawassee implemented same-day access in their Access/Emergency Services Department in order to provide timelier follow-up to hospital discharges. In addition, Mid-State Health Network is moving toward directly contracting with local inpatient facilities that are currently contracted with the affiliate CMHSPs. Shiawassee notes that this will increase their network of available inpatient facilities.

Summit Pointe (19.36%) is an outlier in the percentage spent on case management. The statewide average is 10.49%.

Washtenaw CMHSP (63.25%) spent a larger percentage of dollars on daytime supports and services than did other CMHSPs. The state-wide average is 31.31%. In the 2011 needs assessment section 404(2)(g), Washtenaw had indicated an increased need to identify provider agencies and a direct care professional work force that are well-prepared to provide community living supports (CLS) to high need consumers in community settings. To address this need, Washtenaw had begun an examination of training curricula provided to direct care workers. In addition, Washtenaw works to ensure proper care through provider monitoring, as well as a careful assessment of the consumer's daytime support needs.

Two CMHSPs were outliers on dollars spent on family caregiver supports – Macomb (9.25%) and Montcalm (10.62%). The state-wide average is 3.43%. For FY10, Macomb had worked with case managers and supports coordinators to explore additional options with consumers and their families to develop non-traditional natural supports to help involve consumers more in their communities in activities valuable to them. For FY11 Macomb noted their strategic plan to move persons to smaller, less restrictive settings. Macomb noted plans to eliminate contracts with institutional facilities by the end of March 2012. Montcalm stakeholders noted the need for alternatives to inpatient services for children. In response, in April 2015 Montcalm expanded home-based capacity with an additional 1 FTE home-based therapist.

Additional Details on Services Provided

The details on the number of consumers who received each service during FY15 and the cost of each service are available on the Michigan Department of Health and Human Services web site. This information is available for each CMHSP as well as state-wide for each of the three populations. To access these detailed reports go to:

<http://www.michigan.gov/bhdda>

Click on 'Mental Health' from the left-hand menu bar

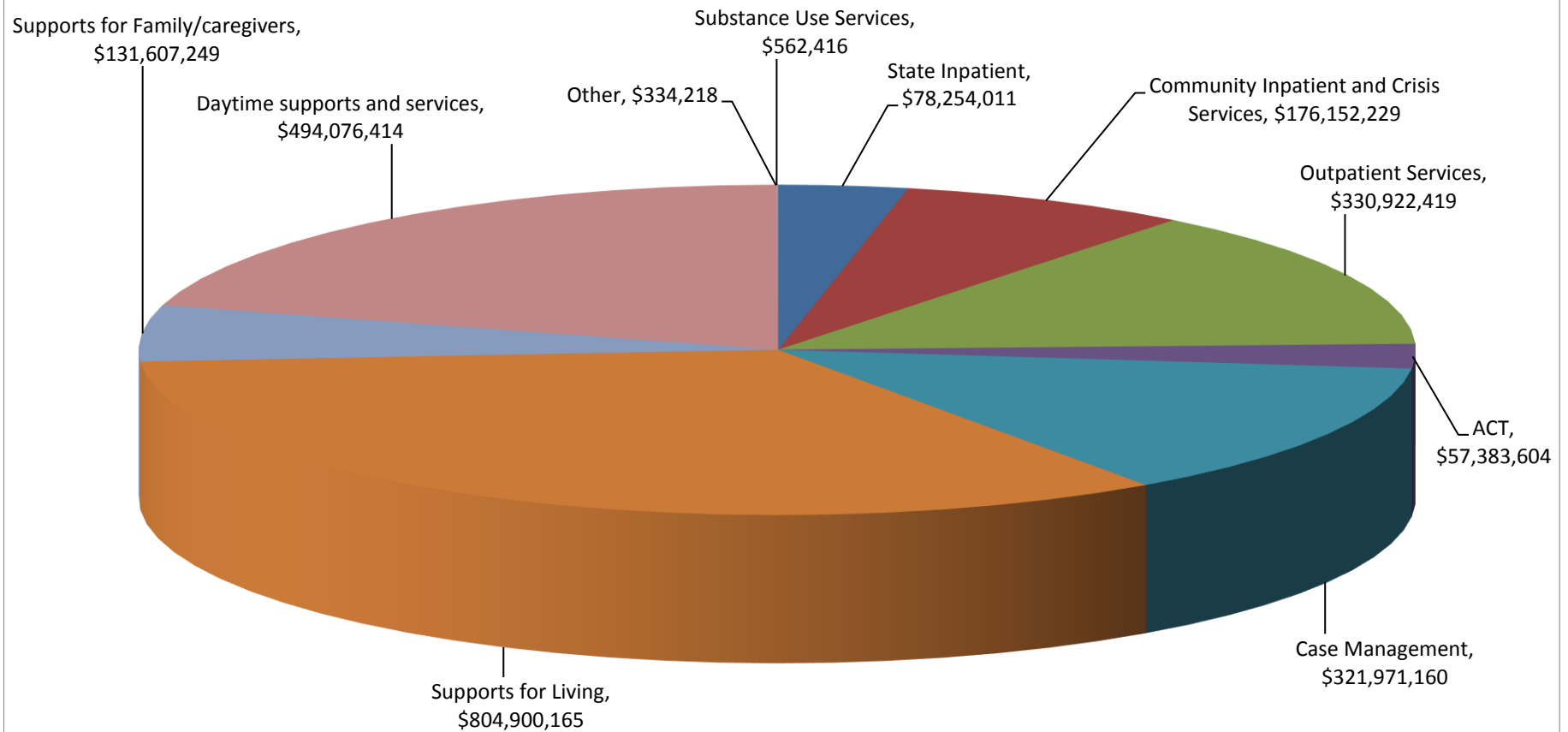
Then click on 'Statistics and Reports'

Then click on 'CMHSP Sub-element Cost Reports for Section 404'

The direct link to these reports is:

http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_4902-256889--,00.html

FY 15 CMHSP Services Gross Cost by Total Population
\$2,375,574,357
Served: 241,329



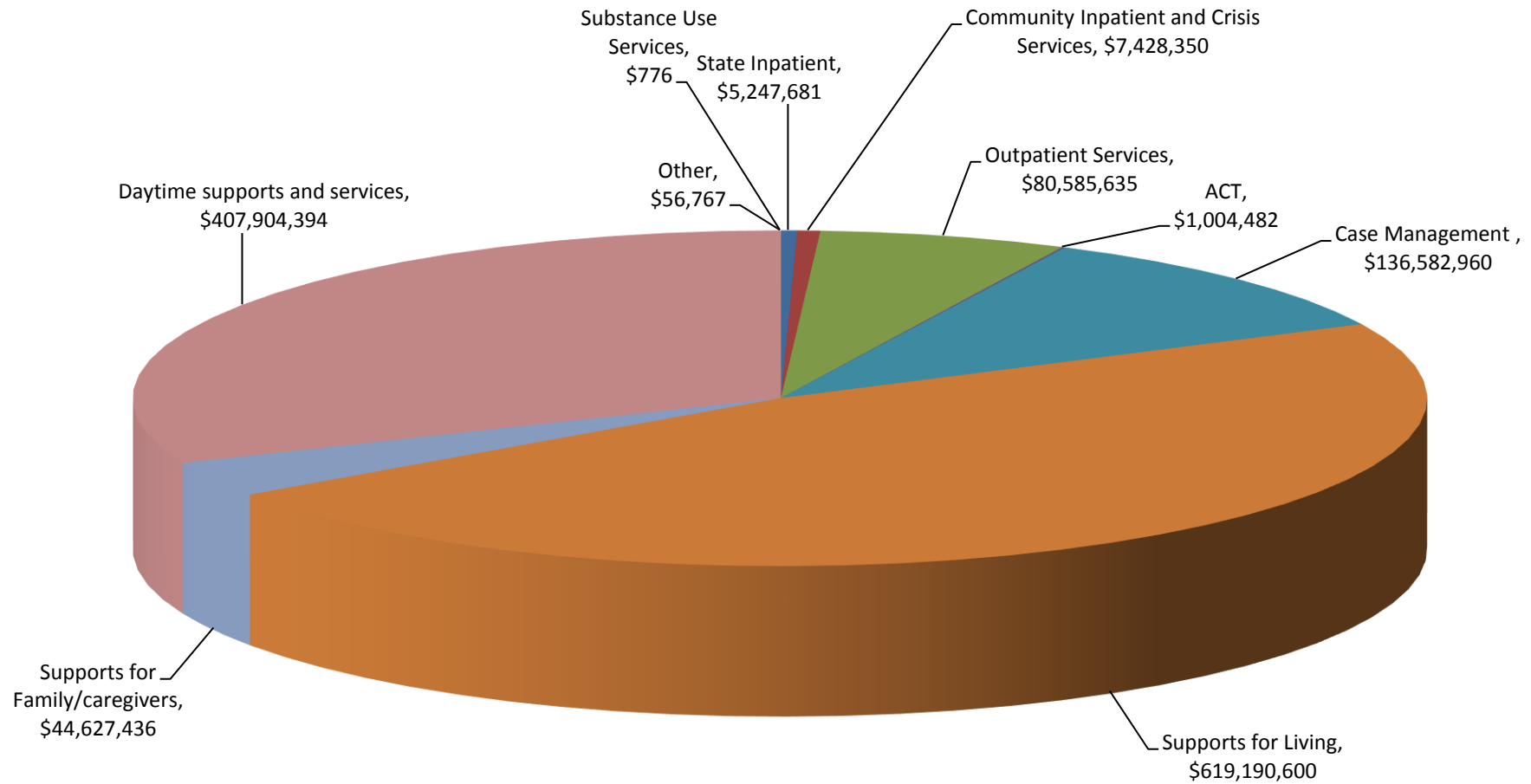
Section 404(2)(c) summarizes the service costs reported in the Sub-element Cost Report and does not include the costs for administration, "other", non-encounterable services or indirect prevention. These costs are shown by CMHSP in Section 404(2)(b).

FY 15 CMHSP Services Gross Cost by I/DD Population

\$1,302,629,081

Served: 45,629

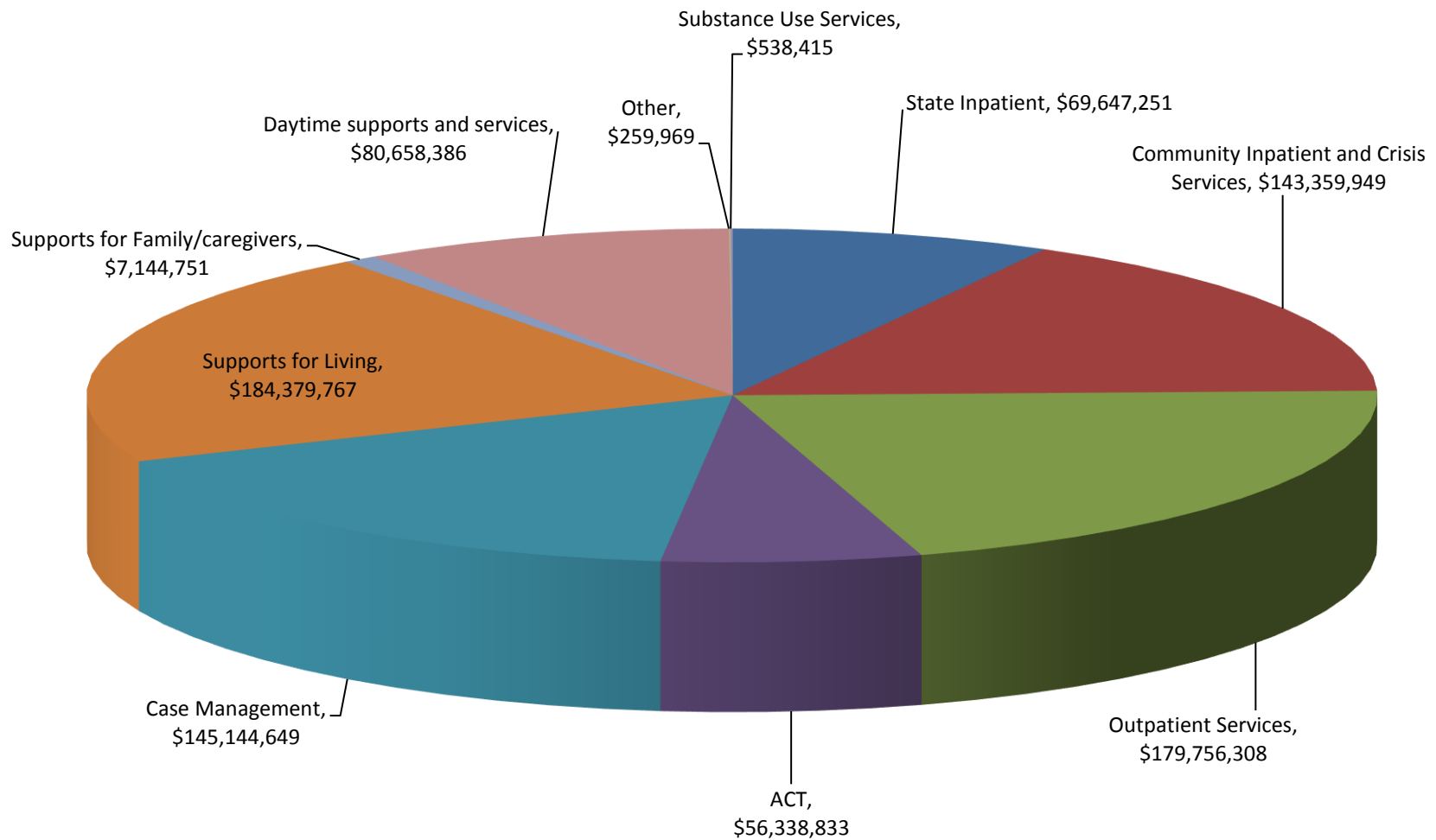
(Note: # served includes dual diagnosis I/DD & MI consumers)



FY 15 CMHSP Services Gross Cost by MI-A Population

\$867,228,280

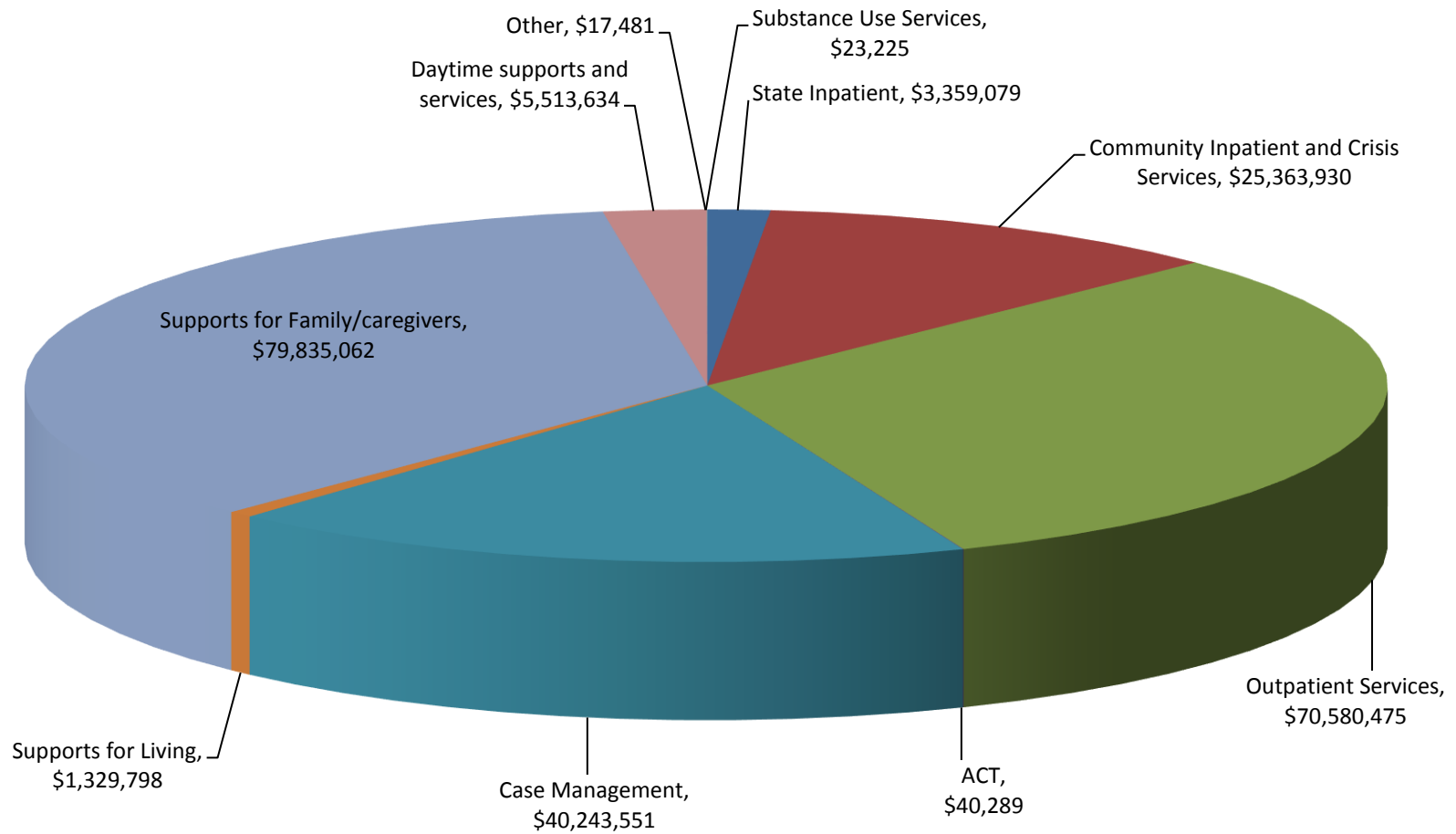
Served: 135,124



FY 15 CMHSP Services Gross Cost by SED Child Population

\$205,716,996

Served: 41,529



FY15 CMHSP Services Gross Cost by Adults with Mental Illness Population

CMH Name	State Inpatient		Community Inpatient and Crisis		Outpatient Services		Assertive Community Treatment (ACT)		Case Management		Supports for Living		Family Caregiver Supports		Daytime Supports and Services	
	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost
Allegan	\$253,721	3.57%	\$1,100,274	15.49%	\$1,878,230	26.44%	\$593,640	8.36%	\$964,958	13.58%	\$1,678,891	23.64%	\$69,716	0.98%	\$563,838	7.94%
AuSable Valley	\$26,548	0.54%	\$790,151	16.09%	\$1,029,212	20.95%	\$689,927	14.04%	\$1,021,704	20.80%	\$1,114,583	22.69%	\$35,221	0.72%	\$204,970	4.17%
Barry	\$0	0.00%	\$586,159	15.97%	\$1,848,452	50.36%	\$0	0.00%	\$362,065	9.86%	\$651,155	17.74%	\$1,224	0.03%	\$208,500	5.68%
Bay-Arenac	\$745,251	4.64%	\$1,974,716	12.30%	\$4,769,791	29.72%	\$1,447,301	9.02%	\$2,557,345	15.93%	\$3,002,992	18.71%	\$197,767	1.23%	\$1,354,750	8.44%
Berrien	\$766,080	5.66%	\$1,131,714	8.36%	\$3,048,748	22.53%	\$761,740	5.63%	\$1,604,009	11.85%	\$5,103,779	37.72%	\$11,776	0.09%	\$1,096,984	8.11%
Clinton Eaton Ingham	\$3,476,390	11.22%	\$4,906,878	15.84%	\$5,178,727	16.72%	\$1,326,290	4.28%	\$5,503,299	17.76%	\$7,726,387	24.94%	\$44,121	0.14%	\$2,386,427	7.70%
CMH for Central Michigan	\$868,511	3.17%	\$2,269,586	8.27%	\$9,207,742	33.57%	\$2,120,097	7.73%	\$4,062,817	14.81%	\$4,692,868	17.11%	\$492,439	1.80%	\$3,713,339	13.54%
Copper Country	\$88,433	1.94%	\$579,390	12.70%	\$1,335,451	29.27%	\$580,334	12.72%	\$419,672	9.20%	\$1,035,703	22.70%	\$29,628	0.65%	\$494,469	10.84%
Detroit-Wayne	\$25,128,459	12.11%	\$29,443,594	14.18%	\$43,549,596	20.98%	\$11,656,129	5.62%	\$34,114,968	16.44%	\$43,514,544	20.96%	\$2,277,011	1.10%	\$17,870,112	8.61%
Genesee	\$5,484,986	10.88%	\$14,286,049	28.34%	\$6,495,483	12.89%	\$3,510,555	6.97%	\$11,099,351	22.02%	\$6,118,418	12.14%	\$99,568	0.20%	\$3,307,628	6.56%
Gogebic	\$146,508	8.73%	\$219,319	13.07%	\$313,562	18.69%	\$303,853	18.11%	\$293,692	17.51%	\$175,661	10.47%	\$91,055	5.43%	\$133,912	7.98%
Graatiot	\$184,832	4.13%	\$669,078	14.96%	\$2,350,651	52.57%	\$0	0.00%	\$679,116	15.19%	\$13,153	0.29%	\$0	0.00%	\$574,507	12.85%
Hiawatha	\$117,347	2.47%	\$698,345	14.68%	\$1,343,918	28.24%	\$570,233	11.98%	\$577,046	12.13%	\$1,064,673	22.37%	\$14,952	0.31%	\$371,845	7.81%
Huron	\$0	0.00%	\$490,269	10.84%	\$1,515,454	33.52%	\$623,445	13.79%	\$645,348	14.27%	\$379,565	8.39%	\$132,685	2.93%	\$734,950	16.25%
Ionia	\$0	0.00%	\$739,455	17.32%	\$1,455,145	34.08%	\$0	0.00%	\$1,120,175	26.24%	\$283,604	6.64%	\$327,591	7.67%	\$342,697	8.03%
Kalamazoo	\$1,590,148	6.56%	\$3,559,819	14.69%	\$4,248,004	17.54%	\$1,101,914	4.55%	\$3,436,410	14.19%	\$8,631,627	35.63%	\$0	0.00%	\$1,657,151	6.84%
Lapeer	\$455,156	6.90%	\$821,071	12.44%	\$1,415,070	21.44%	\$580,649	8.80%	\$734,864	11.13%	\$1,478,953	22.41%	\$0	0.00%	\$1,114,188	16.88%
Lenawee	\$519,430	7.81%	\$1,183,705	17.80%	\$1,382,199	20.79%	\$0	0.00%	\$1,265,268	19.03%	\$1,659,148	24.95%	\$29,346	0.44%	\$610,449	9.18%
LifeWays	\$1,492,819	6.84%	\$4,838,578	22.18%	\$4,028,854	18.47%	\$2,654,970	12.17%	\$2,239,310	10.27%	\$4,747,800	21.77%	\$76,491	0.35%	\$1,732,871	7.94%
Livingston	\$0	0.00%	\$1,539,650	20.94%	\$2,344,429	31.89%	\$724,931	10.64%	\$724,931	9.86%	\$800,703	10.89%	\$88,727	1.21%	\$1,070,162	14.56%
Macomb	\$4,474,228	8.98%	\$12,336,347	24.76%	\$6,713,060	13.48%	\$1,697,260	3.41%	\$6,279,544	12.60%	\$15,272,237	30.66%	\$354,358	0.71%	\$2,572,069	5.16%
Centra Wellness (Manistee-Benzie)	\$0	0.00%	\$274,723	6.34%	\$1,476,565	34.08%	\$417,649	9.64%	\$715,496	16.51%	\$429,303	9.91%	\$131,258	3.03%	\$885,730	20.44%
Monroe	\$0	0.00%	\$924,676	13.71%	\$2,278,579	33.79%	\$589,369	8.74%	\$854,576	12.67%	\$697,592	10.35%	\$140,531	2.08%	\$1,257,601	18.65%
Montcalm	\$22,360	0.41%	\$1,002,120	18.32%	\$1,550,207	28.34%	\$612,917	11.21%	\$509,755	9.32%	\$847,375	15.49%	\$240,063	4.39%	\$684,596	12.52%
HealthWest (Muskegon)	\$794,880	4.61%	\$3,417,588	19.81%	\$1,551,290	8.99%	\$406,567	2.36%	\$3,152,435	18.28%	\$5,590,578	32.41%	\$629,786	3.65%	\$1,675,971	9.72%
Network180	\$3,054,763	7.04%	\$14,187,921	32.71%	\$3,521,119	8.12%	\$2,987,249	6.89%	\$7,539,206	17.38%	\$10,444,148	24.08%	\$19,683	0.05%	\$1,622,005	3.74%
Newaygo	\$60,049	1.33%	\$690,260	15.23%	\$1,802,807	39.79%	\$0	0.00%	\$1,272,221	28.08%	\$269,471	5.95%	\$15,111	0.33%	\$421,002	9.29%
North Country	\$436,541	3.88%	\$1,385,074	12.31%	\$2,380,430	21.16%	\$1,016,584	9.04%	\$1,387,626	12.33%	\$2,347,872	20.87%	\$79,992	0.71%	\$2,217,101	19.71%
Northeast Michigan	\$6,086	0.09%	\$1,012,781	14.52%	\$1,439,790	20.65%	\$551,062	7.90%	\$1,339,585	19.21%	\$1,030,558	14.78%	\$60,945	0.87%	\$1,514,562	21.72%
Northern Lakes	\$632,670	3.72%	\$3,469,515	20.41%	\$3,662,753	21.54%	\$2,059,391	12.11%	\$2,736,378	16.10%	\$3,086,609	18.16%	\$35,285	0.21%	\$1,318,713	7.76%
Northpointe	\$140,800	2.35%	\$942,366	15.75%	\$1,592,652	26.61%	\$346,781	5.79%	\$1,011,590	16.90%	\$826,509	13.81%	\$113,317	1.89%	\$1,010,743	16.89%
Oakland	\$10,255,285	10.50%	\$11,671,565	11.95%	\$16,877,640	17.29%	\$6,186,840	6.34%	\$20,696,248	21.20%	\$22,510,421	23.06%	\$111,177	0.11%	\$9,287,954	9.51%
Ottawa	\$113,160	1.18%	\$2,146,277	22.37%	\$2,399,651	25.01%	\$789,776	8.23%	\$1,001,616	10.44%	\$1,599,977	16.68%	\$49,239	0.51%	\$1,493,506	15.57%
Pathways	\$129,618	1.40%	\$1,915,890	20.76%	\$2,128,650	23.07%	\$951,995	10.32%	\$1,202,814	13.04%	\$2,260,575	24.50%	\$15,941	0.17%	\$621,840	6.74%
Pines	\$114,380	3.01%	\$575,100	15.11%	\$1,118,751	29.40%	\$475,070	12.49%	\$727,796	19.13%	\$513,947	13.51%	\$0	0.00%	\$279,756	7.35%
Saginaw	\$2,775,909	11.00%	\$4,005,286	15.87%	\$5,020,848	19.90%	\$694,638	2.75%	\$4,743,200	18.80%	\$5,556,506	22.02%	\$323,854	1.28%	\$2,113,660	8.38%
Sanilac	\$0	0.00%	\$740,739	15.11%	\$1,440,088	29.38%	\$570,349	11.63%	\$726,200	14.81%	\$735,285	15.00%	\$43,233	0.88%	\$646,306	13.18%
Shiawassee	\$94,615	1.57%	\$765,540	12.67%	\$1,371,439	22.70%	\$702,871	11.64%	\$1,147,972	19.00%	\$769,401	12.74%	\$261,633	4.33%	\$889,487	14.72%
St. Clair	\$1,356,342	9.59%	\$2,455,319	17.36%	\$4,243,882	30.01%	\$410,744	2.90%	\$1,141,973	8.07%	\$1,971,912	13.94%	\$20,498	0.14%	\$2,542,536	17.98%
St. Joseph	\$852,264	15.13%	\$584,754	10.38%	\$1,114,888	19.79%	\$513,913	9.12%	\$886,378	15.73%	\$1,290,558	22.91%	\$0	0.00%	\$385,210	6.84%
Summit Pointe	\$502,208	3.02%	\$1,665,429	10.01%	\$4,211,756	25.32%	\$1,699,634	10.22%	\$4,179,526	25.13%	\$2,648,225	15.92%	\$166,362	1.00%	\$1,542,673	9.27%
Tuscola	\$404,331	7.97%	\$520,980	10.27%	\$1,825,359	35.98%	\$441,281	8.70%	\$911,772	17.97%	\$656,926	12.95%	\$102,452	2.02%	\$156,578	3.09%
Van Buren	\$262,808	3.52%	\$573,974	7.68%	\$1,091,263	14.61%	\$691,797	9.26%	\$977,772	13.09%	\$2,793,880	37.40%	\$12,554	0.17%	\$1,065,350	14.26%
Washtenaw	\$1,424,224	5.28%	\$3,282,850	12.16%	\$7,454,305	27.62%	\$1,402,103	5.19%	\$5,100,005	18.90%	\$4,003,462	14.83%	\$63,474	0.24%	\$4,260,189	15.78%
West Michigan	\$27,618	0.43%	\$704,346	10.84%	\$1,908,666	29.37%	\$813,164	12.51%	\$1,065,668	16.40%	\$1,445,828	22.25%	\$131,106	2.02%	\$401,745	6.18%
Woodlands	\$367,492	11.96%	\$280,727	9.14%	\$841,153	27.39%	\$6,270	0.20%	\$410,749	13.37%	\$906,403	29.51%	\$3,581	0.12%	\$247,755	8.07%
Statewide Total	\$69,647,251	8.03%	\$143,359,949	16.53%	\$179,756,308	20.73%	\$56,338,833	6.50%	\$145,144,649	16.74%	\$184,379,767	21.26%	\$7,144,751	0.82%	\$80,658,386	9.30%

- 1) The Costs for each category were derived from the FY 2015 Sub-Element Cost Reports.
2) The Statewide Total "Number of Consumers" were derived from the FY 2015 Section 904 Unique QI file.
3) Shaded boxes indicate outliers in percent spent on the service category. Outliers were determined based on the distance from Tukey's upper and lower quartiles/hinges.

Shaded boxes:

FY15 CMHSP Services Gross Cost by Adults with Mental Illness Population

Other		Substance Use		Statewide Total		
CMH Name	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Number of Consumers	% of CMH Total Cost
Allegan	\$0	0.00%	\$0	0.00%	943	100.00%
AuSable Valley	\$0	0.00%	\$0	0.00%	1,059	100.00%
Barry	\$0	0.00%	\$12,950	0.35%	914	100.00%
Bay-Arenac	\$0	0.00%	\$0	0.00%	3,332	100.00%
Berrien	\$0	0.00%	\$6,088	0.04%	2,838	100.00%
Clinton Eaton Ingham	\$0	0.00%	\$431,970	1.39%	4,174	100.00%
CMH for Central Michigan	\$0	0.00%	\$0	0.00%	4,668	100.00%
Copper Country	\$0	0.00%	\$0	0.00%	589	100.00%
Detroit-Wayne	\$0	0.00%	\$18,722	0.01%	41,023	100.00%
Genesee	\$0	0.00%	\$0	0.00%	5,509	100.00%
Gogebic	\$0	0.00%	\$0	0.00%	213	100.00%
Gratiot	\$0	0.00%	\$0	0.00%	873	100.00%
Hiawatha	\$0	0.00%	\$0	0.00%	666	100.00%
Huron	\$0	0.00%	\$0	0.00%	548	100.00%
Ionia	\$0	0.00%	\$1,057	0.02%	954	100.00%
Kalamazoo	\$0	0.00%	\$0	0.00%	3,516	100.00%
Lapeer	\$0	0.00%	\$0	0.00%	805	100.00%
Lenawee	\$0	0.00%	\$0	0.00%	1,176	100.00%
LifeWays	\$0	0.00%	\$0	0.00%	3,827	100.00%
Livingston	\$0	0.00%	\$0	0.00%	1,088	100.00%
Macomb	\$118,843	0.24%	\$0	0.00%	6,356	100.00%
Centra Wellness (Manistee-Benzie)	\$0	0.00%	\$2,090	0.05%	603	100.00%
Monroe	\$0	0.00%	\$0	0.00%	1,328	100.00%
Montcalm	\$0	0.00%	\$0	0.00%	761	100.00%
HealthWest (Muskegon)	\$30,211	0.18%	\$0	0.00%	2,324	100.00%
Network180	\$1,426	0.00%	\$0	0.00%	5,607	100.00%
Newaygo	\$0	0.00%	\$0	0.00%	779	100.00%
North Country	\$0	0.00%	\$0	0.00%	1,728	100.00%
Northeast Michigan	\$17,838	0.26%	\$0	0.00%	965	100.00%
Northern Lakes	\$0	0.00%	\$0	0.00%	3,276	100.00%
Northpointe	\$0	0.00%	\$0	0.00%	956	100.00%
Oakland	\$0	0.00%	\$34,423	0.04%	10,776	100.00%
Ottawa	\$0	0.00%	\$0	0.00%	1,319	100.00%
Pathways	\$0	0.00%	\$0	0.00%	1,420	100.00%
Pines	\$0	0.00%	\$83	0.00%	1,263	100.00%
Saginaw	\$0	0.00%	\$0	0.00%	2,875	100.00%
Sanilac	\$0	0.00%	\$0	0.00%	582	100.00%
Shiawassee	\$37,887	0.63%	\$0	0.00%	729	100.00%
St. Clair	\$0	0.00%	\$0	0.00%	1,664	100.00%
St. Joseph	\$0	0.00%	\$6,294	0.11%	879	100.00%
Summit Pointe	\$0	0.00%	\$17,428	0.10%	3,436	100.00%
Tuscola	\$53,764	1.06%	\$0	0.00%	645	100.00%
Van Buren	\$0	0.00%	\$0	0.00%	1,379	100.00%
Washtenaw	\$0	0.00%	\$0	0.00%	2,914	100.00%
West Michigan	\$0	0.00%	\$0	0.00%	1,297	100.00%
Woodlands	\$0	0.00%	\$7,310	0.24%	548	100.00%
Statewide Total	\$259,969	0.03%	\$538,415	0.06%	135,124	100.00%

1) The Costs for each category were derived from the FY 2015 Sub-Element Cost Reports.

2) The Statewide Total "Number of Consumers" were derived from the FY 2015 Section 904 Unique QI file.

3) Shaded boxes indicate outliers in percent spent on the service category. Outliers were determined based on the distance from Tukey's upper and lower quartiles/hinges.

FY15 CMHSP Services Gross Cost by Children with Serious Emotional Disturbance Population

CMH Name	State Inpatient		Community Inpatient and Crisis		Outpatient Services		Assertive Community Treatment (ACT)		Case Management		Supports for Living		Family Caregiver Supports		Daytime Supports and Services	
	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost
Allegan	\$14,167	0.73%	\$203,041	10.43%	\$366,182	18.81%	\$0	0.00%	\$217,185	11.16%	\$7,510	0.39%	\$1,126,733	57.88%	\$11,974	0.62%
AuSable Valley	\$0	0.00%	\$182,996	5.66%	\$1,322,890	40.95%	\$0	0.00%	\$1,102,122	34.11%	\$644	0.02%	\$468,407	14.50%	\$153,656	4.76%
Barry	\$29,376	3.23%	\$219,669	24.15%	\$505,317	55.56%	\$0	0.00%	\$67,685	7.44%	\$0	0.00%	\$84,527	9.29%	\$0	0.00%
Bay-Arenac	\$111,555	2.58%	\$582,791	13.49%	\$1,733,539	40.12%	\$0	0.00%	\$649,193	15.02%	\$82,554	1.91%	\$1,008,580	23.34%	\$153,057	3.54%
Berrien	\$74,304	2.18%	\$174,331	5.11%	\$1,029,751	30.16%	\$0	0.00%	\$462,215	13.54%	\$3,119	0.09%	\$1,623,395	47.55%	\$45,204	1.32%
Clinton Eaton Ingham	\$0	0.00%	\$874,092	6.85%	\$1,968,394	15.41%	\$0	0.00%	\$960,221	7.52%	\$367	0.00%	\$8,702,199	68.15%	\$260,213	2.04%
CMH for Central Michigan	\$7,095	0.13%	\$378,651	6.79%	\$2,413,254	43.25%	\$0	0.00%	\$433,488	7.77%	\$7,548	0.14%	\$2,289,530	41.03%	\$50,265	0.90%
Copper Country	\$87,198	16.26%	\$114,440	21.34%	\$137,023	25.55%	\$0	0.00%	\$21,110	3.94%	\$6,670	1.24%	\$169,819	31.66%	\$94	0.02%
Detroit-Wayne	\$1,178,901	0.93%	\$6,047,583	21.66%	\$24,621,533	20.60%	\$129	0.00%	\$16,110,942	24.01%	\$147,481	0.01%	\$18,265,021	31.62%	\$188,740	1.18%
Genesee	\$108,864	0.93%	\$2,529,599	21.66%	\$2,406,108	20.60%	\$0	0.00%	\$2,804,508	24.01%	\$787	0.01%	\$3,693,885	31.62%	\$137,587	1.18%
Gogebic	\$0	0.00%	\$9,376	3.36%	\$82,917	29.67%	\$0	0.00%	\$38,258	13.69%	\$121	0.04%	\$147,831	52.90%	\$942	0.34%
Gratiot	\$8,064	0.32%	\$165,492	6.59%	\$821,303	32.70%	\$0	0.00%	\$143,454	5.71%	\$0	0.00%	\$1,367,150	54.43%	\$6,159	0.25%
Hiawatha	\$24,605	2.61%	\$170,798	18.10%	\$344,292	36.48%	\$0	0.00%	\$161,408	17.10%	\$0	0.00%	\$237,686	25.18%	\$5,098	0.54%
Huron	\$0	0.00%	\$80,888	11.17%	\$279,995	38.68%	\$0	0.00%	\$59,966	8.28%	\$3,391	0.47%	\$294,443	40.67%	\$5,225	0.72%
Ionia	\$0	0.00%	\$71,782	3.88%	\$476,796	25.78%	\$0	0.00%	\$315,342	17.05%	\$471	0.03%	\$972,460	52.58%	\$6,432	0.35%
Kalamazoo	\$99,936	1.96%	\$517,108	10.15%	\$1,031,729	20.24%	\$0	0.00%	\$783,725	15.38%	\$7,267	0.14%	\$1,830,713	35.92%	\$826,123	16.21%
Lapeer	\$118,815	8.85%	\$185,329	13.80%	\$321,009	23.91%	\$0	0.00%	\$389,096	28.98%	\$0	0.00%	\$312,748	23.29%	\$15,646	1.17%
Lenawee	\$0	0.00%	\$195,457	16.90%	\$453,435	39.20%	\$0	0.00%	\$199,813	17.27%	\$0	0.00%	\$288,433	24.93%	\$19,719	1.70%
LifeWays	\$79,254	1.33%	\$601,338	10.11%	\$1,144,106	19.24%	\$0	0.00%	\$233,833	3.93%	\$219,658	3.69%	\$3,630,116	61.05%	\$37,921	0.64%
Livingston	\$0	0.00%	\$223,115	8.55%	\$901,917	34.56%	\$0	0.00%	\$452,619	17.34%	\$588	0.02%	\$1,030,191	39.48%	\$1,209	0.05%
Macomb	\$107,559	1.30%	\$1,750,265	21.09%	\$1,384,417	16.68%	\$0	0.00%	\$1,346,199	16.22%	\$18,226	0.22%	\$2,254,872	27.17%	\$1,436,461	17.31%
Centra Wellness (Manistee-Benzle)	\$43,623	2.68%	\$101,007	6.21%	\$497,712	30.62%	\$0	0.00%	\$71,650	4.41%	\$0	0.00%	\$859,098	52.85%	\$52,543	3.23%
Monroe	\$0	0.00%	\$96,545	4.97%	\$863,634	44.43%	\$0	0.00%	\$458,824	23.61%	\$12,509	0.64%	\$507,827	26.13%	\$4,405	0.23%
Montcalm	\$0	0.00%	\$202,074	10.92%	\$565,785	30.56%	\$0	0.00%	\$230,430	12.45%	\$17,163	0.93%	\$833,319	45.02%	\$2,383	0.13%
HealthWest (Muskegon)	\$89,495	2.02%	\$357,044	8.07%	\$537,171	12.15%	\$0	0.00%	\$713,442	16.13%	\$11,836	0.27%	\$2,646,635	59.84%	\$66,741	1.51%
Network180	\$176,624	1.22%	\$2,137,380	14.72%	\$2,617,864	18.03%	\$33,712	0.23%	\$2,994,695	20.62%	\$204,644	1.41%	\$5,857,718	40.33%	\$492,987	3.39%
Newaygo	\$0	0.00%	\$170,385	8.68%	\$720,574	36.71%	\$0	0.00%	\$313,560	15.98%	\$10,188	0.52%	\$744,707	37.94%	\$3,356	0.17%
North Country	\$188,478	6.01%	\$431,216	13.76%	\$968,637	30.90%	\$0	0.00%	\$587,655	18.75%	\$199,824	6.38%	\$756,478	24.13%	\$2,163	0.07%
Northeast Michigan	\$58,298	4.24%	\$207,189	15.07%	\$392,092	28.52%	\$0	0.00%	\$508,520	36.99%	\$20,353	1.48%	\$98,776	7.19%	\$85,662	6.23%
Northern Lakes	\$0	0.00%	\$547,776	14.09%	\$1,024,002	26.34%	\$0	0.00%	\$942,648	24.25%	\$0	0.00%	\$1,345,020	34.60%	\$28,422	0.73%
Northpointe	\$0	0.00%	\$123,664	9.50%	\$454,201	34.90%	\$0	0.00%	\$274,633	21.10%	\$2,483	0.19%	\$360,422	27.70%	\$85,884	6.60%
Oakland	\$285,696	1.92%	\$1,314,000	8.83%	\$5,880,864	39.50%	\$6,448	0.04%	\$1,739,724	11.69%	\$84,991	0.57%	\$5,318,908	35.73%	\$257,044	1.73%
Ottawa	\$0	0.00%	\$591,679	24.96%	\$1,089,277	45.95%	\$0	0.00%	\$128,687	5.43%	\$21,624	0.91%	\$524,276	22.11%	\$15,258	0.64%
Pathways	\$98,363	4.35%	\$294,542	13.02%	\$995,263	44.00%	\$0	0.00%	\$225,915	9.99%	\$41,538	1.84%	\$543,821	24.04%	\$62,522	2.76%
Pines	\$3,744	0.51%	\$139,180	18.96%	\$405,624	55.27%	\$0	0.00%	\$88,271	12.03%	\$0	0.00%	\$75,775	10.32%	\$21,315	2.90%
Saginaw	\$80,669	1.56%	\$1,185,130	22.92%	\$1,863,259	36.04%	\$0	0.00%	\$1,003,361	19.41%	\$50,332	0.97%	\$935,990	18.11%	\$50,975	0.99%
Sanilac	\$0	0.00%	\$167,371	14.97%	\$503,581	45.04%	\$0	0.00%	\$125,166	11.19%	\$5,111	0.46%	\$310,011	27.73%	\$6,849	0.61%
Shiawassee	\$0	0.00%	\$146,937	9.57%	\$668,221	43.52%	\$0	0.00%	\$124,774	8.13%	\$999	0.07%	\$544,887	35.49%	\$49,666	3.23%
St. Clair	\$133,200	2.24%	\$587,392	9.88%	\$1,887,480	31.74%	\$0	0.00%	\$500,647	8.42%	\$136,909	2.30%	\$2,414,118	40.59%	\$287,144	4.83%
St. Joseph	\$15,552	0.90%	\$57,421	3.34%	\$527,386	30.66%	\$0	0.00%	\$329,585	19.16%	\$0	0.00%	\$301,156	17.51%	\$488,875	28.42%
Summit Pointe	\$74,880	2.03%	\$270,265	7.31%	\$1,204,100	32.59%	\$0	0.00%	\$294,032	7.96%	\$422	0.01%	\$1,818,877	49.23%	\$32,212	0.87%
Tuscola	\$0	0.00%	\$98,641	4.65%	\$462,248	21.79%	\$0	0.00%	\$76,776	3.62%	\$2,468	0.12%	\$1,462,668	68.95%	\$5,127	0.24%
Van Buren	\$0	0.00%	\$92,355	8.76%	\$353,951	33.58%	\$0	0.00%	\$402,299	38.16%	\$0	0.00%	\$203,337	19.29%	\$2,262	0.21%
Washtenaw	\$12,380	0.35%	\$599,560	17.01%	\$1,495,889	42.45%	\$0	0.00%	\$713,072	20.23%	\$0	0.00%	\$698,938	19.83%	\$4,423	0.13%
West Michigan	\$0	0.00%	\$142,238	10.96%	\$391,493	30.17%	\$0	0.00%	\$311,591	24.01%	\$0	0.00%	\$410,612	31.64%	\$41,682	3.21%
Woodlands	\$48,384	4.27%	\$24,798	2.19%	\$464,260	40.92%	\$0	0.00%	\$131,213	11.57%	\$0	0.00%	\$462,949	40.81%	\$2,010	0.18%
Statewide Total	\$3,359,079	1.48%	\$25,363,930	11.21%	\$70,580,475	31.19%	\$40,289	0.02%	\$40,243,551	17.78%	\$1,329,798	0.59%	\$79,835,062	35.28%	\$5,513,634	2.44%

- 1) The Costs for each category were derived from the FY 2015 Sub-Element Cost Reports.
- 2) The Statewide Total "Number of Consumers" were derived from the FY 2015 Section 904 Unique QI file.
- 3) Shaded boxes indicate outliers in percent spent on the service category. Outliers were determined based on the distance from Tukey's upper and lower quartiles/hinges.

FY15 CMHSP Services Gross Cost by Children with Serious Emotional Disturbance Population

Other			Substance Use		Statewide Total		
CMH Name	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost
Allegan	\$0	0.00%	\$0	0.00%	302	\$1,946,792	100.00%
AuSable Valley	\$0	0.00%	\$0	0.00%	578	\$3,230,715	100.00%
Barry	\$0	0.00%	\$2,906	0.32%	248	\$909,480	100.00%
Bay-Arenac	\$0	0.00%	\$0	0.00%	959	\$4,321,269	100.00%
Berrien	\$0	0.00%	\$1,909	0.06%	868	\$3,414,228	100.00%
Clinton Eaton Ingham	\$0	0.00%	\$3,886	0.03%	1,667	\$12,769,372	100.00%
CMH for Central Michigan	\$0	0.00%	\$0	0.00%	1,564	\$5,579,831	100.00%
Copper Country	\$0	0.00%	\$0	0.00%	96	\$536,353	100.00%
Detroit-Wayne	\$0	0.00%	\$0	0.00%	12,566	\$66,560,331	100.00%
Genesee	\$0	0.00%	\$0	0.00%	1,664	\$11,681,338	100.00%
Gogebic	\$0	0.00%	\$0	0.00%	45	\$279,444	100.00%
Gratiot	\$0	0.00%	\$0	0.00%	386	\$2,511,621	100.00%
Hiawatha	\$0	0.00%	\$0	0.00%	228	\$943,887	100.00%
Huron	\$0	0.00%	\$0	0.00%	142	\$723,908	100.00%
Ionia	\$0	0.00%	\$6,273	0.34%	303	\$1,849,557	100.00%
Kalamazoo	\$0	0.00%	\$0	0.00%	1,104	\$5,096,601	100.00%
Lapeer	\$0	0.00%	\$0	0.00%	211	\$1,342,642	100.00%
Lenawee	\$0	0.00%	\$0	0.00%	366	\$1,156,857	100.00%
LifeWays	\$0	0.00%	\$0	0.00%	1,044	\$5,946,227	100.00%
Livingston	\$0	0.00%	\$0	0.00%	334	\$2,609,638	100.00%
Macomb	\$0	0.00%	\$0	0.00%	1,318	\$8,297,999	100.00%
Centra Wellness (Manistee-Benzie)	\$0	0.00%	\$0	0.00%	330	\$1,625,633	100.00%
Monroe	\$0	0.00%	\$0	0.00%	369	\$1,943,744	100.00%
Montcalm	\$0	0.00%	\$0	0.00%	450	\$1,851,154	100.00%
HealthWest (Muskegon)	\$219	0.00%	\$0	0.00%	622	\$4,422,583	100.00%
Network180	\$0	0.00%	\$7,434	0.05%	3,357	\$14,523,058	100.00%
Newaygo	\$0	0.00%	\$0	0.00%	375	\$1,962,770	100.00%
North Country	\$0	0.00%	\$0	0.00%	691	\$3,134,451	100.00%
Northeast Michigan	\$3,750	0.27%	\$0	0.00%	274	\$1,374,639	100.00%
Northern Lakes	\$0	0.00%	\$0	0.00%	929	\$3,887,868	100.00%
Northpointe	\$0	0.00%	\$0	0.00%	316	\$1,301,287	100.00%
Oakland	\$0	0.00%	\$0	0.00%	1,453	\$14,887,674	100.00%
Ottawa	\$0	0.00%	\$0	0.00%	534	\$2,370,801	100.00%
Pathways	\$0	0.00%	\$0	0.00%	471	\$2,261,964	100.00%
Pines	\$0	0.00%	\$0	0.00%	364	\$733,909	100.00%
Saginaw	\$0	0.00%	\$0	0.00%	792	\$5,169,716	100.00%
Sanilac	\$0	0.00%	\$0	0.00%	195	\$1,118,089	100.00%
Shiawassee	\$0	0.00%	\$0	0.00%	347	\$1,535,484	100.00%
St. Clair	\$0	0.00%	\$0	0.00%	590	\$5,946,890	100.00%
St. Joseph	\$0	0.00%	\$0	0.00%	406	\$1,719,975	100.00%
Summit Pointe	\$0	0.00%	\$0	0.00%	1,065	\$3,694,788	100.00%
Tuscola	\$13,512	0.64%	\$0	0.00%	209	\$2,121,440	100.00%
Van Buren	\$0	0.00%	\$0	0.00%	308	\$1,054,204	100.00%
Washtenaw	\$0	0.00%	\$0	0.00%	561	\$3,524,262	100.00%
West Michigan	\$0	0.00%	\$0	0.00%	257	\$1,297,616	100.00%
Woodlands	\$0	0.00%	\$816	0.07%	271	\$1,134,430	100.00%
Statewide Total	\$17,481	0.01%	\$23,225	0.01%	41,529	\$226,306,523	100.00%

- 1) The Costs for each category were derived from the FY 2015 Sub-Element Cost Reports.
2) The Statewide Total "Number of Consumers" were derived from the FY 2015 Section 904 Unique QI file.
3) Shaded boxes indicate outliers in percent spent on the service category. Outliers were determined based on the distance from Tukey's upper and lower quartiles/hinges.

FY15 CMHSP Services Gross Cost by Persons with Intellectual/Developmental Disabilities Population

CMH Name	State Inpatient		Community Inpatient and Crisis		Outpatient Services		Assertive Community Treatment (ACT)		Case Management		Supports for Living		Family Caregiver Supports		Daytime Supports and Services	
	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost
Allegan	\$78,563	0.61%	\$85,736	0.67%	\$1,757,287	13.65%	\$25,980	0.20%	\$1,356,164	10.54%	\$5,781,919	44.92%	\$639,527	4.97%	\$3,145,967	24.44%
AuSable Valley	\$0	0.00%	\$8,267	0.07%	\$516,275	4.37%	\$0	0.00%	\$742,708	6.28%	\$7,597,896	64.28%	\$42,539	0.36%	\$2,911,482	24.63%
Barry	\$0	0.00%	\$5,612	0.15%	\$520,124	14.06%	\$0	0.00%	\$467,060	12.63%	\$1,784,547	48.24%	\$79,444	2.15%	\$842,195	22.77%
Bay-Arenac	\$0	0.00%	\$104,375	0.53%	\$1,285,654	6.56%	\$0	0.00%	\$2,609,585	13.33%	\$8,897,431	45.43%	\$259,137	1.32%	\$6,427,857	32.82%
Berrien	\$0	0.00%	\$56,374	0.29%	\$1,791,356	9.11%	\$57,730	0.29%	\$2,793,701	14.21%	\$11,474,957	58.36%	\$263,665	1.34%	\$3,225,623	16.40%
Clinton Eaton Ingham	\$219,075	0.39%	\$0	0.00%	\$5,100,400	8.97%	\$0	0.00%	\$3,501,735	6.16%	\$18,120,655	31.87%	\$3,440,926	6.05%	\$26,479,219	46.57%
CMH for Central Michigan	\$230,289	0.46%	\$101,604	0.21%	\$1,849,350	3.73%	\$29,313	0.06%	\$3,794,776	7.66%	\$20,593,764	41.57%	\$768,319	1.55%	\$22,172,445	44.76%
Copper Country	\$127,506	1.61%	\$68,974	0.87%	\$547,168	6.92%	\$52,353	0.66%	\$717,164	9.07%	\$3,913,148	49.47%	\$94,441	1.19%	\$2,388,741	30.20%
Detroit-Wayne	\$962,683	0.40%	\$2,742,142	1.15%	\$16,898,386	7.07%	\$0	0.00%	\$32,165,250	13.45%	\$126,480,299	52.90%	\$4,418,327	1.85%	\$55,447,634	23.19%
Genesee	\$1,388,280	2.55%	\$407,244	0.75%	\$4,355,234	8.00%	\$23,554	0.04%	\$8,466,286	15.54%	\$24,031,094	44.12%	\$2,525,079	4.64%	\$13,273,222	24.37%
Gogebic	\$0	0.00%	\$2,734	0.08%	\$180,173	5.43%	\$24,215	0.73%	\$414,858	12.50%	\$1,824,546	54.96%	\$190,437	5.74%	\$683,014	20.57%
Gratiot	\$0	0.00%	\$0	0.00%	\$156,454	3.42%	\$0	0.00%	\$433,211	9.48%	\$1,322,427	28.93%	\$187,501	4.10%	\$2,470,777	54.06%
Hiawatha	\$0	0.00%	\$29,234	0.38%	\$544,731	7.08%	\$0	0.00%	\$601,083	7.82%	\$4,903,232	63.76%	\$135,777	1.77%	\$1,475,767	19.19%
Huron	\$0	0.00%	\$10,146	0.28%	\$222,819	6.05%	\$0	0.00%	\$349,915	9.50%	\$1,531,785	41.61%	\$67,556	1.83%	\$1,499,447	40.73%
Ionia	\$0	0.00%	\$1,578	0.03%	\$558,211	10.74%	\$0	0.00%	\$672,661	12.95%	\$2,920,729	56.21%	\$266,301	5.12%	\$776,685	14.95%
Kalamazoo	\$0	0.00%	\$205,019	0.63%	\$1,823,967	5.60%	\$52,614	0.16%	\$3,897,459	11.96%	\$19,457,041	59.68%	\$891,508	2.73%	\$6,272,067	19.24%
Lapeer	\$0	0.00%	\$54,008	0.49%	\$504,439	4.60%	\$5,729	0.05%	\$965,936	8.81%	\$5,117,015	46.66%	\$121,240	1.11%	\$4,198,552	38.28%
Lenawee	\$0	0.00%	\$11,074	0.14%	\$185,435	2.35%	\$0	0.00%	\$659,855	8.36%	\$3,958,045	50.12%	\$175,302	2.22%	\$2,906,928	36.81%
LifeWays	\$50,800	0.20%	\$375,770	1.47%	\$1,574,985	6.17%	\$129,401	0.51%	\$2,351,243	9.21%	\$14,954,910	58.61%	\$821,714	3.22%	\$5,259,229	20.61%
Livingston	\$92,898	0.61%	\$59,023	0.39%	\$1,509,710	9.92%	\$20,478	0.13%	\$1,514,683	9.95%	\$3,501,585	23.00%	\$665,108	4.37%	\$7,859,783	51.63%
Macomb	\$0	0.00%	\$1,098,192	0.89%	\$7,279,730	5.89%	\$95,631	0.08%	\$13,381,719	10.83%	\$42,254,706	34.20%	\$11,422,876	9.25%	\$47,977,321	38.83%
Centra Wellness (Manistee-Benzie)	\$0	0.00%	\$4,297	0.07%	\$332,702	5.60%	\$0	0.00%	\$602,239	10.14%	\$3,082,178	51.88%	\$109,919	1.85%	\$1,809,932	30.46%
Monroe	\$194,179	0.98%	\$42,650	0.22%	\$946,304	4.79%	\$70,257	0.36%	\$1,312,311	6.64%	\$4,370,346	22.12%	\$734,921	3.72%	\$12,089,572	61.18%
Montcalm	\$0	0.00%	\$38,278	0.68%	\$544,108	9.61%	\$60,399	1.07%	\$650,728	11.49%	\$2,368,508	41.81%	\$601,619	10.62%	\$1,401,143	24.73%
HealthWest (Muskegon)	\$347,928	1.02%	\$324,641	0.95%	\$1,478,913	4.33%	\$1,983	0.01%	\$2,423,381	7.10%	\$20,736,939	60.72%	\$1,540,602	4.51%	\$7,293,106	21.36%
Network180	\$0	0.00%	\$3,217	0.01%	\$4,076,996	6.45%	\$0	0.00%	\$7,165,829	11.34%	\$37,665,435	59.61%	\$1,404,832	2.22%	\$12,867,463	20.37%
Newaygo	\$16,111	0.36%	\$12,746	0.29%	\$452,311	10.12%	\$0	0.00%	\$519,956	11.63%	\$2,452,285	54.84%	\$245,460	5.49%	\$772,596	17.28%
North Country	\$0	0.00%	\$64,554	0.25%	\$1,182,146	4.65%	\$1,384	0.01%	\$1,991,449	7.84%	\$15,539,793	61.17%	\$146,304	0.58%	\$6,477,433	25.50%
Northeast Michigan	\$0	0.00%	\$20,748	0.12%	\$1,094,146	6.58%	\$0	0.00%	\$1,361,279	8.18%	\$7,491,804	45.03%	\$134,402	0.81%	\$6,533,023	39.27%
Northern Lakes	\$0	0.00%	\$115,747	0.44%	\$1,360,271	5.14%	\$21,943	0.08%	\$1,836,436	6.94%	\$14,817,981	55.97%	\$799,841	3.02%	\$7,523,573	28.42%
Northpointe	\$0	0.00%	\$49,455	0.53%	\$734,122	7.91%	\$1,407	0.02%	\$909,333	9.80%	\$4,951,574	53.38%	\$340,550	3.67%	\$2,289,748	24.68%
Oakland	\$40,896	0.03%	\$229,669	0.16%	\$3,573,768	2.47%	\$0	0.00%	\$13,443,523	9.29%	\$76,775,065	53.05%	\$5,285,808	3.65%	\$45,370,058	31.35%
Ottawa	\$116,205	0.51%	\$17,023	0.07%	\$878,902	3.84%	\$0	0.00%	\$3,343,129	14.62%	\$11,197,861	48.98%	\$535,799	2.34%	\$6,773,503	29.63%
Pathways	\$463,317	2.15%	\$124,683	0.58%	\$861,971	4.00%	\$396	0.00%	\$1,345,721	6.24%	\$14,549,492	67.44%	\$301,075	1.40%	\$3,928,294	18.21%
Pines	\$0	0.00%	\$26,755	0.50%	\$366,005	6.86%	\$41,206	0.77%	\$313,451	5.88%	\$3,383,426	63.42%	\$220,503	4.13%	\$983,870	18.44%
Saginaw	\$202,569	0.65%	\$224,377	0.73%	\$3,221,506	10.41%	\$0	0.00%	\$2,982,502	9.64%	\$12,142,841	39.24%	\$1,234,404	3.99%	\$10,935,181	35.34%
Sanilac	\$0	0.00%	\$18,401	0.18%	\$753,692	7.24%	\$0	0.00%	\$1,108,737	10.65%	\$4,502,886	43.25%	\$319,894	3.07%	\$3,708,749	35.62%
Shiawassee	\$198,755	2.14%	\$120,616	1.30%	\$708,180	7.61%	\$19,709	0.21%	\$705,210	7.58%	\$2,342,239	25.18%	\$280,649	3.02%	\$4,925,158	52.96%
St. Clair	\$97,155	0.32%	\$137,252	0.46%	\$2,546,416	8.45%	\$653	0.00%	\$1,336,163	4.43%	\$12,814,877	42.51%	\$637,222	2.11%	\$12,572,729	41.71%
St. Joseph	\$0	0.00%	\$31,858	0.43%	\$348,463	4.71%	\$22,417	0.30%	\$623,068	8.43%	\$4,853,744	65.67%	\$175,691	2.38%	\$1,335,948	18.07%
Summit Pointe	\$0	0.00%	\$79,660	0.53%	\$934,703	6.22%	\$135,715	0.90%	\$2,909,227	19.36%	\$7,263,748	48.33%	\$535,741	3.56%	\$3,170,374	21.09%
Tuscola	\$0	0.00%	\$3,959	0.04%	\$671,786	7.44%	\$1,375	0.02%	\$1,093,208	12.11%	\$4,967,822	55.05%	\$58,044	0.64%	\$2,214,170	24.53%
Van Buren	\$0	0.00%	\$27,555	0.35%	\$334,205	4.28%	\$16,509	0.21%	\$1,164,782	14.90%	\$3,918,044	50.13%	\$88,959	1.14%	\$2,265,234	28.98%
Washtenaw	\$164,905	0.37%	\$259,480	0.59%	\$2,748,887	6.23%	\$85,219	0.19%	\$4,272,226	9.68%	\$7,851,423	17.79%	\$838,388	1.90%	\$27,916,283	63.25%
West Michigan	\$77,878	0.71%	\$15,543	0.14%	\$1,013,929	9.22%	\$6,912	0.06%	\$837,391	7.61%	\$5,319,095	48.35%	\$324,337	2.95%	\$3,407,021	30.97%
Woodlands	\$177,688	2.85%	\$8,080	0.13%	\$259,315	4.16%	\$0	0.00%	\$474,631	7.62%	\$3,409,465	54.72%	\$255,748	4.10%	\$1,646,279	26.42%
Statewide Total	\$5,247,681	0.40%	\$7,428,350	0.57%	\$80,585,635	6.19%	\$1,004,482	0.08%	\$136,582,960	10.49%	\$619,190,600	47.53%	\$44,627,436	3.43%	\$407,904,394	31.31%

1) The Costs for each category were derived from the FY 2015 Sub-Element Cost Reports.

2) The Statewide Total "Number of Consumers" were derived from the FY 2015 Section 904 Unique QI file.

3) Shaded boxes indicate outliers in percent spent on the service category. Outliers were determined based on the distance from Tukey's upper and lower quartiles/hinges.

FY15 CMHSP Services Gross Cost by Persons with Intellectual/Developmental Disabilities Population

Other			Substance Use		Statewide Total		
CMH Name	Cost	% of CMH Total Cost	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost
Allegan	\$0	0.00%	\$0	0.00%	504	\$12,871,142	100.00%
AuSable Valley	\$0	0.00%	\$0	0.00%	296	\$11,819,167	100.00%
Barry	\$0	0.00%	\$0	0.00%	171	\$3,698,983	100.00%
Bay-Arenac	\$0	0.00%	\$0	0.00%	701	\$19,584,039	100.00%
Berrien	\$0	0.00%	\$0	0.00%	637	\$19,663,405	100.00%
Clinton Eaton Ingham	\$0	0.00%	\$0	0.00%	1,798	\$56,862,010	100.00%
CMH for Central Michigan	\$0	0.00%	\$0	0.00%	1,519	\$49,539,860	100.00%
Copper Country	\$0	0.00%	\$0	0.00%	239	\$7,909,494	100.00%
Detroit-Wayne	\$0	0.00%	\$0	0.00%	10,078	\$239,114,720	100.00%
Genesee	\$0	0.00%	\$0	0.00%	1,884	\$54,469,994	100.00%
Gogebic	\$0	0.00%	\$0	0.00%	115	\$3,319,977	100.00%
Gratiot	\$0	0.00%	\$0	0.00%	216	\$4,570,371	100.00%
Hiawatha	\$0	0.00%	\$0	0.00%	289	\$7,689,825	100.00%
Huron	\$0	0.00%	\$0	0.00%	184	\$3,681,667	100.00%
Ionia	\$0	0.00%	\$0	0.00%	236	\$5,196,164	100.00%
Kalamazoo	\$0	0.00%	\$0	0.00%	997	\$32,599,675	100.00%
Lapeer	\$0	0.00%	\$0	0.00%	364	\$10,966,920	100.00%
Lenawee	\$0	0.00%	\$0	0.00%	307	\$7,896,639	100.00%
LifeWays	\$0	0.00%	\$0	0.00%	941	\$25,518,052	100.00%
Livingston	\$0	0.00%	\$0	0.00%	599	\$15,223,269	100.00%
Macomb	\$38,520	0.03%	\$0	0.00%	3,684	\$123,548,695	100.00%
Centra Wellness (Manistee-Benzie)	\$0	0.00%	\$0	0.00%	203	\$5,941,267	100.00%
Monroe	\$0	0.00%	\$0	0.00%	615	\$19,760,541	100.00%
Montcalm	\$0	0.00%	\$0	0.00%	237	\$5,664,783	100.00%
HealthWest (Muskegon)	\$1,971	0.01%	\$0	0.00%	1,117	\$34,149,462	100.00%
Network180	\$0	0.00%	\$0	0.00%	2,423	\$63,183,772	100.00%
Newaygo	\$0	0.00%	\$0	0.00%	207	\$4,471,465	100.00%
North Country	\$0	0.00%	\$0	0.00%	797	\$25,403,063	100.00%
Northeast Michigan	\$1,762	0.01%	\$0	0.00%	395	\$16,637,165	100.00%
Northern Lakes	\$0	0.00%	\$0	0.00%	970	\$26,475,792	100.00%
Northpointe	\$0	0.00%	\$0	0.00%	382	\$9,276,189	100.00%
Oakland	\$0	0.00%	\$0	0.00%	4,879	\$144,718,787	100.00%
Ottawa	\$0	0.00%	\$0	0.00%	682	\$22,862,422	100.00%
Pathways	\$0	0.00%	\$0	0.00%	628	\$21,574,949	100.00%
Pines	\$0	0.00%	\$0	0.00%	244	\$5,335,215	100.00%
Saginaw	\$0	0.00%	\$0	0.00%	1,129	\$30,943,380	100.00%
Sanilac	\$0	0.00%	\$0	0.00%	293	\$10,412,360	100.00%
Shiawassee	\$0	0.00%	\$0	0.00%	301	\$9,300,516	100.00%
St. Clair	\$0	0.00%	\$0	0.00%	1,026	\$30,142,465	100.00%
St. Joseph	\$0	0.00%	\$0	0.00%	276	\$7,391,189	100.00%
Summit Pointe	\$0	0.00%	\$776	0.01%	662	\$15,029,945	100.00%
Tuscola	\$14,514	0.16%	\$0	0.00%	235	\$9,024,878	100.00%
Van Buren	\$0	0.00%	\$0	0.00%	346	\$7,815,288	100.00%
Washtenaw	\$0	0.00%	\$0	0.00%	1,290	\$44,136,812	100.00%
West Michigan	\$0	0.00%	\$0	0.00%	339	\$11,002,106	100.00%
Woodlands	\$0	0.00%	\$0	0.00%	194	\$6,231,205	100.00%
Statewide Total	\$56,767	0.00%	\$776	0.00%	45,629	\$1,302,629,081	100.00%

1) The Costs for each category were derived from the FY 2015 Sub-Element Cost Reports.

2) The Statewide Total "Number of Consumers" were derived from the FY 2015 Section 904 Unique QI file.

3) Shaded boxes indicate outliers in percent spent on the service category. Outliers were determined based on the distance from Tukey's upper and lower quartiles/hinges.

FY 2015 Statewide Cost Report for Adults with Mental Illness

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIA-Cases	MIA-Units	MIA-Cost
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	639.00	130,474.00	\$69,647,251.00
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0.00	0.00	\$0.00
STATE INPATIENT							\$69,647,250.64
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6,312.00	65,583.00	\$34,177,209.00
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	14,727.00	135,546.00	\$83,330,078.00
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258				0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0.00	0.00	\$0.00
ECT Anesthesia	0370				0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	1,131.00	1,581.00	\$280,085.00
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0.00	0.00	\$0.00
ECT Recovery Room	0710				0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0.00	0.00	\$0.00
Crisis Observation Care	0762			Hour	0.00	0.00	\$0.00
Additional Codes-ECT Facility Charge	0901			Encounter	29.00	295.00	\$204,942.00
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0.00	0.00	\$0.00
Outpatient Partial Hospitalization	0912			Days	953.00	6,914.00	\$1,513,339.00
Outpatient Partial Hospitalization	0913			Days	47.00	241.00	\$152,832.00
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0.00	0.00	\$0.00
Additional Codes-ECT Anesthesia		00104		Minutes	5.00	69.00	\$8,901.00
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0.00	0.00	\$0.00
Crisis Intervention		T2034		Days	0.00	0.00	\$0.00
Crisis Residential Services		H0018		Days	4,249.00	31,219.00	\$11,057,025.00
Crisis Intervention		H0030		Per Service	0.00	0.00	\$0.00
Crisis Intervention		H2011		15 Minutes	20,983.00	156,483.00	\$11,337,147.00
Crisis Intervention		H2020		Days	0.00	0.00	\$0.00
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	792.00	7,161.00	\$1,298,391.00
COMMUNITY INPATIENT AND CRISIS							\$143,359,949.28
Interactive Complexity - Add On Code		90785			148.00	461.00	\$17,268.00
Assessment		90791		Encounter	17,143.00	20,218.00	\$5,779,482.00
Assessment		90792		Encounter	24,113.00	29,540.00	\$8,389,669.00
Mental Health: Outpatient Care		90832		30 Minutes	21,664.00	60,294.00	\$4,581,388.00
Assessment		90833		30 Minutes	87.00	112.00	\$27,343.00
Mental Health: Outpatient Care		90834		45 Minutes	26,125.00	113,786.00	\$14,949,025.00
Assessment		90836		45 Minutes	21.00	23.00	\$5,673.00
Mental Health: Outpatient Care		90837		60 Minutes	21,511.00	101,169.00	\$19,704,762.00

FY 2015 Statewide Cost Report for Adults with Mental Illness

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIA-Cases	MIA-Units	MIA-Cost
Assessment		90838		60 Minutes	11.00	16.00	\$4,437.00
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	502.00	827.00	\$133,717.00
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	20.00	30.00	\$3,738.00
Therapy-Family Therapy		90846		Encounter	96.00	392.00	\$67,367.00
Therapy-Family Therapy		90847		Encounter	540.00	1,617.00	\$255,266.00
Therapy-Family Therapy		90849		Encounter	7.00	26.00	\$10,320.00
Therapy-Family Therapy		90849	HS	Encounter	8.00	21.00	\$6,528.00
Therapy-Group Therapy		90853		Encounter	8,175.00	86,128.00	\$7,546,069.00
Additional Codes-ECT Physician		90870		Encounter	11.00	82.00	\$43,653.00
Additional Codes-ECT Physician	0901	90870		Encounter	1.00	2.00	\$968.00
Assessments-Other		90887		Encounter	665.00	1,188.00	\$64,876.00
Speech & Language Therapy		92507		Encounter	0.00	0.00	\$0.00
Speech & Language Therapy		92508		Encounter	0.00	0.00	\$0.00
Speech & Language Therapy		92521		Encounter	0.00	0.00	\$0.00
Speech & Language Therapy		92522		Encounter	0.00	0.00	\$0.00
Speech & Language Therapy		92523		Encounter	0.00	0.00	\$0.00
Speech & Language Therapy		92524		Encounter	0.00	0.00	\$0.00
Speech & Language Therapy		92526		Encounter	0.00	0.00	\$0.00
Speech & Language Therapy		92610		Encounter	1.00	1.00	\$120.00
Psychological Testing PSYCH/PHYS		96101		Per Hour	449.00	1,150.00	\$334,386.00
Psychological Testing by Technician		96102		Per Hour	13.00	36.00	\$8,869.00
Psychological Testing by Comp		96103		Per Hour	2.00	2.00	\$210.00
Assessments-Other		96105		Encounter	1.00	1.00	\$130.00
Assessments-Other		96110		Encounter	103.00	130.00	\$24,171.00
Assessments-Other		96111		Encounter	41.00	41.00	\$345.00
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	1.00	1.00	\$120.00
Neuropsych test by Psych/Phys		96118		Per Hour	12.00	12.00	\$2,451.00
Neuropsych test by Tech		96119		Per Hour	0.00	0.00	\$0.00
Neuropsych test Admin w/Comp		96120		Per Hour	0.00	0.00	\$0.00
Assessments - Other		96127			0.00	0.00	\$0.00
Medication Administration		96372		Encounter	9,114.00	116,008.00	\$8,191,550.00
Physical Therapy		97001		Encounter	7.00	8.00	\$2,315.00
Physical Therapy		97002		Encounter	0.00	0.00	\$0.00
Occupational Therapy		97003		Encounter	106.00	113.00	\$35,430.00
Occupational Therapy		97004		Encounter	6.00	6.00	\$2,038.00
Occupational or Physical Therapy		97110		15 Minutes	10.00	121.00	\$3,486.00
Occupational or Physical Therapy		97112		15 Minutes	1.00	2.00	\$107.00
Occupational or Physical Therapy		97113		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97116		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97124		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97140		15 Minutes	1.00	8.00	\$190.00
Occupational or Physical Therapy		97150		Encounter	4.00	16.00	\$293.00
Occupational or Physical Therapy		97530		15 Minutes	128.00	3,631.00	\$136,941.00
Occupational or Physical Therapy		97532		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97533		15 Minutes	1.00	1.00	\$109.00
Occupational or Physical Therapy		97535		15 Minutes	57.00	2,109.00	\$117,919.00
Occupational or Physical Therapy		97537		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97542		15 Minutes	3.00	9.00	\$533.00
Occupational or Physical Therapy		97750		15 Minutes	0.00	0.00	\$0.00
Occupational Therapy		97755		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97760		15 Minutes	0.00	0.00	\$0.00
C/O for Orthotic/Prosth Use		97762		15 minutes	0.00	0.00	\$0.00
Assessment or Health Services		97802		15 Minutes	94.00	453.00	\$26,280.00
Assessment or Health Services		97803		15 Minutes	63.00	456.00	\$19,460.00
Health Services		97804		30 Minutes	1.00	3.00	\$1,505.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIA-Cases	MIA-Units	MIA-Cost
New Patient Evaluation and Management		99201		Encounter	638.00	923.00	\$71,555.00
New Patient Evaluation and Management		99202		Encounter	630.00	635.00	\$101,637.00
New Patient Evaluation and Management		99203		Encounter	164.00	167.00	\$39,048.00
New Patient Evaluation and Management		99204		Encounter	319.00	319.00	\$89,658.00
New Patient Evaluation and Management		99205		Encounter	779.00	782.00	\$366,919.00
Established Patient Evaluation and Management		99211		Encounter	3,934.00	10,242.00	\$1,215,996.00
Established Patient Evaluation and Management		99212		Encounter	18,432.00	44,090.00	\$4,839,992.00
Established Patient Evaluation and Management		99213		Encounter	58,858.00	204,863.00	\$24,950,025.00
Established Patient Evaluation and Management		99214		Encounter	23,117.00	57,034.00	\$11,539,905.00
Established Patient Evaluation and Management		99215		Encounter	3,440.00	4,665.00	\$1,489,750.00
Additional Codes-Physician Services		99221		30 Minutes	466.00	508.00	\$36,580.00
Additional Codes-Physician Services		99222		50 Minutes	997.00	1,193.00	\$153,342.00
Additional Codes-Physician Services		99223		70 Minutes	435.00	470.00	\$48,145.00
Additional Codes-Physician Services		99224		15 Minutes	0.00	0.00	\$0.00
Additional Codes-Physician Services		99225		25 minutes	0.00	0.00	\$0.00
Additional Codes-Physician Services		99226		35 Minutes	0.00	0.00	\$0.00
Additional Codes-Physician Services		99231		15 Minutes	2,082.00	8,385.00	\$439,666.00
Additional Codes-Physician Services		99232		25 minutes	2,171.00	9,005.00	\$513,139.00
Additional Codes-Physician Services		99233		35 Minutes	1,332.00	4,398.00	\$351,704.00
Nursing Facility Services evaluation and management		99304		25 minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99305		35 Minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99306		45 Minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99307		10 Minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99308		15 Minutes	151.00	429.00	\$52,062.00
Nursing Facility Services evaluation and management		99309		25 minutes	435.00	858.00	\$117,848.00
Nursing Facility Services evaluation and management		99310		35 Minutes	111.00	135.00	\$19,599.00
Assessment		99324		Encounter	4.00	4.00	\$547.00
Assessment		99325		Encounter	11.00	11.00	\$1,456.00
Assessment		99326		Encounter	8.00	8.00	\$1,521.00
Assessment		99327		Encounter	8.00	8.00	\$2,167.00
Assessment		99328		Encounter	0.00	0.00	\$0.00
Assessment		99334		Encounter	79.00	163.00	\$8,855.00
Assessment		99335		Encounter	185.00	509.00	\$49,699.00
Assessment		99336		Encounter	44.00	47.00	\$7,538.00
Assessment		99337		Encounter	5.00	5.00	\$1,263.00
Assessment		99341		Encounter	0.00	0.00	\$0.00
Assessment		99342		Encounter	0.00	0.00	\$0.00
Assessment		99343		Encounter	0.00	0.00	\$0.00
Assessment		99344		Encounter	0.00	0.00	\$0.00
Assessment		99345		Encounter	0.00	0.00	\$0.00
Assessment		99347		Encounter	6.00	14.00	\$2,691.00
Assessment		99348		Encounter	52.00	114.00	\$12,019.00
Assessment		99349		Encounter	30.00	45.00	\$4,332.00
Assessment		99350		Encounter	3.00	3.00	\$329.00
Medication Administration		99506		Encounter	85.00	347.00	\$50,700.00
Medication Management		99605		15 Minutes	0.00	0.00	\$0.00
Assessment		H0002		Encounter	23,632.00	28,634.00	\$5,722,437.00
Assessment		H0031		Encounter	59,200.00	75,513.00	\$17,974,323.00
Assessment		H0031	HW	Encounter	10.00	10.00	\$3,473.00
Health Services		H0034		15 Minutes	983.00	4,893.00	\$689,283.00
Comprehensive Medication Services - EBP only		H2010		15 minutes	0.00	0.00	\$0.00
Mental Health Therapy		H2027		15 Minutes	0.00	0.00	\$0.00
Behavior Services		H2019		15 Minutes	806.00	65,327.00	\$2,803,003.00
Behavior Services		H2019	TT	15 Minutes	399.00	37,923.00	\$1,067,391.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIA-Cases	MIA-Units	MIA-Cost
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	2,589.00	4,278.00	\$381,610.00
Occupational or Physical Therapy		S8990		Encounter	0.00	0.00	\$0.00
Health Services		S9445		Encounter	8,306.00	20,731.00	\$1,942,379.00
Health Services		S9446		Encounter	696.00	4,643.00	\$1,225,753.00
Health Services		S9470		Encounter	79.00	332.00	\$62,463.00
Assessment		T1001		Encounter	18,852.00	21,217.00	\$2,908,250.00
Health Services		T1002		Up to 15 min	17,633.00	88,473.00	\$6,666,841.00
Assessments		T1023		Encounter	14,873.00	19,614.00	\$9,888,097.00
Pharmacy (Drugs and Other Biologicals)					1,938.00	0.00	\$2,525,914.00
Aggregate for 'J' Codes		ALL			1,785.00	0.00	\$8,814,899.00
OUTPATIENT SERVICES							\$179,756,308.37
ASSERTIVE COMMUNITY TREATMENT (ACT)		H0039		15 Minutes	5,326.00	974,405.00	\$56,338,832.94
Treatment Planning		H0032		Encounter	43,852.00	71,638.00	\$11,153,361.00
Monitoring of Treatment - Clinician		H0032	TS	Encounter	4,877.00	7,921.00	\$1,514,040.00
Behavior Treatment Plan Review		H2000		Encounter	197.00	687.00	\$73,378.00
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	154.00	850.00	\$110,357.00
Wraparound		H2021		15 Minutes	29.00	1,306.00	\$105,567.00
Wraparound		H2022		Days	11.00	101.00	\$36,059.00
Wraparound (SED Waiver)		H2022	TT	Days	0.00	0.00	\$0.00
Supports Coordination/Wrap Facilitation		T1016		15 minutes	9,610.00	214,936.00	\$16,092,708.00
Targeted Case Management		T1017		15 minutes	62,529.00	1,892,285.00	\$114,487,803.00
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1,209.00	18,130.00	\$1,571,375.00
CASE MANAGEMENT							\$145,144,649.21
Enhanced Medical Equipment-Supplies		E1399		Items	3.00	4.00	\$1,516.00
Community Living Supports in Independent living/own home		H0043		Per diem	1,552.00	298,916.00	\$23,035,054.00
Community Living Supports (Daily)		H2016		Per Diem	978.00	225,092.00	\$13,745,478.00
Community Living Supports (Daily)		H2016	TF	Per Diem	773.00	135,233.00	\$10,434,870.00
Community Living Supports (Daily)		H2016	TG	Per Diem	3,454.00	840,097.00	\$84,600,147.00
Foster Care		S5140		Days	33.00	5,523.00	\$152,192.00
Foster Care		S5145		Days	2.00	413.00	\$44,749.00
Personal Emergency Response System (PERS)		S5160		Encounter	2.00	2.00	\$2,397.00
Personal Emergency Response System (PERS)		S5161		Month	44.00	386.00	\$426,305.00
Environmental Modification		S5165		Service	1.00	1.00	\$3,208.00
Enhanced Medical Equipment-Supplies		S5199		Items	6.00	22.00	\$2,335.00
Residential Room and Board		S9976		Days	1,807.00	29,468.00	\$1,337,280.00
Private Duty Nursing		T1000		Up to 15 min	0.00	0.00	\$0.00
Private Duty Nursing		T1000	TD	Up to 15 min	0.00	0.00	\$0.00
Private Duty Nursing		T1000	TE	Up to 15 min	0.00	0.00	\$0.00
Personal Care in Licensed Specialized Residential Setting		T1020		Days	2,051.00	447,381.00	\$13,161,379.00
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	794.00	150,397.00	\$9,994,604.00
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1,777.00	468,537.00	\$24,110,155.00
Enhanced Medical Supplies or Pharmacy		T1999		Items	143.00	713.00	\$22,526.00
Fiscal Intermediary Services		T2025		Month	275.00	1,843.00	\$201,224.00
Enhanced Medical Equipment-Supplies		T2028		Items	2.00	7.00	\$1,353.00
Enhanced Medical Equipment-Supplies		T2029		Items	0.00	1.00	\$371.00
Housing Assistance		T2038		Service	1,232.00	7,618.00	\$3,102,624.00
Enhanced Medical Equipment-Supplies		T2039		Items	0.00	0.00	\$0.00
Goods and Services		T5999	HK	Per Item	0.00	0.00	\$0.00
Wraparound Services		T5999		Per Item	0.00	0.00	\$0.00
SUPPORTS FOR LIVING							\$184,379,767.33
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	195.00	1,411.00	\$293,242.00
Prevention Services - Direct Model		H0025		Face to Face Contact	104.00	1,054.00	\$179,596.00
Home Based Services		H0036		15 Minutes	705.00	68,609.00	\$5,105,847.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIA-Cases	MIA-Units	MIA-Cost
Home Based Services		H0036	ST	15 Minutes	54.00	3,781.00	\$303,239.00
Respite		H0045		Days	60.00	1,175.00	\$37,910.00
Home Based Services		H2033		15 Minutes	13.00	1,459.00	\$97,815.00
Family Training - EBP		S5110		15 Minutes	86.00	1,198.00	\$48,316.00
Family Training		S5111		Encounter	140.00	855.00	\$90,097.00
Family Training		S5111	HA	Encounter	0.00	0.00	\$0.00
Family Training (SED Waiver)		S5111	HM	Encounter	29.00	233.00	\$33,985.00
Respite		S5150		15 Minutes	1.00	116.00	\$256.00
Respite		S5151		Per Diem	2.00	7.00	\$877.00
Prevention Services - Direct Model		S9482		15 Minutes	183.00	9,378.00	\$694,213.00
Respite Care		T1005		15 Minutes	89.00	56,133.00	\$191,182.00
Respite Care		T1005	TD	15 Minutes	0.00	0.00	\$0.00
Respite Care		T1005	TE	15 Minutes	3.00	8.00	\$1,069.00
Respite Care (Children's Waiver)		T1005	TT	15 minutes	0.00	0.00	\$0.00
Family Psycho-Education - EBP		T1015		Encounter	127.00	284.00	\$54,279.00
Prevention Services - Direct Model		T1027		15 minutes	5.00	54.00	\$5,492.00
Prevention Services - Direct Model		T2024			2.00	18.00	\$4,474.00
Respite Care		T2036		Per session. One night = one session	2.00	18.00	\$2,862.00
Respite Care		T2037		Per session. One day/partial day = one session	0.00	0.00	\$0.00
FAMILY/CAREGIVER SUPPORTS							\$7,144,751.15
Transportation		A0080		Per mile	0.00	0.00	\$0.00
Transportation		A0090		Per mile	0.00	0.00	\$0.00
Transportation		A0100		Per one-way trip	169.00	262.00	\$18,197.00
Transportation		A0110		Per one-way trip	35.00	36.00	\$2,751.00
Transportation		A0120		Per one-way trip	148.00	2,760.00	\$23,671.00
Transportation		A0130		Per one-way trip	101.00	109.00	\$6,048.00
Transportation		A0140		Per one-way trip	0.00	0.00	\$0.00
Transportation		A0170			0.00	0.00	\$0.00
Additional Codes-Transportation		A0425		Per Mile	461.00	10,757.00	\$61,420.00
Additional Codes-Transportation		A0427		Refer to code descriptions.	141.00	156.00	\$46,302.00
Peer Directed and Operated Support Services		H0023		Encounter	1,612.00	39,994.00	\$3,281,118.00
Peer Directed and Operated Support Services		H0038		15 minutes	17,099.00	741,598.00	\$13,722,905.00
Peer Directed and Operated Support Services		H0038	TJ		84.00	2,006.00	\$154,694.00
Peer Directed and Operated Support Services		NA			1,309.00	4,145.00	\$3,707,558.00
Peer Directed and Operated Support Services		H0046		Encounter	0.00	0.00	\$0.00
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	2,865.00	1,902,407.00	\$7,548,148.00
Community Living Supports (15 Minutes)		H2015		15 Minutes	7,219.00	4,641,139.00	\$20,232,733.00
Supported Employment Services		H2023		15 minutes	3,753.00	671,292.00	\$8,220,382.00
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	3,883.00	4,341,087.00	\$22,690,042.00
Transportation		S0209		Per Mile	0.00	0.00	\$0.00
Transportation		S0215		Per Mile	2.00	478.00	\$449.00
Transportation		T2001		Encounter	5.00	21.00	\$536.00
Transportation		T2002		Per Diem	180.00	131,118.00	\$88,334.00
Transportation		T2003		Encounter / Trip	2,749.00	35,866.00	\$853,098.00
Transportation		T2004		Encounter	0.00	0.00	\$0.00
Transportation		T2005		Encounter	0.00	0.00	\$0.00
DAYTIME SUPPORTS AND SERVICES							\$80,658,386.27
OTHER					779.00	0.00	\$259,969.17
Drug Screen for Methadone Clients Only		80100		Per Screen	447.00	543.00	\$18,722.00
Drug Screen for Methadone Clients Only		80101		Per Screen	0.00	0.00	\$0.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIA-Cases	MIA-Units	MIA-Cost
Drug Screen for Methadone Clients Only		80300		Per Date of Service	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80301		Per Date of Service	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80302		Each Procedure	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80303		Per Date of Service	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80304		Each Procedure	0.00	0.00	\$0.00
Interactive Complexity - Add On Code - SUD		90785	HF	Interactive Complexity	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care		90832	HF	30 Minutes	6.00	7.00	\$689.00
Substance Abuse: Outpatient Care		90834	HF	45 Minutes	21.00	57.00	\$9,102.00
Substance Abuse: Outpatient Care		90837	HF	60 Minutes	13.00	29.00	\$6,987.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	54.00	262.00	\$28,727.00
Substance Abuse: Accupuncture		97810		Encounter	0.00	0.00	\$0.00
Substance Abuse: Accupuncture		97811		Encounter	0.00	0.00	\$0.00
Substance Abuse: New Patien Evaluation and Management		99201	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: New Patien Evaluation and Management		99202	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Physician Evaluation		99203	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Physician Evaluation		99204	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Physician Evaluation		99205	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99211	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99212	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99213	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99214	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99215	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Transportation		A0100		Per one-way trip	0.00	0.00	\$0.00
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0.00	0.00	\$0.00
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Individual Assessment		H0001		Encounter	150.00	151.00	\$36,681.00
Substance Abuse: Laboratory		H0003		Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	5.00	6.00	\$553.00
Substance Abuse: Case Management		H0006		Encounter	0.00	0.00	\$0.00
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0.00	0.00	\$0.00
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0.00	0.00	\$0.00
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care	0906	H0015		Days	2.00	12.00	\$1,496.00
Substance Abuse: Residential	1002	H0018	HF	Days	1.00	4.00	\$2,090.00
Substance Abuse: Residential	1002	H0019	HF	Days	0.00	0.00	\$0.00
Substance Abuse: Methadone		H0020		Encounter	0.00	0.00	\$0.00
Substance Abuse: Early Intervention		H0022		Encounter	0.00	0.00	\$0.00
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0.00	0.00	\$0.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIA-Cases	MIA-Units	MIA-Cost
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0.00	0.00	\$0.00
Substance Abuse: Recovery Support Services		H0038	TF	15 Minutes	5.00	62.00	\$258.00
Substance Abuse: Laboratory (cells now unlocked)		H0048		Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment		H0050		15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	545.00	3,894.00	\$432,053.00
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		S0215	HF	Per Mile	0.00	0.00	\$0.00
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	1.00	31.00	\$1,057.00
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Child Sitting Services		T1009		Encounter	0.00	0.00	\$0.00
Substance Abuse: Recovery Support Services		T1012		Encounter	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2001	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2004	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2005	HF	Encounter	0.00	0.00	\$0.00
SUBSTANCE USE SERVICES							\$538,415.30

FY 2015 Statewide Cost Report for Children with Serious Emotional Disturbance

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	147.00	10,120.00	\$3,359,078.00
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0.00	0.00	\$1.00
STATE INPATIENT							\$3,359,078.86
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2,198.00	19,921.00	\$12,746,951.00
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	785.00	7,213.00	\$5,061,563.00
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0.00	0.00	\$0.00
ECT Anesthesia	0370				0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0.00	0.00	\$0.00
ECT Recovery Room	0710				0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0.00	0.00	\$0.00
Crisis Observation Care	0762			Hour	0.00	0.00	\$0.00
Additional Codes-ECT Facility Charge	0901			Encounter	2.00	39.00	\$37,913.00
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902- 0904, 0911, 0914- 0919			# of visits	0.00	0.00	\$0.00
Outpatient Partial Hospitalization	0912			Days	1,251.00	11,474.00	\$3,141,301.00
Outpatient Partial Hospitalization	0913			Days	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0.00	0.00	\$0.00
Additional Codes-ECT Anesthesia		00104		Minutes	0.00	0.00	\$0.00
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0.00	0.00	\$0.00
Crisis Intervention		T2034		Days	1.00	8.00	\$3,331.00
Crisis Residential Services		H0018		Days	404.00	3,218.00	\$1,167,950.00
Crisis Intervention		H0030		Per Service	0.00	0.00	\$0.00
Crisis Intervention		H2011		15 Minutes	5,542.00	36,616.00	\$2,789,354.00
Crisis Intervention		H2020		Days	0.00	0.00	\$13.00
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	345.00	1,918.00	\$415,554.00
COMMUNITY INPATIENT AND CRISIS							\$25,363,929.55
Interactive Complexity - Add On Code		90785			411.00	1,575.00	\$40,979.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Assessment for Autism		90785	U5		0.00	0.00	\$0.00
Assessment		90791		Encounter	3,830.00	4,695.00	\$1,597,590.00
Assessment for Autism		90791	U5	Encounter	5.00	6.00	\$1,962.00
Assessment		90792		Encounter	6,568.00	6,753.00	\$2,851,449.00
Assessment for Autism		90792	U5	Encounter	0.00	0.00	\$0.00
Mental Health: Outpatient Care		90832		30 Minutes	6,473.00	15,372.00	\$1,543,428.00
Assessment		90833		30 Minutes	3.00	4.00	\$500.00
Assessment for Autism		90833	U5	30 Minutes	0.00	0.00	\$0.00
Mental Health: Outpatient Care		90834		45 Minutes	11,345.00	50,311.00	\$6,808,307.00
Assessment		90836		45 Minutes	2.00	2.00	\$430.00
Assessment for Autism		90836	U5	45 Minutes	0.00	0.00	\$0.00
Mental Health: Outpatient Care		90837		60 Minutes	10,856.00	52,713.00	\$10,617,175.00
Assessment		90838		60 Minutes	22.00	22.00	\$7,633.00
Assessment for Autism		90838	U5	60 Minutes	0.00	0.00	\$0.00
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	71.00	110.00	\$17,676.00
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0.00	0.00	\$0.00
Therapy-Family Therapy		90846		Encounter	3,748.00	14,232.00	\$2,378,018.00
Therapy-Family Therapy		90847		Encounter	12,328.00	56,734.00	\$9,021,367.00
Therapy-Family Therapy		90849		Encounter	77.00	339.00	\$48,232.00
Therapy-Family Therapy		90849	HS	Encounter	1.00	2.00	\$74.00
Therapy-Group Therapy		90853		Encounter	2,031.00	13,184.00	\$1,331,023.00
Pharmacological Management (SED Waiver)		90863		Encounter	0.00	0.00	\$0.00
Additional Codes-ECT Physician		90870		Encounter	0.00	0.00	\$0.00
Additional Codes-ECT Physician	0901	90870		Encounter	0.00	0.00	\$0.00
Assessments-Other		90887		Encounter	466.00	499.00	\$57,294.00
Speech & Language Therapy		92507		Encounter	45.00	975.00	\$96,959.00
Speech & Language Therapy		92508		Encounter	3.00	19.00	\$4,765.00
Speech & Language Therapy		92521		Encounter	0.00	0.00	\$0.00
Speech & Language Therapy		92522		Encounter	4.00	4.00	\$210.00
Speech & Language Therapy		92523		Encounter	33.00	36.00	\$5,002.00
Speech & Language Therapy		92524		Encounter	0.00	0.00	\$0.00
Speech & Language Therapy		92526		Encounter	0.00	0.00	\$0.00
Speech & Language Therapy		92610		Encounter	0.00	0.00	\$0.00
Psychological Testing PSYCH/PHYS		96101		Per Hour	1,311.00	3,172.00	\$1,049,289.00
Assessment for Autism		96101	U5	Hour	129.00	467.00	\$88,757.00
Psychological Testing by Technician		96102		Per Hour	15.00	31.00	\$3,951.00
Assessment for Autism		96102	U5	Hour	0.00	0.00	\$0.00
Psychological Testing by Comp		96103		Per Hour	0.00	0.00	\$0.00
Assessments-Other		96105		Encounter	0.00	0.00	\$0.00
Assessments-Other		96110		Encounter	1,599.00	2,104.00	\$1,385,886.00
Assessments-Other		96111		Encounter	3.00	6.00	\$7,956.00
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0.00	0.00	\$0.00
Neuropsych test by Psych/Phys		96118		Per Hour	12.00	47.00	\$11,923.00
Assessment for Autism		96118	U5	Hour	8.00	8.00	\$2,915.00
Neuropsych test by Tech		96119		Per Hour	2.00	5.00	\$668.00
Assessment for Autism		96119	U5	Hour	0.00	0.00	\$0.00
Neuropsych test Admin w/Comp		96120		Per Hour	0.00	0.00	\$0.00

FY 2015 Statewide Cost Report for Children with Serious Emotional Disturbance

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Assessments - Other		96127			0.00	0.00	\$0.00
Medication Administration		96372		Encounter	59.00	781.00	\$36,551.00
Physical Therapy		97001		Encounter	3.00	3.00	\$540.00
Physical Therapy		97002		Encounter	0.00	0.00	\$0.00
Occupational Therapy		97003		Encounter	159.00	170.00	\$41,393.00
Occupational Therapy		97004		Encounter	7.00	9.00	\$667.00
Occupational or Physical Therapy		97110		15 Minutes	28.00	495.00	\$16,037.00
Occupational or Physical Therapy		97112		15 Minutes	13.00	259.00	\$7,514.00
Occupational or Physical Therapy		97113		15 Minutes	1.00	14.00	\$676.00
Occupational or Physical Therapy		97116		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97124		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97140		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97150		Encounter	0.00	0.00	\$0.00
Occupational or Physical Therapy		97530		15 Minutes	95.00	3,498.00	\$144,369.00
Occupational or Physical Therapy		97532		15 Minutes	2.00	3.00	\$165.00
Occupational or Physical Therapy		97533		15 Minutes	39.00	869.00	\$34,163.00
Occupational or Physical Therapy		97535		15 Minutes	11.00	77.00	\$3,535.00
Occupational or Physical Therapy		97537		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97542		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97750		15 Minutes	0.00	0.00	\$0.00
Occupational Therapy		97755		15 Minutes	0.00	0.00	\$0.00
Occupational or Physical Therapy		97760		15 Minutes	0.00	0.00	\$0.00
C/O for Orthotic/Prosth Use		97762		15 minutes	0.00	0.00	\$0.00
Assessment or Health Services		97802		15 Minutes	119.00	554.00	\$19,080.00
Assessment or Health Services		97803		15 Minutes	152.00	4,249.00	\$129,008.00
Health Services		97804		30 Minutes	0.00	0.00	\$0.00
New Patient Evaluation and Management		99201		Encounter	32.00	60.00	\$7,330.00
Assessment for Autism		99201	U5	Encounter	0.00	0.00	\$0.00
New Patient Evaluation and Management		99202		Encounter	19.00	19.00	\$4,147.00
Assessment for Autism		99202	U5	Encounter	0.00	0.00	\$0.00
New Patient Evaluation and Management		99203		Encounter	43.00	46.00	\$4,097.00
Assessment for Autism		99203	U5	Encounter	0.00	0.00	\$0.00
New Patient Evaluation and Management		99204		Encounter	31.00	31.00	\$9,637.00
Assessment for Autism		99204	U5	Encounter	0.00	0.00	\$0.00
New Patient Evaluation and Management		99205		Encounter	104.00	106.00	\$54,385.00
Assessment for Autism		99205	U5	Encounter	0.00	0.00	\$0.00
Established Patient Evaluation and Management		99211		Encounter	548.00	1,287.00	\$73,775.00
Assessment for Autism		99211	U5	Encounter	0.00	0.00	\$0.00
Established Patient Evaluation and Management		99212		Encounter	2,304.00	5,604.00	\$647,623.00
Assessment for Autism		99212	U5	Encounter	0.00	0.00	\$0.00
Established Patient Evaluation and Management		99213		Encounter	10,482.00	33,384.00	\$5,193,830.00
Assessment for Autism		99213	U5	Encounter	1.00	6.00	\$1,352.00
Established Patient Evaluation and Management		99214		Encounter	7,231.00	19,284.00	\$4,181,828.00
Assessment for Autism		99214	U5	Encounter	2.00	2.00	\$421.00
Established Patient Evaluation and Management		99215		Encounter	1,194.00	2,574.00	\$937,752.00
Assessment for Autism		99215	U5	Encounter	1.00	1.00	\$224.00
Additional Codes-Physician Services		99221		30 Minutes	83.00	92.00	\$7,696.00

FY 2015 Statewide Cost Report for Children with Serious Emotional Disturbance

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Additional Codes-Physician Services		99222		50 Minutes	217.00	246.00	\$38,037.00
Additional Codes-Physician Services		99223		70 Minutes	46.00	69.00	\$8,134.00
Additional Codes-Physician Services		99224		15 Minutes	0.00	0.00	\$0.00
Additional Codes-Physician Services		99225		25 minutes	0.00	0.00	\$0.00
Additional Codes-Physician Services		99226		35 Minutes	0.00	0.00	\$0.00
Additional Codes-Physician Services		99231		15 Minutes	147.00	410.00	\$38,386.00
Additional Codes-Physician Services		99232		25 minutes	283.00	1,534.00	\$128,025.00
Additional Codes-Physician Services		99233		35 Minutes	125.00	307.00	\$27,522.00
Nursing Facility Services evaluation and management		99304		25 minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99305		35 Minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99306		45 Minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99307		10 Minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99308		15 Minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99309		25 minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99310		35 Minutes	0.00	0.00	\$0.00
Assessment		99324		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99324	U5	Encounter	0.00	0.00	\$0.00
Assessment		99325		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99325	U5	Encounter	0.00	0.00	\$0.00
Assessment		99326		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99326	U5	Encounter	0.00	0.00	\$0.00
Assessment		99327		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99327	U5	Encounter	0.00	0.00	\$0.00
Assessment		99328		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99328	U5	Encounter	0.00	0.00	\$0.00
Assessment		99334		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99334	U5	Encounter	0.00	0.00	\$0.00
Assessment		99335		Encounter	1.00	2.00	\$211.00
Assessment for Autism		99335	U5	Encounter	0.00	0.00	\$0.00
Assessment		99336		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99336	U5	Encounter	0.00	0.00	\$0.00
Assessment		99337		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99337	U5	Encounter	0.00	0.00	\$0.00
Assessment		99341		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99341	U5	Encounter	0.00	0.00	\$0.00
Assessment		99342		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99342	U5	Encounter	0.00	0.00	\$0.00
Assessment		99343		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99343	U5	Encounter	0.00	0.00	\$0.00
Assessment		99344		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99344	U5	Encounter	0.00	0.00	\$0.00
Assessment		99345		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99345	U5	Encounter	0.00	0.00	\$0.00
Assessment		99347		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99347	U5	Encounter	0.00	0.00	\$0.00
Assessment		99348		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99348	U5	Encounter	0.00	0.00	\$0.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Assessment		99349		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99349	U5	Encounter	0.00	0.00	\$0.00
Assessment		99350		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99350	U5	Encounter	0.00	0.00	\$0.00
Medication Administration		99506		Encounter	1.00	3.00	\$448.00
Medication Management		99605		15 Minutes	0.00	0.00	\$0.00
Assessment		H0002		Encounter	10,156.00	22,371.00	\$2,413,035.00
Assessment		H0031		Encounter	24,060.00	38,035.00	\$10,058,563.00
Assessment for Autism		H0031	U5	Encounter	227.00	358.00	\$179,802.00
Assessment		H0031	HW	Encounter	0.00	0.00	\$0.00
Health Services		H0034		15 Minutes	109.00	160.00	\$23,801.00
Comprehensive Medication Services - EBP only		H2010		15 minutes	0.00	0.00	\$0.00
Behavior Services		H2019		15 Minutes	125.00	12,148.00	\$337,018.00
Behavior Services		H2019	TT	15 Minutes	85.00	3,555.00	\$69,063.00
Applied Behaviora Intervention (ABI)		H2019	U5	15 Minutes	116.00	107,564.00	\$2,348,954.00
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	52.00	38,762.00	\$643,571.00
Mental Health Therapy		H2027		15 Minutes	0.00	0.00	\$0.00
Medication Review		M0064		Encounter Face-to-Face, generally less	135.00	197.00	\$22,084.00
Occupational or Physical Therapy		S8990		Encounter	0.00	0.00	\$0.00
Home Care Training to Home Care Client		S5108	U5	15 Minutes	142.00	12,739.00	\$362,376.00
Health Services		S9445		Encounter	296.00	812.00	\$61,648.00
Health Services		S9446		Encounter	16.00	31.00	\$2,121.00
Health Services		S9470		Encounter	13.00	33.00	\$3,313.00
Assessment		T1001		Encounter	1,478.00	1,526.00	\$245,758.00
Health Services		T1002		Up to 15 min	2,510.00	6,130.00	\$651,773.00
Assessments		T1023		Encounter	3,255.00	4,315.00	\$2,349,379.00
Pharmacy (Drugs and Other Biologicals)					15.00	0.00	\$9,687.00
Aggregate for 'J' Codes		ALL			5.00	0.00	\$18,553.00
OUTPATIENT SERVICES							\$70,580,475.34
ASSERTIVE COMMUNITY TREATMENT (ACT)		H0039		15 Minutes	8.00	736.00	\$40,289.13
Treatment Planning		H0032		Encounter	16,727.00	37,171.00	\$6,147,936.00
Monitoring of Treatment - Clinician		H0032	TS	Encounter	2,373.00	3,633.00	\$616,142.00
Behavior Treatment Plan Review		H2000		Encounter	100.00	382.00	\$44,464.00
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	26.00	91.00	\$8,818.00
Wraparound		H2021		15 Minutes	1,779.00	121,569.00	\$11,952,649.00
Wraparound		H2022		Days	380.00	5,503.00	\$1,917,845.00
Wraparound (SED Waiver)		H2022	TT	Days	12.00	110.00	\$25,085.00
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2,445.00	41,047.00	\$2,679,057.00
Targeted Case Management		T1017		15 minutes	11,506.00	255,035.00	\$16,851,394.00
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1.00	2.00	\$160.00
CASE MANAGEMENT							\$40,243,550.58
Enhanced Medical Equipment-Supplies		E1399		Items	2.00	3.00	\$629.00
Community Living Supports in Independent living/own home		H0043		Per diem	0.00	0.00	\$0.00
Community Living Supports (Daily)		H2016		Per Diem	1.00	30.00	\$10,628.00
Community Living Supports (Daily)		H2016	TF	Per Diem	0.00	0.00	\$0.00
Community Living Supports (Daily)		H2016	TG	Per Diem	38.00	2,403.00	\$699,712.00
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	2.00	2.00	\$783.00

FY 2015 Statewide Cost Report for Children with Serious Emotional Disturbance

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Foster Care		S5140		Days	0.00	0.00	\$0.00
Foster Care		S5145		Days	22.00	1,511.00	\$484,759.00
Personal Emergency Response System (PERS)		S5160		Encounter	1.00	1.00	\$2,280.00
Personal Emergency Response System (PERS)		S5161		Month	1.00	1.00	\$65.00
Environmental Modification		S5165		Service	0.00	0.00	\$0.00
Enhanced Medical Equipment-Supplies		S5199		Items	6.00	7.00	\$10,903.00
Residential Room and Board		S9976		Days	16.00	106.00	\$2,983.00
Private Duty Nursing		T1000		Up to 15 min	0.00	0.00	\$0.00
Private Duty Nursing		T1000	TD	Up to 15 min	0.00	0.00	\$0.00
Private Duty Nursing		T1000	TE	Up to 15 min	0.00	0.00	\$0.00
Personal Care in Licensed Specialized Residential Setting		T1020		Days	3.00	689.00	\$2,878.00
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	5.00	35.00	\$1,749.00
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1.00	28.00	\$4,551.00
Enhanced Medical Supplies or Pharmacy		T1999		Items	16.00	27.00	\$2,557.00
Fiscal Intermediary Services		T2025		Month	311.00	2,164.00	\$89,977.00
Enhanced Medical Equipment-Supplies		T2028		Items	5.00	5.00	\$558.00
Enhanced Medical Equipment-Supplies		T2029		Items	3.00	4.00	\$1,021.00
Housing Assistance		T2038		Service	6.00	6.00	\$3,258.00
Enhanced Medical Equipment-Supplies		T2039		Items	0.00	0.00	\$0.00
Goods and Services		T5999	HK	Per Item	0.00	0.00	\$0.00
Wraparound Services		T5999		Per Item	15.00	59.00	\$10,505.00
SUPPORTS FOR LIVING							\$1,329,797.80
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	9.00	50.00	\$6,787.00
Prevention Services - Direct Model		H0025		Face to Face Contact	558.00	6,374.00	\$1,119,174.00
Home Based Services		H0036		15 Minutes	9,542.00	1,050,625.00	\$64,315,811.00
Home Based Services		H0036	ST	15 Minutes	282.00	23,927.00	\$1,685,971.00
Respite		H0045		Days	282.00	2,503.00	\$464,001.00
Home Based Services		H2033		15 Minutes	354.00	38,981.00	\$2,520,873.00
Family Training - EBP		S5110		15 Minutes	1.00	8.00	\$406.00
Family Training		S5111		Encounter	2,543.00	12,733.00	\$1,823,682.00
Family Training		S5111	HA	Encounter	166.00	1,084.00	\$177,286.00
Family Training (SED Waiver)		S5111	HM	Encounter	836.00	10,825.00	\$1,728,351.00
Respite		S5150		15 Minutes	0.00	0.00	\$0.00
Respite		S5151		Per Diem	19.00	270.00	\$27,856.00
Prevention Services - Direct Model		S9482		15 Minutes	553.00	33,146.00	\$1,486,678.00
Respite Care		T1005		15 Minutes	1,571.00	832,389.00	\$3,846,902.00
Respite Care		T1005	TD	15 Minutes	2.00	438.00	\$1,526.00
Respite Care		T1005	TE	15 Minutes	0.00	0.00	\$0.00
Respite Care (Children's Waiver)		T1005	TT	15 minutes	324.00	65,979.00	\$161,825.00
Family Psycho-Education - EBP		T1015		Encounter	2.00	3.00	\$611.00
Prevention Services - Direct Model		T1027		15 minutes	15.00	257.00	\$28,023.00
Prevention Services - Direct Model		T2024			51.00	1,241.00	\$68,612.00
Respite Care		T2036		Per session. One night = one session	239.00	1,412.00	\$173,915.00
Respite Care		T2037		Per session. One day/partial day = one session	150.00	1,998.00	\$196,770.00
FAMILY/CAREGIVER SUPPORTS							\$79,835,061.70

FY 2015 Statewide Cost Report for Children with Serious Emotional Disturbance

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Transportation		A0080		Per mile	0.00	0.00	\$0.00
Transportation		A0090		Per mile	0.00	0.00	\$0.00
Transportation		A0100		Per one-way trip	1.00	1.00	\$9.00
Transportation		A0110		Per one-way trip	1.00	1.00	\$109.00
Transportation		A0120		Per one-way trip	0.00	0.00	\$0.00
Transportation		A0130		Per one-way trip	1.00	1.00	\$41.00
Transportation		A0140		Per one-way trip	0.00	0.00	\$0.00
Transportation		A0170			0.00	0.00	\$0.00
Additional Codes-Transportation		A0425		Per Mile	36.00	1,164.00	\$5,495.00
Additional Codes-Transportation		A0427		Refer to code descriptions.	7.00	7.00	\$1,646.00
Peer Directed and Operated Support Services		H0023		Encounter	1.00	1.00	\$32.00
Peer Directed and Operated Support Services		H0038		15 minutes	414.00	1,956.00	\$44,623.00
Peer Directed and Operated Support Services		H0038	TJ		0.00	0.00	\$0.00
Peer Directed and Operated Support Services		NA			0.00	0.00	\$0.00
Peer Directed and Operated Support Services		H0046		Encounter	0.00	0.00	\$0.00
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1,557.00	34,284.00	\$274,837.00
Community Living Supports (15 Minutes)		H2015		15 Minutes	2,006.00	697,568.00	\$5,141,552.00
Supported Employment Services		H2023		15 minutes	19.00	651.00	\$31,385.00
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1.00	18.00	\$149.00
Transportation		S0209		Per Mile	0.00	0.00	\$0.00
Transportation		S0215		Per Mile	0.00	0.00	\$0.00
Transportation		T2001		Encounter	0.00	0.00	\$0.00
Transportation		T2002		Per Diem	42.00	10,326.00	\$5,781.00
Transportation		T2003		Encounter / Trip	23.00	31.00	\$7,976.00
Transportation		T2004		Encounter	0.00	0.00	\$0.00
Transportation		T2005		Encounter	0.00	0.00	\$0.00
DAYTIME SUPPORTS AND SERVICES							\$5,513,633.99
OTHER					79.00	0.00	\$17,480.98
Drug Screen for Methadone Clients Only		80100		Per Screen	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80101		Per Screen	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80300		Per Date of Service	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80301		Per Date of Service	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80302		Each Procedure	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80303		Per Date of Service	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80304		Each Procedure	0.00	0.00	\$0.00
Interactive Complexity - Add On Code - SUD		90785	HF	Interactive Complexity	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care		90832	HF	30 Minutes	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care		90834	HF	45 Minutes	3.00	14.00	\$2,165.00
Substance Abuse: Outpatient Care		90837	HF	60 Minutes	1.00	7.00	\$1,303.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915,	90846	HF	Encounter	1.00	2.00	\$434.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915,	90847	HF	Encounter	1.00	3.00	\$671.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915,	90849	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915,	90853	HF	Encounter	1.00	10.00	\$717.00
Substance Abuse: Accupuncture		97810		Encounter	0.00	0.00	\$0.00
Substance Abuse: Accupuncture		97811		Encounter	0.00	0.00	\$0.00
Substance Abuse: New Patien Evaluation and Management		99201	HF	Encounter	0.00	0.00	\$0.00

FY 2015 Statewide Cost Report for Children with Serious Emotional Disturbance

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Substance Abuse: New Patien Evaluation and Management		99202	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Physician Evaluation		99203	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Physician Evaluation		99204	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Physician Evaluation		99205	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99211	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99212	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99213	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99214	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99215	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Transportation		A0100		Per one-way trip	0.00	0.00	\$0.00
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0.00	0.00	\$0.00
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Individual Assessment		H0001		Encounter	1.00	1.00	\$233.00
Substance Abuse: Laboratory		H0003		Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915,	H0004		15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915,	H0005		Encounter	0.00	0.00	\$0.00
Substance Abuse: Case Management		H0006		Encounter	0.00	0.00	\$0.00
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0.00	0.00	\$0.00
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0.00	0.00	\$0.00
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care	0906	H0015		Days	1.00	1.00	\$109.00
Substance Abuse: Residential	1002	H0018	HF	Days	0.00	0.00	\$0.00
Substance Abuse: Residential	1002	H0019	HF	Days	0.00	0.00	\$0.00
Substance Abuse: Methadone		H0020		Encounter	0.00	0.00	\$0.00
Substance Abuse: Early Intervention		H0022		Encounter	0.00	0.00	\$0.00
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Pharmacological Support - Suboxane		H0033		Direct Observation Encounter	0.00	0.00	\$0.00
Substance Abuse: Recovery Support Services		H0038	TF	15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Laboratory (cells now unlocked)		H0048		Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment		H0050		15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	1.00	35.00	\$3,886.00
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		S0215	HF	Per Mile	0.00	0.00	\$0.00
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	53.00	552.00	\$13,707.00
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Child Sitting Services		T1009		Encounter	0.00	0.00	\$0.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Substance Abuse: Recovery Support Services		T1012		Encounter	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2001	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2004	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2005	HF	Encounter	0.00	0.00	\$0.00
SUBSTANCE USE SERVICES							\$23,224.93

FY 2015 Statewide Cost Report for Persons with Intellectual/Developmental Disabilities

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	84.00	10,227.00	\$5,247,681.00
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0.00	0.00	\$0.00
STATE INPATIENT							\$5,247,681.14
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	386.00	5,906.00	\$3,351,973.00
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	399.00	4,162.00	\$2,458,602.00
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0.00	0.00	\$0.00
ECT Anesthesia	0370				0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	48.00	62.00	\$11,682.00
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0.00	0.00	\$0.00
ECT Recovery Room	0710				0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0.00	0.00	\$0.00
Crisis Observation Care	0762			Hour	0.00	0.00	\$0.00
Additional Codes-ECT Facility Charge	0901			Encounter	1.00	36.00	\$32,767.00
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902- 0904, 0911, 0914- 0919			# of visits	0.00	0.00	\$0.00
Outpatient Partial Hospitalization	0912			Days	146.00	1,268.00	\$336,994.00
Outpatient Partial Hospitalization	0913			Days	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0.00	0.00	\$0.00
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0.00	0.00	\$0.00
Additional Codes-ECT Anesthesia		00104		Minutes	0.00	0.00	\$0.00
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0.00	0.00	\$0.00
Crisis Intervention		T2034		Days	4.00	20.00	\$12,515.00
Crisis Residential Services		H0018		Days	102.00	999.00	\$384,056.00
Crisis Intervention		H0030		Per Service	0.00	0.00	\$0.00
Crisis Intervention		H2011		15 Minutes	751.00	4,845.00	\$422,770.00
Crisis Intervention		H2020		Days	2.00	98.00	\$53,473.00
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	214.00	844.00	\$363,518.00
COMMUNITY INPATIENT AND CRISIS							\$7,428,349.88
Interactive Complexity - Add On Code		90785			133.00	369.00	\$7,497.00
Assessment for Autism		90785	U5		0.00	0.00	\$0.00
Assessment		90791		Encounter	1,241.00	1,293.00	\$414,085.00
Assessment for Autism		90791	U5	Encounter	12.00	15.00	\$5,017.00
Assessment		90792		Encounter	2,285.00	2,369.00	\$797,748.00
Assessment for Autism		90792	U5	Encounter	4.00	5.00	\$1,451.00
Mental Health: Outpatient Care		90832		30 Minutes	2,052.00	8,725.00	\$646,346.00
Assessment		90833		30 Minutes	11.00	14.00	\$2,023.00
Assessment for Autism		90833	U5	30 Minutes	0.00	0.00	\$0.00

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Service Description	Revenue Code	HCPSC Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
Mental Health: Outpatient Care		90834		45 Minutes	3,550.00	21,815.00	\$2,357,912.00
Assessment		90836		45 Minutes	2.00	9.00	\$1,849.00
Assessment for Autism		90836	U5	45 Minutes	0.00	0.00	\$0.00
Mental Health: Outpatient Care		90837		60 Minutes	2,206.00	11,718.00	\$1,980,152.00
Assessment		90838		60 Minutes	10.00	10.00	\$3,044.00
Assessment for Autism		90838	U5	60 Minutes	0.00	0.00	\$0.00
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	28.00	48.00	\$8,500.00
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0.00	0.00	\$0.00
Therapy-Family Therapy		90846		Encounter	575.00	1,848.00	\$277,991.00
Therapy-Family Therapy		90847		Encounter	1,921.00	10,852.00	\$1,334,698.00
Therapy-Family Therapy		90849		Encounter	8.00	46.00	\$8,740.00
Therapy-Family Therapy		90849	HS	Encounter	1.00	2.00	\$40.00
Therapy-Group Therapy		90853		Encounter	608.00	6,654.00	\$825,439.00
Additional Codes-ECT Physician		90870		Encounter	4.00	149.00	\$116,658.00
Additional Codes-ECT Physician	0901	90870		Encounter	0.00	0.00	\$0.00
Assessments-Other		90887		Encounter	443.00	495.00	\$93,309.00
Speech & Language Therapy		92507		Encounter	1,272.00	28,637.00	\$2,613,488.00
Speech & Language Therapy		92508		Encounter	12.00	50.00	\$11,653.00
Speech & Language Therapy		92521		Encounter	15.00	17.00	\$3,082.00
Speech & Language Therapy		92522		Encounter	38.00	38.00	\$6,446.00
Speech & Language Therapy		92523		Encounter	1,021.00	1,127.00	\$222,685.00
Speech & Language Therapy		92524		Encounter	2.00	2.00	\$681.00
Speech & Language Therapy		92526		Encounter	63.00	289.00	\$53,393.00
Speech & Language Therapy		92610		Encounter	832.00	897.00	\$216,601.00
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0.00	0.00	\$0.00
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0.00	0.00	\$0.00
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0.00	0.00	\$0.00
Auditory Rehabilitation: Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0.00	0.00	\$0.00
Psychological Testing PSYCH/PHYS		96101		Per Hour	1,933.00	6,956.00	\$907,762.00
Assessment for Autism		96101	U5	Hour	959.00	2,859.00	\$464,741.00
Psychological Testing by Technician		96102		Per Hour	91.00	208.00	\$42,471.00
Assessment for Autism		96102	U5	Hour	0.00	0.00	\$0.00
Psychological Testing by Comp		96103		Per Hour	2.00	2.00	\$471.00
Assessments-Other		96105		Encounter	0.00	0.00	\$0.00
Assessments-Other		96110		Encounter	87.00	100.00	\$45,777.00
Assessments-Other		96111		Encounter	455.00	939.00	\$169,408.00
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	280.00	1,953.00	\$145,343.00
Neuropsych test by Psych/Phys		96118		Per Hour	10.00	13.00	\$6,157.00
Assessment for Autism		96118	U5	Hour	105.00	278.00	\$51,240.00
Neuropsych test by Tech		96119		Per Hour	1.00	1.00	\$110.00
Assessment for Autism		96119	U5	Hour	47.00	50.00	\$3,529.00
Neuropsych test Admin w/Comp		96120		Per Hour	0.00	0.00	\$0.00
Assessments - Other		96127			0.00	0.00	\$0.00
Medication Administration		96372		Encounter	524.00	8,156.00	\$745,800.00
Physical Therapy		97001		Encounter	465.00	497.00	\$115,654.00
Physical Therapy		97002		Encounter	22.00	27.00	\$2,850.00
Occupational Therapy		97003		Encounter	2,361.00	2,489.00	\$859,807.00
Occupational Therapy		97004		Encounter	1,017.00	1,219.00	\$247,047.00
Occupational or Physical Therapy		97110		15 Minutes	1,074.00	62,107.00	\$1,505,342.00
Occupational or Physical Therapy		97112		15 Minutes	47.00	913.00	\$48,619.00
Occupational or Physical Therapy		97113		15 Minutes	4.00	236.00	\$4,301.00
Occupational or Physical Therapy		97116		15 Minutes	15.00	228.00	\$13,930.00
Occupational or Physical Therapy		97124		15 Minutes	56.00	4,052.00	\$90,374.00
Occupational or Physical Therapy		97140		15 Minutes	13.00	508.00	\$39,642.00
Occupational or Physical Therapy		97150		Encounter	9.00	106.00	\$2,121.00
Occupational or Physical Therapy		97530		15 Minutes	903.00	53,339.00	\$1,907,053.00

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Service Description	Revenue Code	HCPSC Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
Occupational or Physical Therapy		97532		15 Minutes	1.00	1.00	\$48.00
Occupational or Physical Therapy		97533		15 Minutes	164.00	8,195.00	\$158,455.00
Occupational or Physical Therapy		97535		15 Minutes	196.00	2,112.00	\$129,807.00
Occupational or Physical Therapy		97537		15 Minutes	6.00	9.00	\$609.00
Occupational or Physical Therapy		97542		15 Minutes	164.00	801.00	\$89,911.00
Occupational or Physical Therapy		97750		15 Minutes	11.00	28.00	\$1,329.00
Occupational Therapy		97755		15 Minutes	39.00	184.00	\$15,270.00
Occupational or Physical Therapy		97760		15 Minutes	4.00	21.00	\$1,471.00
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0.00	0.00	\$0.00
C/O for Orthotic/Prosth Use		97762		15 minutes	7.00	25.00	\$1,107.00
Assessment or Health Services		97802		15 Minutes	653.00	2,806.00	\$151,503.00
Assessment or Health Services		97803		15 Minutes	617.00	3,543.00	\$216,387.00
Health Services		97804		30 Minutes	31.00	172.00	\$18,025.00
New Patient Evaluation and Management		99201		Encounter	27.00	54.00	\$4,546.00
Assessment for Autism		99201	U5	Encounter	0.00	0.00	\$0.00
New Patient Evaluation and Management		99202		Encounter	6.00	6.00	\$507.00
Assessment for Autism		99202	U5	Encounter	0.00	0.00	\$0.00
New Patient Evaluation and Management		99203		Encounter	33.00	33.00	\$5,644.00
Assessment for Autism		99203	U5	Encounter	0.00	0.00	\$0.00
New Patient Evaluation and Management		99204		Encounter	50.00	51.00	\$12,202.00
Assessment for Autism		99204	U5	Encounter	0.00	0.00	\$0.00
New Patient Evaluation and Management		99205		Encounter	85.00	85.00	\$42,699.00
Assessment for Autism		99205	U5	Encounter	0.00	0.00	\$0.00
Established Patient Evaluation and Management		99211		Encounter	561.00	1,819.00	\$208,875.00
Assessment for Autism		99211	U5	Encounter	0.00	0.00	\$0.00
Established Patient Evaluation and Management		99212		Encounter	3,334.00	7,699.00	\$929,999.00
Assessment for Autism		99212	U5	Encounter	0.00	0.00	\$0.00
Established Patient Evaluation and Management		99213		Encounter	8,510.00	24,129.00	\$3,550,590.00
Assessment for Autism		99213	U5	Encounter	5.00	18.00	\$1,886.00
Established Patient Evaluation and Management		99214		Encounter	6,646.00	19,619.00	\$4,009,482.00
Assessment for Autism		99214	U5	Encounter	4.00	18.00	\$4,081.00
Established Patient Evaluation and Management		99215		Encounter	1,064.00	1,760.00	\$622,154.00
Assessment for Autism		99215	U5	Encounter	0.00	0.00	\$0.00
Additional Codes-Physician Services		99221		30 Minutes	13.00	14.00	\$970.00
Additional Codes-Physician Services		99222		50 Minutes	29.00	33.00	\$3,826.00
Additional Codes-Physician Services		99223		70 Minutes	12.00	13.00	\$1,535.00
Additional Codes-Physician Services		99224		15 Minutes	0.00	0.00	\$0.00
Additional Codes-Physician Services		99225		25 minutes	0.00	0.00	\$0.00
Additional Codes-Physician Services		99226		35 Minutes	0.00	0.00	\$0.00
Additional Codes-Physician Services		99231		15 Minutes	42.00	190.00	\$8,930.00
Additional Codes-Physician Services		99232		25 minutes	54.00	347.00	\$24,075.00
Additional Codes-Physician Services		99233		35 Minutes	35.00	108.00	\$7,943.00
Nursing Facility Services evaluation and management		99304		25 minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99305		35 Minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99306		45 Minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99307		10 Minutes	0.00	0.00	\$0.00
Nursing Facility Services evaluation and management		99308		15 Minutes	19.00	60.00	\$7,711.00
Nursing Facility Services evaluation and management		99309		25 minutes	30.00	55.00	\$8,278.00
Nursing Facility Services evaluation and management		99310		35 Minutes	3.00	4.00	\$602.00
Assessment		99324		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99324	U5	Encounter	0.00	0.00	\$0.00
Assessment		99325		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99325	U5	Encounter	0.00	0.00	\$0.00
Assessment		99326		Encounter	1.00	1.00	\$323.00
Assessment for Autism		99326	U5	Encounter	0.00	0.00	\$0.00
Assessment		99327		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99327	U5	Encounter	0.00	0.00	\$0.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
Assessment		99328		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99328	U5	Encounter	0.00	0.00	\$0.00
Assessment		99334		Encounter	17.00	41.00	\$6,123.00
Assessment for Autism		99334	U5	Encounter	0.00	0.00	\$0.00
Assessment		99335		Encounter	34.00	95.00	\$25,225.00
Assessment for Autism		99335	U5	Encounter	0.00	0.00	\$0.00
Assessment		99336		Encounter	10.00	10.00	\$3,129.00
Assessment for Autism		99336	U5	Encounter	0.00	0.00	\$0.00
Assessment		99337		Encounter	3.00	5.00	\$2,005.00
Assessment for Autism		99337	U5	Encounter	0.00	0.00	\$0.00
Assessment		99341		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99341	U5	Encounter	0.00	0.00	\$0.00
Assessment		99342		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99342	U5	Encounter	0.00	0.00	\$0.00
Assessment		99343		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99343	U5	Encounter	0.00	0.00	\$0.00
Assessment		99344		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99344	U5	Encounter	0.00	0.00	\$0.00
Assessment		99345		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99345	U5	Encounter	0.00	0.00	\$0.00
Assessment		99347		Encounter	25.00	78.00	\$17,241.00
Assessment for Autism		99347	U5	Encounter	0.00	0.00	\$0.00
Assessment		99348		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99348	U5	Encounter	0.00	0.00	\$0.00
Assessment		99349		Encounter	1.00	1.00	\$204.00
Assessment for Autism		99349	U5	Encounter	0.00	0.00	\$0.00
Assessment		99350		Encounter	0.00	0.00	\$0.00
Assessment for Autism		99350	U5	Encounter	0.00	0.00	\$0.00
Medication Administration		99506		Encounter	6.00	30.00	\$3,362.00
Medication Management		99605		15 Minutes	0.00	0.00	\$0.00
Assessment		H0002		Encounter	2,162.00	2,650.00	\$568,341.00
Assessment		H0031		Encounter	15,645.00	21,092.00	\$5,600,097.00
Assessment for Autism		H0031	U5	Encounter	1,479.00	3,135.00	\$1,363,633.00
Assessment		H0031	HW	Encounter	6,356.00	6,470.00	\$3,236,323.00
Health Services		H0034		15 Minutes	110.00	666.00	\$49,487.00
Comprehensive Medication Services - EBP only		H2010		15 minutes	0.00	0.00	\$0.00
Behavior Services		H2019		15 Minutes	148.00	94,847.00	\$1,696,813.00
Behavior Services		H2019	TT	15 Minutes	65.00	10,142.00	\$218,262.00
Applied Behaviora Intervention (ABI)		H2019	U5	15 Minutes	817.00	797,769.00	\$14,581,541.00
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	499.00	550,971.00	\$10,609,557.00
Mental Health Therapy		H2027		15 Minutes	0.00	0.00	\$0.00
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	849.00	1,086.00	\$147,517.00
Home Care Training to Home Care Client		S5108	U5	15 Minutes	1,187.00	122,918.00	\$5,053,325.00
Occupational or Physical Therapy		S8990		Encounter	185.00	654.00	\$148,433.00
Health Services		S9445		Encounter	1,606.00	3,884.00	\$293,923.00
Health Services		S9446		Encounter	143.00	1,196.00	\$353,864.00
Health Services		S9470		Encounter	365.00	1,200.00	\$170,591.00
Assessment		T1001		Encounter	4,566.00	4,950.00	\$1,334,136.00
Health Services		T1002		Up to 15 min	5,468.00	40,250.00	\$4,254,255.00
Assessments		T1023		Encounter	989.00	1,848.00	\$777,651.00
Pharmacy (Drugs and Other Biologicals)					645.00	0.00	\$54,542.00
Aggregate for J Codes		ALL			74.00	0.00	\$345,196.00
OUTPATIENT SERVICES							\$80,585,635.00
ASSERTIVE COMMUNITY TREATMENT (ACT)		H0039		15 Minutes	86.00	17,310.00	\$1,004,482.09
Treatment Planning		H0032		Encounter	11,148.00	32,555.00	\$5,768,039.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
Monitoring of Treatment - Clinician		H0032	TS	Encounter	4,881.00	21,703.00	\$5,121,880.00
Behavior Treatment Plan Review		H2000		Encounter	2,224.00	4,953.00	\$892,106.00
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	2,351.00	10,179.00	\$1,416,969.00
Wraparound		H2021		15 Minutes	96.00	7,007.00	\$593,461.00
Supports Coordination/Wrap Facilitation		T1016		15 minutes	36,064.00	1,073,548.00	\$103,825,407.00
Targeted Case Management		T1017		15 minutes	7,946.00	208,244.00	\$16,930,167.00
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	271.00	5,893.00	\$410,138.00
Targeted Case Management (Children's Waiver)		T2023		Month	400.00	3,841.00	\$1,624,793.00
CASE MANAGEMENT							\$136,582,960.37
Enhanced Medical Equipment-Supplies		E1399		Items	712.00	1,441.00	\$517,654.00
Community Living Supports in Independent living/own home		H0043		Per diem	3,726.00	1,046,541.00	\$172,620,283.00
Community Living Supports (Daily)		H2016		Per Diem	2,048.00	548,511.00	\$26,043,136.00
Community Living Supports (Daily)		H2016	TF	Per Diem	1,945.00	514,495.00	\$35,559,630.00
Community Living Supports (Daily)		H2016	TG	Per Diem	5,266.00	1,567,401.00	\$204,001,423.00
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	0.00	0.00	\$0.00
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	270.00	9,760.00	\$266,282.00
Foster Care		S5140		Days	4.00	1,454.00	\$325,073.00
Foster Care		S5145		Days	4.00	873.00	\$152,363.00
Personal Emergency Response System (PERS)		S5160		Encounter	17.00	17.00	\$9,481.00
Personal Emergency Response System (PERS)		S5161		Month	259.00	2,562.00	\$2,715,234.00
Environmental Modification		S5165		Service	110.00	137.00	\$567,903.00
Enhanced Medical Equipment-Supplies		S5199		Items	278.00	519.00	\$489,229.00
Private Duty Nursing	0582	S9123		Hour	9.00	16,613.00	\$781,905.00
Private Duty Nursing		S9123		Hour	11.00	12,185.00	\$437,232.00
Private Duty Nursing		S9123	TT	Hour	0.00	0.00	\$0.00
Private Duty Nursing	0582	S9124		Hour	17.00	32,618.00	\$1,039,600.00
Private Duty Nursing		S9124		Hour	11.00	26,244.00	\$788,286.00
Private Duty Nursing		S9124	TT	Hour	0.00	0.00	\$0.00
Residential Room and Board		S9976		Days	202.00	67,003.00	\$1,774,193.00
Private Duty Nursing		T1000		Up to 15 min	19.00	96,365.00	\$765,771.00
Private Duty Nursing		T1000	TD	Up to 15 min	25.00	189,105.00	\$1,628,746.00
Private Duty Nursing		T1000	TE	Up to 15 min	31.00	220,284.00	\$1,800,794.00
Personal Care in Licensed Specialized Residential Setting		T1020		Days	3,338.00	913,049.00	\$23,312,018.00
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2,704.00	732,075.00	\$41,229,064.00
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3,198.00	940,143.00	\$91,392,729.00
Enhanced Medical Supplies or Pharmacy		T1999		Items	1,209.00	12,462.00	\$708,129.00
Fiscal Intermediary Services		T2025		Month	8,091.00	81,210.00	\$7,408,006.00
Enhanced Medical Equipment-Supplies		T2028		Items	106.00	294.00	\$105,130.00
Enhanced Medical Equipment-Supplies		T2029		Items	99.00	1,059.00	\$66,572.00
Housing Assistance		T2038		Service	961.00	6,623.00	\$2,582,818.00
Enhanced Medical Equipment-Supplies		T2039		Items	21.00	27.00	\$95,881.00
Goods and Services		T5999	HK	Per Item	1.00	145.00	\$4,546.00
Wraparound Services		T5999		Per Item	2.00	11.00	\$1,487.00
SUPPORTS FOR LIVING							\$619,190,599.64
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	7.00	42.00	\$5,434.00
Prevention Services - Direct Model		H0025		Face to Face Contact	55.00	270.00	\$44,157.00
Home Based Services		H0036		15 Minutes	553.00	73,199.00	\$4,086,701.00
Home Based Services		H0036	ST	15 Minutes	13.00	566.00	\$46,431.00
Respite		H0045		Days	1,285.00	16,548.00	\$2,802,598.00
Home Based Services		H2033		15 Minutes	8.00	684.00	\$42,036.00
Family Training - EBP		S5110		15 Minutes	3.00	55.00	\$1,909.00
Family Training		S5111		Encounter	2,856.00	18,964.00	\$2,747,896.00
Family Training		S5111	HA	Encounter	1.00	2.00	\$861.00
Family Training (SED Waiver)		S5111	HM	Encounter	157.00	1,998.00	\$324,472.00
Respite		S5150		15 Minutes	6.00	826.00	\$2,755.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
Respite		S5151		Per Diem	808.00	10,640.00	\$1,069,751.00
Prevention Services - Direct Model		S9482		15 Minutes	41.00	1,460.00	\$112,655.00
Respite Care		T1005		15 Minutes	7,898.00	8,251,303.00	\$29,267,225.00
Respite Care		T1005	TD	15 Minutes	26.00	36,158.00	\$393,014.00
Respite Care		T1005	TE	15 Minutes	105.00	295,433.00	\$2,221,823.00
Respite Care (Children's Waiver)		T1005	TT	15 minutes	414.00	348,355.00	\$888,554.00
Family Psycho-Education - EBP		T1015		Encounter	5.00	7.00	\$1,003.00
Prevention Services - Direct Model		T1027		15 minutes	4.00	53.00	\$2,684.00
Prevention Services - Direct Model		T2024			0.00	0.00	\$0.00
Respite Care		T2036		Per session. One night = one session	496.00	4,149.00	\$422,155.00
Respite Care		T2037		Per session. One day/partial day = one session	154.00	2,530.00	\$143,322.00
FAMILY/CAREGIVER SUPPORTS							\$44,627,435.86
Transportation		A0080		Per mile	4.00	1,675.00	\$961.00
Transportation		A0090		Per mile	1.00	295.00	\$1,856.00
Transportation		A0100		Per one-way trip	0.00	0.00	\$0.00
Transportation		A0110		Per one-way trip	38.00	196.00	\$3,920.00
Transportation		A0120		Per one-way trip	190.00	9,881.00	\$224,020.00
Transportation		A0130		Per one-way trip	2.00	936.00	\$19,800.00
Transportation		A0140		Per one-way trip	0.00	0.00	\$0.00
Transportation		A0170			1.00	12.00	\$312.00
Additional Codes-Transportation		A0425		Per Mile	2.00	246.00	\$19,447.00
Additional Codes-Transportation		A0427		Refer to code descriptions.	0.00	0.00	\$0.00
Activity Therapy (Children's Waiver)		G0176		Encounter	185.00	6,060.00	\$467,059.00
Peer Directed and Operated Support Services		H0023		Encounter	81.00	3,687.00	\$201,314.00
Peer Directed and Operated Support Services		H0038		15 minutes	349.00	32,655.00	\$658,310.00
Peer Directed and Operated Support Services		H0038	TJ		0.00	0.00	\$0.00
Peer Directed and Operated Support Services		NA			17.00	0.00	\$13,444.00
Peer Directed and Operated Support Services		H0046		Encounter	158.00	1,588.00	\$74,446.00
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	13,881.00	36,015,721.00	\$124,945,974.00
Community Living Supports (15 Minutes)		H2015		15 Minutes	17,370.00	64,350,258.00	\$242,230,599.00
Supported Employment Services		H2023		15 minutes	4,483.00	4,227,343.00	\$25,298,679.00
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	292.00	436,055.00	\$2,293,396.00
Transportation		S0209		Per Mile	465.00	1,096,817.00	\$545,991.00
Transportation		S0215		Per Mile	439.00	1,614,312.00	\$403,897.00
Transportation		T2001		Encounter	3.00	905.00	\$13,038.00
Transportation		T2002		Per Diem	636.00	573,896.00	\$952,412.00
Transportation		T2003		Encounter / Trip	863.00	275,554.00	\$2,637,559.00
Transportation		T2004		Encounter	0.00	0.00	\$0.00
Transportation		T2005		Encounter	1.00	225.00	\$13,631.00
Out of Home Prevocational Service		T2015		Hour	638.00	517,027.00	\$6,884,330.00
DAYTIME SUPPORTS AND SERVICES							\$407,904,393.99
OTHER					148.00	0.00	\$56,767.39
Drug Screen for Methadone Clients Only		80100		Per Screen	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80101		Per Screen	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80300		Per Date of Service	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80301		Per Date of Service	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80302		Each Procedure	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80303		Per Date of Service	0.00	0.00	\$0.00
Drug Screen for Methadone Clients Only		80304		Each Procedure	0.00	0.00	\$0.00
Interactive Complexity - Add On Code - SUD		90785	HF	Interactive Complexity	0.00	0.00	\$0.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
Substance Abuse: Outpatient Care		90832	HF	30 Minutes	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care		90834	HF	45 Minutes	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care		90837	HF	60 Minutes	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853	HF	Encounter	3.00	6.00	\$776.00
Substance Abuse: Accupuncture		97810		Encounter	0.00	0.00	\$0.00
Substance Abuse: Accupuncture		97811		Encounter	0.00	0.00	\$0.00
Substance Abuse: New Patien Evaluation and Management		99201	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: New Patien Evaluation and Management		99202	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Physician Evaluation		99203	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Physician Evaluation		99204	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Physician Evaluation		99205	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99211	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99212	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99213	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99214	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Established Patien Evaluation and Management		99215	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Transportation		A0100		Per one-way trip	0.00	0.00	\$0.00
Substance Abuse: Transportation		A0110	HF	Per one-way trip	0.00	0.00	\$0.00
Substance Abuse: Recovery Support Services		G0409		15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Individual Assessment		H0001		Encounter	0.00	0.00	\$0.00
Substance Abuse: Laboratory		H0003		Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	0.00	0.00	\$0.00
Substance Abuse: Case Management		H0006		Encounter	0.00	0.00	\$0.00
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0.00	0.00	\$0.00
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0.00	0.00	\$0.00
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care	0906	H0015		Days	0.00	0.00	\$0.00
Substance Abuse: Residential	1002	H0018	HF	Days	0.00	0.00	\$0.00
Substance Abuse: Residential	1002	H0019	HF	Days	0.00	0.00	\$0.00
Substance Abuse: Methadone		H0020		Encounter	0.00	0.00	\$0.00
Substance Abuse: Early Intervention		H0022		Encounter	0.00	0.00	\$0.00
Substance Use Disorder: Recovery Support Services		H0023	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Direct Observation Encounter	0.00	0.00	\$0.00
Substance Abuse: Recovery Support Services		H0038	TF	15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Laboratory (cells now unlocked)		H0048		Encounter	0.00	0.00	\$0.00
Substance Abuse: Outpatient Treatment		H0050		15 Minutes	0.00	0.00	\$0.00
Substance Abuse: Crisis Intervention, per 15 minutes		H2011	HF	15 Minutes	0.00	0.00	\$0.00
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027	HF	15 Minutes	0.00	0.00	\$0.00

FY 2015 Statewide Cost Report for Persons with Intellectual/Developmental Disabilities

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035	HF	Hour	0.00	0.00	\$0.00
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036	HF	Per Diem	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		S0215	HF	Per Mile	0.00	0.00	\$0.00
Substance Abuse Services: Residential Room and Board		S9976	HF	Days	0.00	0.00	\$0.00
Substance Abuse: Treatment Planning		T1007	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse: Child Sitting Services		T1009		Encounter	0.00	0.00	\$0.00
Substance Abuse: Recovery Support Services		T1012		Encounter	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2001	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2002	HF	Per Diem	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2003	HF	Encounter / Trip	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2004	HF	Encounter	0.00	0.00	\$0.00
Substance Abuse Services: Transportation		T2005	HF	Encounter	0.00	0.00	\$0.00
SUBSTANCE USE SERVICES							\$776.15

FY15 CMHSP General Fund Expenditures

In March 2016 the CMHSPs provided cost and services information for expenditures of general fund dollars during October 1, 2015 through September 30, 2015. These reports describe the support activity provided to or on behalf of all uninsured and underinsured consumers receiving services from the CMHSP paid with general funds. These reports also include cost information on consumers who are enrolled in a benefit plan (i.e., Medicaid, MI Health Link, Children’s Waiver, Healthy Michigan, SED Waiver, MI Child) but who are also receiving a general fund-covered service like family friend respite or state inpatient, or are on spend-down and receiving some of their services funded by general fund.

During FY15, the total CMHSP General Fund expenditures were \$232,465,006 with \$17,234,736 in administrative costs. Of this total, \$180,727,217 was spent on services and supports. In addition, the CMHSPs used general fund dollars for activities that were not reported as encounters or services such as Michigan Rehabilitation Services (MRS) cash match, non-DHHS earned contracts, room and board, jail treatment services, and jail diversion. General fund dollars were also spent on services for consumers who were on Medicaid spenddown. The general fund costs and number of general fund consumers served for each CMHSP are shown in the following table.

FY15 Medicaid and Health Michigan Expenditures

In March 2016 the PIHPs provided cost and services information for expenditures of traditional Medicaid and Healthy Michigan fund dollars during October 1, 2015 through September 30, 2015. Section 904(2)(j)(ii) provides information on Medicaid and Healthy Michigan expenditures by service grouping for each of the ten PIHPs.

FY 2015 General Fund Cost Report

	# of GF Consumers Served	Total General Fund Cost Reporting				Grand Total General Fund Expenditures
		Total GF Service Line Cost	GF Prevention Cost	GF Administrative Cost	GF Other Costs	
Allegan	793	\$1,495,082	\$0	\$114,490	\$26,005	\$1,635,577
AuSable Valley	525	\$446,380	\$0	\$119,077	\$107,195	\$672,652
Barry	509	\$666,080	\$0	\$44,847	\$92,426	\$803,352
Bay-Arenac	882	\$1,869,078	\$3,248	\$53,967	\$154,746	\$2,081,039
Berrien	1,251	\$3,530,206	\$0	\$297,299	\$431,604	\$4,259,109
Clinton Eaton Ingham	2,684	\$8,880,815	\$0	\$257,014	\$1,919,204	\$11,057,033
CMH for Central Michigan	2,513	\$3,628,703	\$0	\$188,840	\$591,281	\$4,408,824
Copper Country	267	\$963,517	\$34,426	\$18,301	\$82,838	\$1,099,082
Detroit-Wayne	13,920	\$53,229,935	\$1,500,000	\$11,370,658	\$5,093,927	\$71,194,520
Genesee	1,334	\$11,129,512	\$0	\$181,881	\$1,976,557	\$13,287,950
Gogebic	105	\$327,136	\$0	\$3,447	\$93,929	\$424,511
Gratiot	362	\$767,574	\$0	\$22,657	\$64,350	\$854,581
Hiawatha	698	\$797,316	\$0	\$63,482	\$181,387	\$1,042,185
Huron	147	\$217,978	\$3,105	\$37,626	\$569,121	\$827,830
Ionia	580	\$267,586	\$0	\$13,888	\$123,852	\$405,326
Kalamazoo	1,720	\$4,712,872	\$0	\$264,381	\$825,976	\$5,803,228
Lapeer	193	\$968,271	\$20,000	\$15,619	\$220,215	\$1,224,105
Lenawee	257	\$814,455	\$0	\$43,027	\$169,327	\$1,026,809
LifeWays	1,157	\$3,170,134	\$0	\$151,122	\$185,167	\$3,506,423
Livingston	533	\$1,786,771	\$0	\$59,707	\$728,461	\$2,574,939
Macomb	2,423	\$7,532,849	\$657,655	\$1,329,331	\$4,106,973	\$13,626,808
Central Wellness (Manistee-Benzie)	239	\$306,808	\$6,176	\$6,926	\$105,984	\$425,894
Monroe	554	\$1,911,960	\$0	\$312,819	\$992,500	\$3,217,279
Montcalm	275	\$638,025	\$0	\$24,457	\$43,991	\$706,473
HealthWest (Muskegon)	1,714	\$6,054,729	\$0	\$182,725	\$198,150	\$6,435,604
network180	2,135	\$6,289,175	\$393,847	\$66,400	\$434,875	\$7,184,297
Newaygo	80	\$213,043	\$0	\$15,996	\$252,629	\$481,668
North Country	855	\$2,074,163	\$0	\$96,142	\$187,371	\$2,357,676
Northeast Michigan	287	\$610,037	\$0	\$1,571	\$39,054	\$650,662
Northern Lakes	1,472	\$2,948,082	\$0	\$50,968	\$497,208	\$3,496,258
Northpointe	782	\$1,073,239	\$0	\$56,941	\$14,950	\$1,145,129
Oakland	5,307	\$24,101,235	\$155,578	\$629,792	\$5,237,254	\$30,123,859
Ottawa	736	\$1,297,979	\$0	\$77,443	\$577,469	\$1,952,890
Pathways	512	\$1,719,835	\$0	\$34,123	\$209,017	\$1,962,975
Pines	633	\$657,098	\$0	\$47,346	\$59,900	\$764,344
Saginaw	769	\$5,091,475	\$0	\$184,313	\$486,861	\$5,762,649
Sanilac	191	\$350,410	\$64,732	\$26,886	\$78,618	\$520,646
Shiawassee	244	\$1,056,882	\$11,752	\$27,843	\$40,830	\$1,137,307
St. Clair	339	\$2,520,534	\$0	\$29,364	\$328,974	\$2,878,872
St. Joseph	339	\$1,426,012	\$0	\$34,495	\$168,404	\$1,628,911
Summit Pointe	195	\$4,035,149	\$0	\$247,207	\$554,418	\$4,836,774
Tuscola	520	\$1,283,987	\$7,500	\$30,686	\$0	\$1,322,173
Van Buren	988	\$1,596,992	\$0	\$97,616	\$164,676	\$1,859,283
Washtenaw	1,077	\$4,041,864	\$0	\$219,563	\$2,609,893	\$6,871,320
West Michigan	654	\$962,795	\$0	\$39,239	\$385,507	\$1,387,541
Woodlands	281	\$1,263,463	\$0	\$43,212	\$231,960	\$1,538,635
Statewide Total	54,031	\$180,727,217	\$2,858,018	\$17,234,736	\$31,645,035	\$232,465,006

SECTION 904 (2) (d)
SERVICE OUTCOMES
FY 2015

2015 Michigan Consumer Survey

**MHSIP Consumer Satisfaction Survey
in ACT Teams**

**Youth Satisfaction Survey for Families
in Home-based Programs**

May, 2016

2015 Consumer Survey Results Michigan

Background and Overview

In response to federal reporting requirements, since 1998 the Michigan Department of Health and Human Services (MDHHS)[formerly Michigan Department of Community Health (MDCH)] has commissioned an annual statewide consumer satisfaction survey of adults with mental illness using the Mental Health Statistics Improvement Program (MHSIP) 28-item questionnaire. Consumers were randomly sampled from the pool of consumers who had received services during the previous year.

In order to enhance the use of statewide satisfaction results at the state and local level, a new approach to the evaluation of consumer satisfaction was implemented in 2007. During April 2007, each PIHP was asked to oversee and conduct satisfaction surveys on a smaller scale among all of their Assertive Community Treatment programs. In addition, PIHPs were also asked to conduct consumer satisfaction surveys among children receiving services in home-based care. This approach has been repeated each year and the results are summarized in this report.

For adults with mental illness, the MHSIP 44-item Consumer Survey which includes the additional domains of satisfaction with functioning and social connectedness, as well as information on arrest history. For children and adolescents, the longer, 26-item version of the MHSIP Youth Services Survey for Families was selected. Both instruments are used by states across the nation and have normative data available to aid interpretation of survey results. These surveys are shown in the Attachment.

All persons receiving services from the ACT and home-based programs as of January 4, 2016 were asked to participate in the survey process. Each PIHP appointed one individual from among its quality improvement staff as a member of the Consumer Satisfaction Implementation Sub-Committee. This Implementation Sub-Committee, headed by MDCH staff, worked with PIHPs to organize, collect, clean, and generally prepare satisfaction data for electronic transmission to MDCH where it was analyzed and reported back to the local level.

Data Collection and Processing

Survey data was collected over a 2-week period anytime during January 4 – February 5, 2016. All data collection, however, was required to be completed by February 10, 2016 and transmitted to MDCH no later than Friday, March 11, 2016. A standardized EXCEL file structure was developed by the Implementation Group for use by all CMHSPs and PIHPs. Agencies cleaned and prepared the data prior to sending it to MDCH.

During the 2-week data collection period in January-February, MHSIP satisfaction surveys were hand-delivered by ACT team staff to eligible consumers during regularly scheduled (home) visits. ACT members were provided with a set of “bullets” or “talking points” designed to explain to consumers the nature and purpose of the survey, procedures for completing and returning survey forms, procedures for protecting the anonymity of respondents, how data will be analyzed, reported, and used, and finally, how consumers may learn about the results.

Consumers had the option of handing the form back to the ACT member after placing it in a sealed envelope; or alternatively, the consumer could return the survey to the CMHSP in a pre-addressed, stamped envelope.

Home-based program staff offered the YSS survey to one parent of **each** child/adolescent who has a face-to-face home-based services contact during the selected two week period in January/February. If more than one child in the home is receiving services, then the parent was **asked** to complete one survey for each child. If the parent was willing to complete only a single survey, then the parent was instructed to select their responses to reflect the average or typical experience for all their children.

Home-based program staff were provided with a set of “bullets” or “talking points” designed to explain to consumers the nature and purpose of the survey, procedures for completing and returning survey forms, procedures for protecting the anonymity of respondents, how data will be analyzed, reported, and used, and finally, how consumers may learn about the results.

Parents had the option of handing the form back to the home-based program member after placing it in a sealed envelope; or alternatively, the parent could return the survey in a pre-addressed, stamped envelope.

Response Rates

The MHSIP survey was offered to consumers who were enrolled in an ACT program during January 4 –February 5, 2016. PIHPs conducted the survey during any two-week period during this time. The MHSIP questionnaires were distributed among 68 ACT teams with 1,645 ACT consumers responding. Based on encounter data reported to the state, 3,409 consumers received ACT services during the two-week period January 2-16, 2016. Using this count as an estimate of the number of consumers receiving ACT during the two-week survey period, the state-wide response rate was 48 percent.

The YSS survey was offered to all families that had a child with serious emotional disturbance in a home-based program. Data were received for 83 home-based programs with 1,538 families reporting. Based on encounter data reported to the state, 4,968 consumers received home-based services during the two-week period January 2-16, 2016. Using this count as an estimate of the number of consumers receiving home-based services during the two-week survey period, the state-wide response rate was 31 percent.

Scoring Protocols

44-item MHSIP Consumer Survey

Scores for the 44 item Consumer Survey for Adults.

There are five subscales in the survey. These subscales are: general satisfaction, access to care, quality of care, participation in treatment planning, outcomes of care, functional status, and social-connectedness. To obtain individual subscale scores, each response is assigned the following numerical values:

- a. Strongly agree = 1
- b. Agree = 2
- c. Neutral = 3
- d. Disagree = 4
- e. Strongly Disagree = 5

Individual mean scores less than 2.5 are classified as being “in agreement”. The number of respondents “in agreement” is then divided by the total number of respondents with the result multiplied by 100.

26-item YSS for Families

Scores were reported as percentage in agreement. There are six subscales in the YSS survey: access, quality and satisfaction with service, outcomes, family member participation in treatment planning, and cultural sensitivity of staff. Each response in the YSS is assigned the following numerical values:

- f. Strongly agree = 5
- g. Agree = 4
- h. Neutral = 3
- i. Disagree = 2
- j. Strongly Disagree = 1

For the percentage in agreement score, individual mean scores greater than 3.5 are classified as being “in agreement”.

Analyses

The percentage of respondents in agreement for the 7 MHSIP and 6 YSS subscales and are provided at the state-level, the PIHP-level, and the CMHSP-level.

MHSIP Survey – ACT Teams

Percent in Agreement

The state-wide and PIHP analyses in Table 1 show the reported percent of Michigan consumers receiving ACT who are in agreement on each of the seven domains. State-wide, the reported percent of consumers in agreement was highest for **Appropriateness** and **Quality of Care** at 91% in agreement. The reported percentage in agreement with the other domains was 89% for **General Satisfaction**, 89% for **Access to Care**, 84% for **Participation in Treatment Planning**, 78% for **Outcomes**, 75% for **Functioning**, and 75% for **Social Connectedness**.

There are ranges for each domain score across the 10 PIHPs. The reported percentage in agreement for **General Satisfaction** ranges from 75% (C.M.H. Partnership of Southeast Michigan) to 95% (Detroit). The reported ranges for the other domains are as follows: **Access to Care** 80% (C.M.H. Partnership of Southeast Michigan) to 95% (Detroit), **Quality of Care** 81% (C.M.H. Partnership of Southeast Michigan) to 96% (Northern Michigan Regional Entity, Detroit, Macomb), **Participation in Treatment Planning** 62% (C.M.H. Partnership of Southeast Michigan) to 93% (Macomb), **Outcomes of Care** 62% (C.M.H. Partnership of Southeast Michigan) to 88% (Macomb), **Social Connectedness** 63% (C.M.H. Partnership of Southeast Michigan) to 89% (Detroit), and **Functioning** 67% (NorthCare Network) to 82% (Detroit).

Table 2 shows scores in more detail by CMHSP.

YSS for Families – Home-Based

The PIHP-wide analyses in Table 3 shows the 2015 results for each of the 6 domains on the YSS. The most positive response was reported for Cultural Sensitivity (98% agreement) and the least positive response was reported for Outcomes of Care (58% agreement). While the scores show overall satisfaction, there are ranges for each domain score across the 10 PIHPs. The reported range in scores for **Cultural Sensitivity** was very narrow from 94% (Southwest) to 100% (Northern Michigan Regional Entity, C.M.H. Partnership of Southeast Michigan). The reported ranges for the other domains are as follows: **Treatment Plan Participation** 91% (Southwest Michigan Behavioral Health) to 100% (Northern Michigan Regional Entity, Macomb), **Access to Care** 77% (Southwest) to 99% (C.M.H. Partnership of Southeast Michigan), **Appropriateness of Care** 80% (Southwest) to 94% (Detroit), **Social Connectedness** 77% (Lakeshore Regional Entity) to 88% (Southwest), and **Outcomes of Care** ranges from 35% (Macomb) to 71% (Northern Michigan Regional Entity).

Table 4 shows scores in more detail by CMHSP.

MHSIP/ACT

Table 1: State-Wide Results for All ACT Teams

MHSIP Domain Scores FY2015
Percentage of Respondents Agreeing with Domain

	Appropriate/ Quality	Access	General Satisfaction	Participation in Treatment Planning	Outcomes	Functioning	Social Connectedness
NorthCare Network (Region 1)	82%	84%	84%	78%	72%	67%	66%
Northern Michigan Regional Entity (Region 2)	96%	87%	91%	79%	74%	71%	69%
Lakeshore Regional Entity (Region 3)	87%	84%	86%	88%	78%	72%	75%
Southwest Michigan Behavioral Health (Region 4)	91%	88%	81%	85%	69%	73%	82%
Mid-State Health Network (Region 5)	91%	89%	86%	81%	75%	71%	75%
C.M.H. Partnership of Southeast Michigan (Region 6)	81%	80%	75%	62%	62%	68%	63%
Detroit Wayne Mental Health Authority (Region 7)	96%	95%	95%	91%	84%	82%	89%
Oakland County C.M.H. Authority (Region 8)	92%	81%	89%	77%	72%	73%	76%
Macomb County C.M.H. Services (Region 9)	96%	93%	93%	93%	88%	76%	75%
Region 10 Prepaid Inpatient Health Plan	90%	86%	90%	83%	81%	79%	73%
State-wide	91%	89%	89%	84%	78%	75%	75%
Number Responding	1,470	1,581	1,645	1,611	1,525	1,505	1,563

Michigan data from the 44-item MHSIP Consumer Satisfaction Survey, collected January - February 2016

MHSIP/ACT

Table 2: CMHSP-Level Results

MHSIP Domain Scores FY2015
Percentage of Respondents Agreeing with Domain

	Appropriate/Quality		Access		General Satisfaction		Participation in Treatment Planning		Outcomes		Functioning		Social Connectedness	
	% Agree	Total Responding to Domain	% Agree	Total Responding to Domain	% Agree	Total Responding to Domain	% Agree	Total Responding to Domain	% Agree	Total Responding to Domain	% Agree	Total Responding to Domain	% Agree	Total Responding to Domain
Allegan	100%	40	85%	40	86%	42	86%	42	84%	38	81%	42	84%	38
AuSable	100%	26	93%	28	93%	28	93%	28	57%	28	71%	28	57%	28
Bay-Arenac	80%	15	95%	17	89%	17	87%	15	73%	15	57%	14	73%	15
Berrien	100%	13	83%	12	93%	14	79%	14	67%	12	57%	14	67%	12
CEI	100%	14	94%	18	95%	19	88%	17	77%	17	80%	15	77%	17
Central	96%	24	92%	24	71%	27	81%	26	79%	24	67%	24	79%	24
Copper Country	90%	20	92%	24	91%	22	92%	24	64%	22	92%	24	64%	22
Detroit-Wayne	96%	387	95%	407	95%	422	91%	411	80%	405	82%	390	80%	405
Genesee	92%	101	89%	109	87%	111	80%	109	72%	105	82%	50	72%	105
Gogebic	67%	6	67%	6	75%	8	75%	8	33%	6	25%	8	33%	6
Hiawatha BH	79%	28	86%	28	86%	28	67%	30	67%	24	58%	24	67%	24
Huron	88%	8	100%	9	91%	11	100%	10	78%	9	80%	10	78%	9
Kalamazoo	91%	22	80%	25	73%	26	85%	26	76%	25	76%	25	76%	25
Lapeer	89%	28	82%	33	97%	34	91%	32	68%	31	87%	30	68%	31
Lifeways	92%	62	83%	77	89%	80	81%	78	72%	76	73%	77	72%	76
Livingston	81%	21	80%	20	76%	21	62%	21	58%	19	75%	20	58%	19
Macomb	96%	55	93%	54	93%	60	93%	57	75%	56	76%	54	75%	56
Centra Wellness (Manistee Benzie)	75%	8	40%	10	80%	10	40%	10	40%	10	0%	10	40%	10
Monroe	100%	4	100%	4	100%	4	100%	4	100%	4	100%	4	100%	4
Montcalm	78%	9	67%	9	70%	10	60%	10	60%	10	70%	10	60%	10
Health West (Muskegon)	85%	26	93%	28	77%	26	69%	26	77%	26	67%	24	77%	26
network180	88%	120	82%	122	88%	130	93%	122	71%	126	66%	124	71%	126
North Country	100%	28	90%	38	90%	38	79%	38	90%	38	72%	36	90%	38
Northeast Michigan	100%	12	100%	18	100%	18	78%	18	88%	16	63%	16	88%	16
Northern Lakes	94%	62	85%	66	91%	66	79%	68	62%	68	82%	68	62%	68
Northpointe	75%	8	80%	10	83%	12	83%	12	50%	12	33%	12	50%	12
Oakland	92%	88	81%	91	89%	101	77%	100	72%	57	73%	100	77%	93
Ottawa	62%	26	69%	26	67%	24	75%	24	64%	22	77%	26	64%	22
Pathways	85%	26	81%	32	79%	28	77%	26	83%	24	79%	28	83%	24
Pines BH	93%	15	93%	15	87%	15	93%	15	100%	15	93%	15	100%	15
St. Clair	86%	22	77%	22	88%	24	79%	24	85%	26	71%	24	85%	26
St. Joseph	33%	3	67%	3	75%	4	50%	4	33%	3	25%	4	33%	3
Saginaw	91%	33	100%	32	94%	35	79%	34	82%	33	76%	33	82%	33
Sanilac	78%	9	92%	12	100%	12	92%	13	71%	14	61%	13	71%	14
Shiawassee	89%	9	86%	7	67%	9	67%	9	89%	9	75%	8	89%	9
Summit Pointe	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1
Tuscola	94%	16	82%	17	82%	17	82%	17	65%	17	59%	17	65%	17
Van Buren	92%	25	96%	24	81%	26	89%	26	88%	25	73%	26	88%	25
Washtenaw	78%	32	77%	35	72%	39	58%	36	61%	33	61%	33	61%	33
West Michigan	89%	18	100%	28	100%	26	92%	26	85%	26	83%	24	85%	26
State-wide	91%	1,470	89%	1,581	89%	1,645	84%	1,611	78%	1,527	75%	1,505	75%	1,563

Michigan data from the 44-item MHSIP Consumer Satisfaction Survey, collected November 2015 - January 2016

YSS/Home-Based

**Table 3:
PIHP-Level Results for Home-Based Programs**

YSS Domain Scores FY2015

Percentage of Respondents Agreeing with Domain

	Cultural Sensitivity	Participation in Treatment Planning	Access	Appropriate/ Quality	Social Connectedness	Outcomes
NorthCare Network (Region 1)	98%	98%	96%	86%	80%	54%
Northern Michigan Regional Entity (Region 2)	100%	100%	97%	90%	84%	71%
Lakeshore Regional Entity (Region 3)	97%	94%	93%	82%	77%	56%
Southwest Michigan Behavioral Health (Region 4)	94%	91%	77%	80%	88%	64%
Mid-State Health Network (Region 5)	97%	98%	94%	91%	82%	62%
C.M.H. Partnership of Southeast Michigan (Region 6)	100%	99%	99%	92%	81%	67%
Detroit Wayne Mental Health Authority (Region 7)	98%	96%	95%	94%	84%	58%
Oakland County C.M.H. Authority (Region 8)	98%	97%	94%	89%	84%	56%
Macomb County C.M.H. Services (Region 9)	97%	100%	96%	86%	78%	35%
Region 10 Prepaid Inpatient Health Plan	97%	95%	94%	92%	82%	57%
State-wide	98%	96%	94%	90%	82%	58%
Number Responding	1,472	1,533	1,538	1,507	1,525	1,465

Data from the 26-item MHSIP YSS-F Consumer Satisfaction Survey, collected November 2015 - January 2016.

YSS/Home-Based

**Table 4:
CMHSP-Level Results for Home-Based Programs**

	Access		Appropriate/Quality		Participation in Treatment Planning		Outcomes		Cultural Sensitivity		Social Connectedness	
	% Agree	Total Responding to Domain	% Agree	Total Responding to Domain	% Agree	Total Responding to Domain	% Agree	Total Responding to Domain	% Agree	Total Responding to Domain	% Agree	Total Responding to Domain
Alleghen	87%	15	80%	15	100%	15	53%	15	100%	15	60%	15
Ausable	100%	1	100%	1	100%	1	100%	1	100%	1	0%	1
Barry	50%	2	100%	2	100%	2	100%	2	100%	2	100%	2
Bay-Arenac	100%	7	100%	7	100%	7	71%	7	100%	7	86%	7
Benien												
Woodlands(Cass)	83%	8	83%	8	63%	8	88%	8	86%	7	63%	8
CEI	90%	60	88%	59		59	75%	60	97%	59	78%	60
Central	96%	47	86%	44	98%	44	46%	42	100%	44	81%	47
Copper Country	100%	6	83%	6	100%	6	50%	6	100%	6	50%	6
Detroit-Wayne	93%	408	94%	397	96%	406	58%	397	98%	364	84%	407
Genesee	93%	98	92%	98	95%	99	47%	87	97%	92	81%	96
Gogebic	100%	2	100%	2	100%	2	100%	2	100%	2	50%	2
Grafton	92%	13	92%	13	100%	13	50%	12	92%	13	100%	13
Hiawatha BH	71%	7	86%	7	86%	7	29%	7	100%	6	100%	7
Huron	80%	5	80%	5	100%	5	40%	5	100%	4	80%	5
Ionia	100%	22	91%	22	100%	22	59%	22	100%	21	86%	21
Kalamazoo	72%	32	74%	31	94%	32	62%	29	93%	30	87%	31
Lapeer	100%	4	100%	4	75%	4	75%	4	100%	4	75%	4
LeNawee	97%	31	97%	31	100%	32	74%	31	100%	32	90%	31
Lifeways	96%	89	91%	88	98%	88	55%	87	94%	84	80%	86
Livingston	100%	19	89%	18	95%	20	61%	18	100%	18	70%	20
Macomb	96%	68	86%	64	100%	70	35%	65	97%	69	78%	69
Central Wellness (Macomb Benzie)	100%	4	75%	4	100%	4	50%	4	100%	4	50%	4
Monroe	100%	16	94%	16	100%	16	60%	15	100%	16	88%	16
Montcalm	91%	21	89%	21	100%	21	71%	21	95%	20	86%	21
Health West (Muskegon)	100%	24	89%	24	96%	23	58%	24	96%	23	92%	24
network180	94%	96	90%	95	95%	96	60%	92	97%	87	81%	94
Nevadgo	100%	5	80%	5	100%	5	60%	5	100%	5	80%	5
North County	100%	14	86%	14	100%	14	86%	14	100%	14	93%	14
Northeast Michigan	100%	1	100%	1	100%	1	0%	1	100%	1	100%	1
North Lakes	94%	18	94%	18	100%	18	67%	18	100%	18	88%	18
Northpointe	100%	16	94%	16	100%	16	73%	15	100%	16	88%	16
Oakland	94%	162	89%	158	97%	161	56%	152	98%	161	84%	158
Oakwa	89%	18	47%	17	83%	18	28%	18	100%	18	53%	17
Pathways	100%	13	75%	12	100%	13	36%	11	92%	13	77%	13
Pines BH	86%	7	71%	7	86%	7	33%	6	80%	5	100%	7
St. Clair	98%	42	90%	40	95%	43	71%	38	98%	40	81%	42
St. Joseph	90%	10	80%	10	100%	10	40%	10	100%	10	90%	10
Saginaw	67%	3	100%	3	100%	3	67%	3	100%	3	100%	3
Sanilac	91%	22	96%	22	96%	22	71%	21	100%	20	91%	21
Shawassee	93%	14	86%	14	86%	14	71%	14	93%	14	64%	14
Summit Pointe	0%	1	100%	1	100%	1	100%	1	100%	1	100%	1
Tuscola	95%	59	100%	59	98%	57	67%	57	100%	56	88%	59
Van Buren	80%	10	90%	10	100%	10	80%	10	100%	10	100%	9
Washtenaw	100%	6	67%	6	100%	6	67%	6	100%	6	50%	6
West Michigan	83%	12	67%	12	92%	12	67%	12	100%	11	67%	12
State-wide	94%	1,538	90%	1,507	96%	1,533	58%	1,465	98%	1,472	82%	1,525

Data from the 26-item WH-SIP YSS-F Consumer Satisfaction Survey, collected November 2015 - January 2016.

APPENDIX

Consumer Satisfaction Survey

MHSIP Subscales and Scoring Protocols

Youth Satisfaction Survey for Families

YSS Subscales and Scoring Protocols

CONSUMER SATISFACTION SURVEY

In order to provide the best mental health services possible, we'd like to know what you think about the Assertive Community Treatment (ACT) team services you have received during the last **six** months, the people who provided these services to you, and the results that have been achieved. There are no right or wrong answers to the questions in this survey. Please indicate your agreement or disagreement with each of the following statements by filling in the circle that best represents your opinion. If a question does not apply to you, then fill in the "NA" circle for "not applicable." Your answers will remain strictly confidential.

☐ **Completed without assistance**

☐ **Completed with assistance**

	Strongly Agree (SA)	Agree (A)	I am Neutral (N)	Disagree (D)	Strongly Disagree (SD)	Not Applicable (NA)
1. I like the services that I received.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
2. If I had other choices, I would still choose to get services from this mental healthcare provider.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
3. I would recommend this agency to a friend or family member.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
4. The location of services was convenient.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
5. Staff were willing to see me as often as I felt it was necessary.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
6. Staff returned my calls within 24 hours.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
7. Services were available at times that were good for me.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
8. I was able to get all the services I thought I needed.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
9. I was able to see a psychiatrist when I wanted to.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
10. Staff believed that I could grow, change and recover.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
11. I felt comfortable asking questions about my treatment, services, and medication.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
12. I felt free to complain.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
13. I was given information about my rights.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉
14. Staff encouraged me to take responsibility for how I live my life.	(SA) ₁	(A) ₂	(N) ₃	(D) ₄	(SD) ₅	(NA) ₉

15. Staff told me what side effects to watch for.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
16. Staff respected my wishes about who is and who is not to be given information about my treatment services.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
17. I, not staff, decided my treatment goals.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
18. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language, etc.).	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness or disability.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
As a direct result of the services I received:	Strongly Agree (SA)	Agree (A)	I am Neutral (N)	Disagree (D)	Strongly Disagree (SD)	Not Applicable (NA)
21. I deal more effectively with daily problems.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
22. I am better able to control my life.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
23. I am better able to deal with crisis.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
24. I am getting along better with my family.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
25. I do better in social situations.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
26. I do better in school and/or work.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
27. My housing situation has improved.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉
28. My symptoms are not bothering me as much.	<input type="radio"/> SA ₁	<input type="radio"/> A ₂	<input type="radio"/> N ₃	<input type="radio"/> D ₄	<input type="radio"/> SD ₅	<input type="radio"/> NA ₉

Thank you for completing this survey.

MHSIP Consumer Survey for Adults with Mental Illness

Subscales and Scoring Protocols

Subscales

1. General Satisfaction

Q1, Q2, Q3

2. Access

Q4, Q5, Q6, Q7, Q8, Q9

3. Quality/Appropriateness

Q10, Q12, Q13, Q14, Q15, Q16, Q18, Q19, Q20

4. Participation in Treatment Planning

Q11, Q17

5. Outcomes

Q21, Q22, Q23, Q24, Q25, Q26, Q27, Q28

6. Functioning

Q29, Q30, Q31, Q32

7. Social Connectedness

Q33, Q34, Q35, Q36

Scoring Protocols for 28-item Consumer Survey

Scores for the Consumer Survey for Adults are reported in two ways:

1. Subscale Means

There are 5 subscales in the survey. To obtain individual subscale scores, each response is assigned the following numerical values:

Strong Agree = 1

Agree = 2

Neutral = 3

Disagree = 4

Strongly Disagree = 5

For each respondent, scores for each item in the subscale are summed, then divided by the total number of items in the subscale. The result is a mean score for each individual respondent that may vary between 1 and 5.

To obtain the program mean, individual means are summed and then divided by the total number of respondents.

2. Percentage of Respondents in Agreement (by subscale)

Individual subscale means are computed for each respondent with valid data using the protocol described in section 1.

Individual mean scores less than 2.5 are classified as being “in agreement.” The number of respondents “in agreement” is then divided by the total number of respondents with the result multiplied by 100.

YOUTH SERVICES SURVEY FOR FAMILIES

In order to provide the best care possible, we'd like to know what you think about the services your child has received from our agency **over the last 6 months**. There are no right or wrong answers to the questions in this survey. Please indicate your agreement or disagreement with each of the following statements by filling in the circle that best represents your opinion. All responses will remain strictly confidential.

☐ **Completed without assistance**

☐ **Completed with assistance**

	Strongly Disagree (SD)	Disagree (D)	Undecided (UN)	Agree (A)	Strongly Agree (SA)
1. Overall, I am satisfied with the services my child received.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
2. I helped to choose my child's services.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
3. I helped to choose the goals in my child's service plan.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
4. The people helping my child stuck with us no matter what.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
5. I felt my child had someone to talk to when he/she was troubled.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
6. I participated in my child's treatment/services.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
7. The services my child and/or family received were right for us.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
8. The location of services was convenient for us.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
9. Services were available at times that were convenient for us.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
10. My family got the help we wanted for my child.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
11. My family got as much help as we needed for my child.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
12. Staff treated me with respect.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
13. Staff respected my family's religious/spiritual beliefs.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
14. Staff spoke with me in a way that I understood.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅

15. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language)	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
As a direct result of the services I received:	Strongly Disagree (SD)	Disagree (D)	Undecided (UN)	Agree (A)	Strongly Agree (SA)
16. My child is better at handling daily life.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
17. My child gets along better with family members.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
18. My child gets along better with friends and other people.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
19. My child is doing better in school and/or work.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
20. My child is better able to cope when things go wrong.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
21. I am satisfied with our family life right now.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
22. My child is better able to do things he or she wants to do.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
As a result of the services my child and/or family received: <i>please answer for relationships with persons other than your mental health provider(s)</i>	Strongly Disagree (SD)	Disagree (D)	Undecided (UN)	Agree (A)	Strongly Agree (SA)
23. I know people who will listen and understand me when I need to talk.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
24. I have people that I am comfortable talking with about my child's problems.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
25. In a crisis, I would have the support I need from family or friends.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅
26. I have people with whom I can do enjoyable things.	(SD) ₁	(D) ₂	(UN) ₃	(A) ₄	(SA) ₅

Thank you for completing this survey.

Youth Services Survey (YSS) for Families

Subscales and Scoring Protocols

Subscales

1. Access

Q8, Q9
2. Participation in Treatment

Q2, Q3, Q6
3. Cultural Sensitivity

Q12, Q13, Q14, Q15
4. Appropriateness

Q1, Q4, Q5, Q7, Q10, Q11
5. Outcomes

Q16, Q17, Q18, Q19, Q20, Q21, Q22
6. Social Connectedness

Q23, Q24, Q25, Q26
7. Functioning (What is the difference from outcomes? I need to ask SAMHSA)
Q16, Q17, Q18, Q19, Q20, Q22

Scoring Protocols for 26-item YSS for Families

Scores for the 26-item Youth Services Survey for Families are reported in two ways:

3. Subscale Means

There are 6 subscales in the survey. To obtain individual subscale scores, each response is assigned the following numerical values:

Strong Agree = 5

Agree = 4

Neutral = 3

Disagree = 2

Strongly Disagree = 1

For each respondent, scores for each item in the subscale are summed, then divided by the total number of items in the subscale. The result is a mean score for each individual respondent that may vary between 1 and 5.

To obtain the program mean, individual means are summed and then divided by the total number of respondents.

4. Percentage of Respondents in Agreement (by subscale)

FOR YSS-F: calculate the percent of scores greater than 3.5. (percent agree and strongly agree).

Individual subscale means are computed for each respondent with valid data using the protocol described in section 1.

Individual mean scores greater than or equal to 3.5 are classified as being “in agreement.” The number of respondents “in agreement” is then divided by the total number of respondents with the result multiplied by 100.

YSS-F Functioning Domain Items:

- 1 My child is better able to do things he or she wants to do.
- 2 My child is better at handling daily life. (existing YSS-F Survey item)
- 3 My child gets along better with family members. (existing YSS-F Survey item)
- 4 My child gets along better with friends and other people. (existing YSS-F Survey item)
- 5 My child is doing better in school and/or work. (existing YSS-F Survey item)
- 6 My child is better able to cope when things go wrong. (existing YSS-F Survey item)

SECTION 904 (2)(e)(i)(ii)(g)
ACCESS TO SERVICE & CMHSP NEEDS
ASSESSMENT
FY 2015

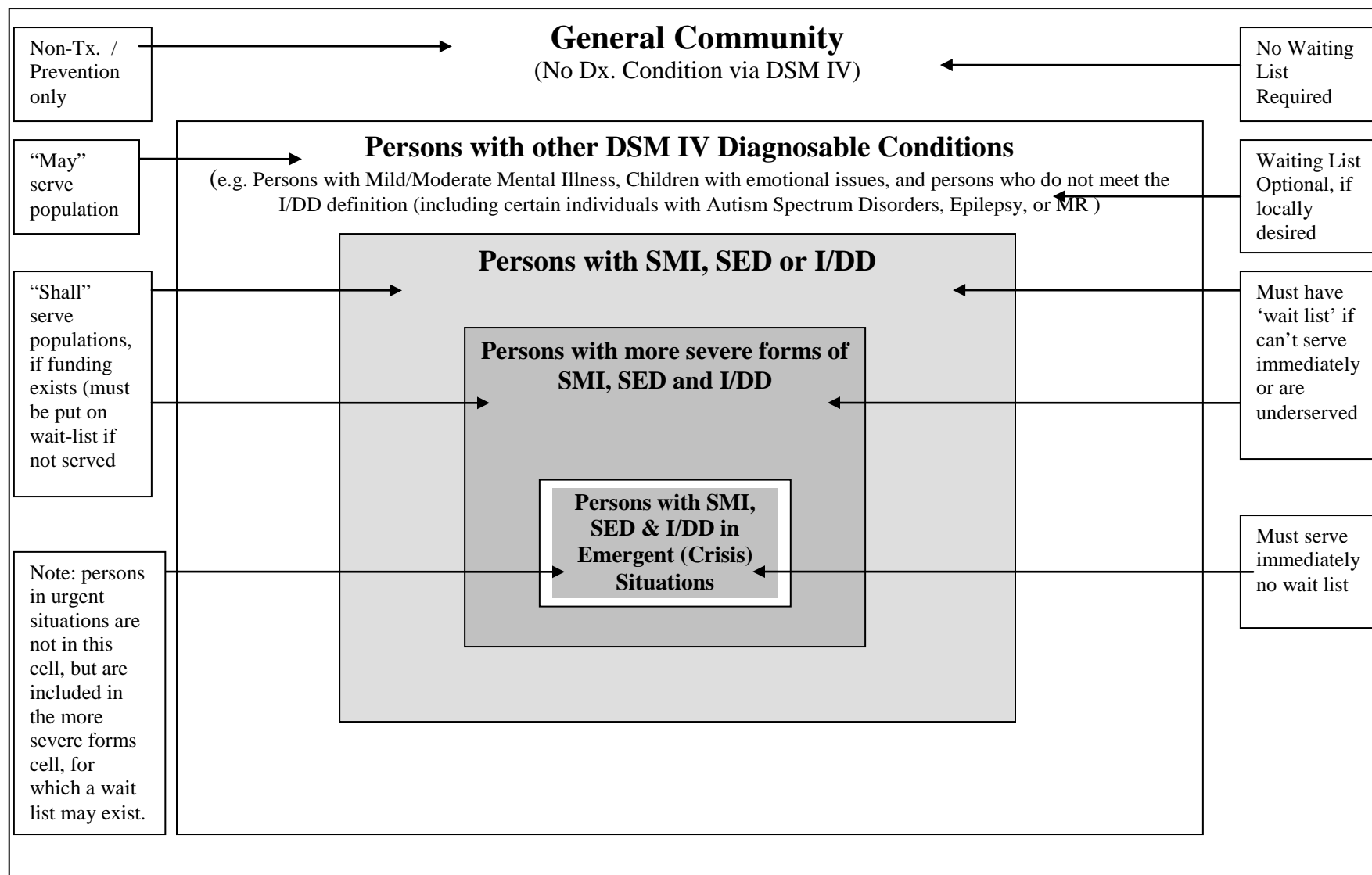
CMHSP Summary of Access to Service Needs Assessment

The Mental Health Code MCL 330.1226(1)(a) requires an annual needs assessment be conducted by every CMHSP. Beginning with FY 12, each CMHSP must utilize a standardized process to meet this requirement. The process involves data collection, community stakeholder engagement, and identification of the key issues found including a prioritized list for local action. The Priority Needs and Planned Action portion of the Needs Assessment process for each CMHSP is included in this report.

Michigan Department of Health and Human Services (MDHHS) remains committed to the policy that the overall purpose of the public mental health system is to provide necessary services to all individuals with mental health needs. However, given the current financing climate, it is also realized that funds may be insufficient to address the needs of all individuals desiring to receive services from the public mental health system. Thus, a CMHSP may need to prioritize who receives public mental health services and, when it cannot address all needs, establish a waiting list process that ensures systematic access into services and ongoing service delivery. It remains the perspective of MDHHS that a waiting list should only be considered as a last resort. Yet, when it is determined necessary, the management of the waiting list process shall always be based on objective and fair criteria with consistent implementation.

CMHSP representatives, along with the MDHHS, developed a Technical Advisory to issue specific guidelines to any CMHSP that establishes a waiting list because it cannot provide Mental Health Code required mental services for its Code-defined priority population due to insufficient funds. This Advisory specifies the minimum standards that must be met by each CMHSP in the management of its waiting list processes. The Population Cell Grid, which was developed to guide waiting list decisions made by CMHSP's, is listed below.

GF Waiting List: Population Cells Service Priorities



Note: CMH use of GF dollars shall go from inside cell to outside cells, as available dollars permit.

Report on the Requests for Services and Disposition of Requests

[illegible]

Period: October 1, 2014 to September 30, 2015

Report on the Requests for Services and Disposition of Requests

	Bay-Arenac					Berrien					Central Michigan				
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
CMHSP Point of Entry-Screening															
Total # of people who telephoned or walked in	114	2072	629	1383	4198	146	345	163	2464	3118	175	3072	1186	1856	6289
Is Info on row 1 an unduplicated count? (yes/no)	0	0	0	0		Yes	Yes	Yes	Yes					No	
# referred out due to non MH needs (of row 1)	15	151	22	1265	1453					0				589	589
Total # who requested services the CMHSP provides (of row1)	99	1937	607	102	2745	0				0	175	3072	1186	1267	5700
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	0	0	0	0	146	345	163	2464	3118	7	268	47	656	978
Of the # in Row 5 - How many people were scheduled for assessment	88	1520	523	0	2131					0	164	2749	1114	454	4481
other--describe	11	415	86	102	614	146	345	163	2464	3118	4	55	25	157	241
Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	16	233	49	0	298	0	0	0	0	0				506	506
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	3	189	40	0	232	0	0	0	0	0	3	187	23	91	304
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	5	170	46	0	221	0	0	0	0	0	8	230	52	0	290
Of the # in row 12 - How many were referred out to other mental health providers	5	161	46	0	212	0	0	0	0	0	8	230	52	0	290
Of the # in row 12 - How many were not referred out to other mental health providers	0	9	0	0	9	0	0	0	0	0	0	0	0	0	0
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	69	896	367	0	1332	146	345	163	2464	3118	154	2170	1056	0	3380
Of the # in Row 13 - How many met emergency/urgent conditions criteria	3	84	10	0	97					0	1	158	24	0	183
Of the # in Row 13 - How many met immediate admission criteria	1	136	15	0	152					0	153	2012	1032	0	3197
Of the # in Row 13 - How many were put on a waiting list	0	26	0	0	26	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many were wait listed for all cmhsp services	0	26	0	0	26	0	0	0	0	0	0	0	0	0	0
Other - explain	0	57	1	0	58					0					0

Period: October 1, 2014 to September 30, 2015

Report on the Requests for Services and Disposition of Requests

	Clinton-Eaton-Ingham					Copper Country					Detroit-Wayne				
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
CMHSP Point of Entry-Screening															
Total # of people who telephoned or walked in				5747	5747	18	226	55	474	773	1453	13999	6012	137,671	159135
Is Info on row 1 an unduplicated count? (yes/no)						No	No	No	No		no	no	no	no	
# referred out due to non MH needs (of row 1)				666	666	0	0	0	0	0	0	0	0	20771	20771
Total # who requested services the CMHSP provides (of row1)	330	1400	1236	846	3812	18	226	55	0	299	1479	14476	5908	21,040	42903
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	79	669	327	8	1083	0	87	7	0	94	23	596	171	0	790
Of the # in Row 5 - How many people were scheduled for assessment	251	731	909	838	2729	18	139	48	0	205	1531	14449	5851	9605	31436
other--describe					0	0	0	0	0	0				9348	9348

Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	75	47	53		175	2	29	7	0	38	161	3188	893	850	5092
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)					0	0	0	0	0	0	1	10	1	24	36
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan					0	0	2	0	0	2	1	48	6	55	110
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria					0	0	3	0	0	3	1	47	0	55	103
Of the # in row 12 - How many were referred out to other mental health providers					0	0	1	0	0	1					0
Of the # in row 12 - How many were not referred out to other mental health providers					0	0	2	0	0	2					0
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	188	694	900	838	2620	16	105	41	0	162	882	6989	3708	3935	15514
Of the # in Row 13 - How many met emergency/urgent conditions criteria					0	0	0	0	0	0	33	3022	756	123	3934
Of the # in Row 13 - How many met immediate admission criteria					0	15	105	41	0	161	882	6989	3708	3935	15514
Of the # in Row 13 - How many were put on a waiting list					0	1	4	0	0	5	0	0	0	0	0
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services					0	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many were wait listed for all cmhsp services					0	1	4	0	0	5	0	0	0	0	0
Other - explain					0	0	0	0	0	0					0

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	Genesee					Gogebic					Gratiot				
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
CMHSP Point of Entry-Screening															
Total # of people who telephoned or walked in	539	6075	1048		7662	10	113	40	224	387	15	654	285		954
Is Info on row 1 an unduplicated count? (yes/no)	no	no	no			No	No	No	No		NO				
# referred out due to non MH needs (of row 1)	0	0	0		0	0	0	0	0	0		62	21		83
Total # who requested services the CMHSP provides (of row1)	527	2800	983		4310	10	113	40	0	163	15	342	215	79	651
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	0	0		0	0	53	4	0	57	0	32	13	3	48
Of the # in Row 5 - How many people were scheduled for assessment	527	2800	983		4310	10	60	36	0	106	15	310	202	77	604
other--describe					0					0	1	17			18
Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	7	233	187		427					0	3	25	17		45
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0		0					0					0
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	13	1228	82		1323					0		1			1
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	6	425	11		442					0		3	2		5
Of the # in row 12 - How many were referred out to other mental health providers	6	425	11		442					0		1	1		2
Of the # in row 12 - How many were not referred out to other mental health providers	0	0	0		0					0		3	2		5
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	501	814	703		2018					0	15	306	198	76	595
Of the # in Row 13 - How many met emergency/urgent conditions criteria	1	55	16		72					0					0
Of the # in Row 13 - How many met immediate admission criteria	482	760	678		1920					0					0
Of the # in Row 13 - How many were put on a waiting list	18	99	9		126					0					0
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	0	0		0					0					0
Of the # in row 16 - How many were wait listed for all cmhsp services	18	99	9		126					0					0
Other - explain	0	0	0		0					0		1			1

Report on the Requests for Services and Disposition of Requests

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Report on the Requests for Services and Disposition of Requests

CMHSP Point of Entry-Screening	Kalamazoo					Lapeer					Lenawee				
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
Total # of people who telephoned or walked in	210	3144	1428	1592	6374	90	699	203	224	1216	46	1063	331	389	1829
Is Info on row 1 an unduplicated count? (yes/no)						Yes	Yes	Yes	Yes		n	n	n	n	
# referred out due to non MH needs (of row 1)	40	372	93	665	1170	0	0	0	195	195	0	0	0	18	18
Total # who requested services the CMHSP provides (of row1)	176	2709	1357	550	4792	90	697	202	28	1017	45	949	328	73	1395
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	45	1871	594	532	3042	0	3	1	11	15	11	374	92	73	550
Of the # in Row 5 - How many people were scheduled for assessment	131	838	763	18	1750	90	697	202	28	1017	34	575	236	0	845
other--describe	0	0	0	0	0	0	0	0	0	0	1	114	3	298	416

Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	17	142	210	14	383	0	5	1	27	33	5	133	37	0	175
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0	0	0	0	0	0	3	27	6	0	36
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	5	30	72	5	112	0	12	6	0	18	2	51	23	0	76
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	12	112	138	9	271	12	256	68	10	346	1	23	3	0	27
Of the # in row 12 - How many were referred out to other mental health providers	11	101	134	6	252	11	246	68	10	335	1	23	3	0	27
Of the # in row 12 - How many were not referred out to other mental health providers	1	11	4	3	19	1	14	2	0	17	0	0	0	0	0
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	114	696	553	4	1367	80	509	140	5	734	22	334	162	0	518
Of the # in Row 13 - How many met emergency/urgent conditions criteria	88	554	481	4	1127	12	189	29	4	234	0	12	4	0	16
Of the # in Row 13 - How many met immediate admission criteria	114	696	553	4	1367	71	424	131	1	627	22	322	158		502
Of the # in Row 13 - How many were put on a waiting list	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other - explain	0	0	0	0	0	5	8	11	2	26	1	8	4	0	13

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	Lifeways					Livingston					Macomb				
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
CMHSP Point of Entry-Screening															
Total # of people who telephoned or walked in	359	4066	996	0	5421	181	1473	1208	1857	4719	1311	7650	2259	1489	12709
Is Info on row 1 an unduplicated count? (yes/no)	No	No	No	No		no	no	no	no		No	No	No	No	
# referred out due to non MH needs (of row 1)	2	7	0	0	9	0	172	60	453	685	426	2486	734	484	4130
Total # who requested services the CMHSP provides (of row1)	227	2156	772	0	3155	181	1301	1148	1404	4034	885	5164	1525	1005	8579
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	32	1317	276	0	1625	1	582	150	0	733	82	254	54	161	551
Of the # in Row 5 - How many people were scheduled for assessment	176	800	467	0	1443	112	189	208	3	512	739	4574	1308	0	6621
other--describe	19	39	29	0	87					0	64	329	163	712	1268
Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	49	241	144	0	434	6	28	23	1	58	171	2092	371	0	2634
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0	0	0	0	0	0					0
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	5	3	0	8	6	1112	940	1401	3459	3	119	37	395	554
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	3	51	32	0	86					0					0
Of the # in row 12 - How many were referred out to other mental health providers	0	19	15	0	34					0					0
Of the # in row 12 - How many were not referred out to other mental health providers	3	32	17	0	52					0					0
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	117	493	294	0	904	98	151	177	1	427	0	32	14	1	47
Of the # in Row 13 - How many met emergency/urgent conditions criteria	2	32	6	0	40	0	14	1	0	15					0
Of the # in Row 13 - How many met immediate admission criteria	115	461	288	0	864	0	14	1	0	15	0	32	14	1	47
Of the # in Row 13 - How many were put on a waiting list	0	3	0	0	3	1	0	0	0	1	0	0	0	0	0
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many were wait listed for all cmhsp services	0	3	0	0	3	1	0	0	0	1	0	0	0	0	0
Other - explain	0	0	0	0	0					0					0

Report on the Requests for Services and Disposition of Requests

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	Muskegon					Network180					Newaygo				
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
CMHSP Point of Entry-Screening															
Total # of people who telephoned or walked in	430	2739	964	647	4780	617	9756	2841	1218	14432	39	906	471	178	1594
Is Info on row 1 an unduplicated count? (yes/no)	Y	Y	Y			no	no	no	no		no	no	no	no	
# referred out due to non MH needs (of row 1)	59	1196	211	119	1585	31	190	61	0	282	14	170	50	71	305
Total # who requested services the CMHSP provides (of row1)	407	2392	908	640	4347	586	9566	2780	0	12932	25	736	421	107	1289
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	157	1822	268	628	2875	16	323	72	0	411	1	73	24	38	136
Of the # in Row 5 - How many people were scheduled for assessment	250	570	640	12	1472	570	9243	2708	1218	13739	20	523	326	21	890
other--describe					0					0	4	140	71	4	219

Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	67	195	240	6	508	130	270	19	0	419	0	152	60	0	212
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	5	367	23	24	419	0	97	57	0	154	0	5	10	0	15
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	23	86	53	3	165	7	258	42	0	307	0	0	0	0	0
Of the # in row 12 - How many were referred out to other mental health providers	0	0	0	0	0	0	65	10	0	75	0	0	0	0	0
Of the # in row 12 - How many were not referred out to other mental health providers	23	86	53	3	165	7	193	32	0	232	0	0	0	0	0
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	144	354	339	5	842	388	7859	2426	0	10673	16	293	193	0	502
Of the # in Row 13 - How many met emergency/urgent conditions criteria	12	273	80	17	382	38	1150	233	0	1421	0	0	0	0	0
Of the # in Row 13 - How many met immediate admission criteria	11	243	70	4	328	350	7927	2193	0	10470	16	293	193	0	502
Of the # in Row 13 - How many were put on a waiting list	0	0	0	0	0	16	84	33	0	133	0	0	0	0	0
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	0	0	0	0	16	52	26	0	94	0	0	0	0	0
Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0	0	0	2	17	3	0	22	0	0	0	0	0
Other - explain					0					0					0

Report on the Requests for Services and Disposition of Requests

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Report on the Requests for Services and Disposition of Requests

	Northpointe					Oakland					Ottawa				
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
CMHSP Point of Entry-Screening															
Total # of people who telephoned or walked in	41	481	215	867	1604	327	3872	1214	7233	12646	97	763	377	0	1237
Is Info on row 1 an unduplicated count? (yes/no)	No	No	No	No		yes	yes	yes	yes		yes	yes	yes	na	
# referred out due to non MH needs (of row 1)	0	0	0	0	0	0	0	0	0	0	5	29	8	0	42
Total # who requested services the CMHSP provides (of row1)	41	481	215	0	737	327	3872	1214	7233	12646	92	734	369	0	1195
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	241	27	0	268	62	479	212	35	788	26	230	103	0	359
Of the # in Row 5 - How many people were scheduled for assessment	41	240	188	0	469	192	2777	709	786	4464	54	514	272	0	840
other--describe					0	2	46	13	5912	5973	18	29	6	0	53
Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	0	65	34	0	99	27	365	55	237	684	2	90	14	0	106
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0		7	1	2	10	0	0	0	0	0
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	0	0	0	0	2	42	21	25	90	0	0	0	0	0
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	1	52	2	0	55		26	1	9	36	11	91	13	0	115
Of the # in row 12 - How many were referred out to other mental health providers	1	52	2	0	55	0	0	0	0	0	11	91	13	0	115
Of the # in row 12 - How many were not referred out to other mental health providers	0	0	0	0	0	2	64	23	36	125	0	0	0	0	0
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	40	188	186	0	414	192	2777	709	786	4464	40	309	239	0	588
Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	0	0	0	0		2		1	3	0	0	0	0	0
Of the # in Row 13 - How many met immediate admission criteria	40	188	186	0	414		2		1	3	38	274	225	0	537
Of the # in Row 13 - How many were put on a waiting list	0	0	0	0	0		101	7		108	2	35	14	0	51
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	0	0	0	0		0			0	0	0	0	0	0
Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0	0	0		101	7		108	2	35	14	0	51
Other - explain					0					0	1	22	5	0	28

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	Pathways					Pines					Saginaw				
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
CMHSP Point of Entry-Screening															
Total # of people who telephoned or walked in	64	715	307	1619	2705	47	1099	714	156	2016	224	994	424	102	1744
Is Info on row 1 an unduplicated count? (yes/no)	No	No	No	No		N	N	N	N		no	no	no	no	
# referred out due to non MH needs (of row 1)	0	0	0	0	0	7	520	260	156	943	3	69	43	41	156
Total # who requested services the CMHSP provides (of row1)	64	715	307	0	1086	0	200	10	0	210	216	758	371	3	1348
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	289	27	0	316	0	0	0	0	0	2	37	3	3	45
Of the # in Row 5 - How many people were scheduled for assessment	64	426	280	0	770	40	579	227	0	846	214	721	368	0	1303
other--describe					0					0	1	2	2	0	5
Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	1	15	11	51	78	12	167	70	0	249	66	185	76	0	327
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	0	0	0	0	0	91	0	0	91	0	9	3	0	12
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	3	3	0	56	62	0	0	0	0	0	4	24	1	0	29
Of the # in row 12 - How many were referred out to other mental health providers	0	0	0	0	0	0	0	0	0	0	4	33	4	0	41
Of the # in row 12 - How many were not referred out to other mental health providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	45	220	180	0	445	40	579	227	0	846	144	503	288	0	935
Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	0	0	0	0	0	58	23	0	81	0	0	0	0	0
Of the # in Row 13 - How many met immediate admission criteria	45	220	180	0	445	40	579	227	0	846	144	503	288	0	935
Of the # in Row 13 - How many were put on a waiting list	2	65	14	0	81	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	5	0	0	0	5	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many were wait listed for all cmhsp services	2	65	14	0	81	0	0	0	0	0	0	0	0	0	0
Other - explain					0	0	0	0	0	0					0

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	St. Clair					St. Joseph					Sanilac				
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
CMHSP Point of Entry-Screening															
Total # of people who telephoned or walked in	229	1469	531	765	2994	25	802	335	274	1436	62	406	147	177	792
Is Info on row 1 an unduplicated count? (yes/no)	Yes	Yes	Yes	Yes		N/A	N/A	N/A	N/A		Yes	Yes	Yes	Yes	
# referred out due to non MH needs (of row 1)	0	0	0	737	737	0	52	7	66	125	0	0	0	154	154
Total # who requested services the CMHSP provides (of row1)	229	1469	531	28	2257	25	750	328	208	1311	61	406	147	23	637
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	11	2	26	39	0	221	25		246	0	0	0	9	9
Of the # in Row 5 - How many people were scheduled for assessment	229	1463	530	2	2224	25	529	303	208	1065	61	406	147	23	637
other--describe	0	0	0	0	0					0	0	0	0	0	0
Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	0	0	0	0	0	0	143	32	63	238	8	189	51	13	261
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	19	8	0	27	1	70	31	17	119	0	2	0	0	2
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	20	420	123	2	565	0	16	4	41	61	6	123	44	4	177
Of the # in row 12 - How many were referred out to other mental health providers	19	403	121	2	545	0	10	3	29	42	6	121	41	3	171
Of the # in row 12 - How many were not referred out to other mental health providers	1	18	1	0	20	0	6	1	12	19	0	2	4	1	7
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	210	1129	416	0	1755	24	427	264	109	824	56	318	115	9	498
Of the # in Row 13 - How many met emergency/urgent conditions criteria	25	603	118	0	746	0	0	0	9	9	1	141	23	2	167
Of the # in Row 13 - How many met immediate admission criteria	193	796	344	0	1333	0	0	0	0	0	55	243	103	7	408
Of the # in Row 13 - How many were put on a waiting list	0	2	0	0	2	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many were wait listed for all cmhsp services	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
Other - explain	3	21	13	0	37					0	0	9	5	1	15

Period: October 1, 2014 to September 30, 2015

Report on the Requests for Services and Disposition of Requests

	Shiawassee					Summit Pointe					Tuscola				
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
CMHSP Point of Entry-Screening															
Total # of people who telephoned or walked in	40	1044	403	345	1832				11587	11587	25	360	156	232	773
Is Info on row 1 an unduplicated count? (yes/no)	y	y	y	y					no		N	N	N	N	
# referred out due to non MH needs (of row 1)	10	303	133	128	574					0	1	16	6	148	171
Total # who requested services the CMHSP provides (of row1)	30	741	270	217	1258	124	1606	649	237	2616	24	344	150	84	602
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	48	0	58	106	0	0	0	520	520	0	6	3	52	61
Of the # in Row 5 - How many people were scheduled for assessment	30	373	154	0	557	120	1454	610	208	2392	24	338	147	32	541
other--describe	0	304	122	183	609				2195	2195	0	0	0	0	0

Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	4	149	25	0	178	22	331	117	120	590	2	54	31	2	89
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	0	0	0	0	6	114	63	10	193	2	23	15	0	40
Of the # in row 12 - How many were referred out to other mental health providers	0	0	0	0	0	4	93	57	7	161	2	23	15	0	40
Of the # in row 12 - How many were not referred out to other mental health providers	0	0	0	0	0	2	21	6	3	32	0	0	0	0	0
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	26	224	129	0	379	35	815	316	41	1207	20	261	101	30	412
Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	0	0	0	0	1	61	6	8	76	0	12	4	6	22
Of the # in Row 13 - How many met immediate admission criteria	0	0	0	0	0	34	754	310	33	1131	20	249	97	24	390
Of the # in Row 13 - How many were put on a waiting list	1	8	4	0	13	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	1	8	4	0	13	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other - explain					0	0				0	0	0	0	0	0

Period: October 1, 2014 to September 30, 2015

Report on the Requests for Services and Disposition of Requests

	Van Buren					Washtenaw					West Michigan				
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
CMHSP Point of Entry-Screening															
Total # of people who telephoned or walked in	106	895	207	0	1208	185	3136	826	63,881	68028	76	2100	499	59	2734
Is Info on row 1 an unduplicated count? (yes/no)	yes	yes	yes	yes		no	no	no	no		Yes	Yes	Yes	Yes	
# referred out due to non MH needs (of row 1)	0	211	37	0	248	0	0	0	63,913	63913	33	1164	285	46	1528
Total # who requested services the CMHSP provides (of row1)	106	684	170	0	960	168	2828	770	2895	6661	43	936	214	13	1206
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	24	162	19	0	205	0	0	0	496	496	0	516	49	11	576
Of the # in Row 5 - How many people were scheduled for assessment	82	522	151	0	755	148	943	391	23	1505	43	420	165	2	630
other--describe	0	0	0	0	0					0					0

Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	0	0	0	0	0	12	57	29	43	141	15	185	49	1	250
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	0	0	0	0	0	0	0	0	0	0	46	22	0	68
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	0	0	0	0	11	204	36	0	251	3	9	8	0	20
Of the # in row 12 - How many were referred out to other mental health providers	0	0	0	0	0	11	204	36	0	251	0	3	1	0	4
Of the # in row 12 - How many were not referred out to other mental health providers	0	0	0	0	0	0	0	0	0	0	3	6	7	0	16
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	82	522	151	0	755	217	504	291	15	1027	30	108	61	0	199
Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	0	0	0	0	8	189	44	0	241	0	44	15	0	59
Of the # in Row 13 - How many met immediate admission criteria	0	0	0	0	0	209	315	247	15	786	0	29	10	0	39
Of the # in Row 13 - How many were put on a waiting list	0	0	0	0	0	11	58	11	0	80	0	0	0	0	0
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0	0	0	11	58	11	0	80	0	0	0	0	0
Other - explain	0	0	0	0	0					0					0

Period: October 1, 2014 to September 30, 2015

Report on the Requests for Services and Disposition of Requests

	Woodlands/Cass					
	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total	
CMHSP Point of Entry-Screening						
Total # of people who telephoned or walked in	30	563	348	327	1268	
Is Info on row 1 an unduplicated count? (yes/no)	no	no	no	no		
# referred out due to non MH needs (of row 1)	1	1	11	0	13	
Total # who requested services the CMHSP provides (of row1)	41	336	250	293	920	
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	6	0	1	7	
Of the # in Row 5 - How many people were scheduled for assessment	37	298	156	170	661	
other--describe					0	
Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	6	107	49	0	162	
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	1	22	8	4	35	
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	5	14	0	19	
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	5	14	0	19	
Of the # in row 12 - How many were referred out to other mental health providers	0	4	13	0	17	
Of the # in row 12 - How many were not referred out to other mental health providers	0	1	1	0	2	
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	22	175	29	73	299	
Of the # in Row 13 - How many met emergency/urgent conditions criteria	6	154	26	3	189	
Of the # in Row 13 - How many met immediate admission criteria	4	67	9	0	80	
Of the # in Row 13 - How many were put on a waiting list	0	0	0	0	0	
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	0	0	0	0	
Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0	0	0	
Other - explain					0	

Period: October 1, 2014 to September 30, 2015

Report on the Requests for Services and Disposition of Requests

	Statewide Totals				
CMHSP Point of Entry-Screening	DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
Total # of people who telephoned or walked in	8755	94414	32363	250830	386362
Is Info on row 1 an unduplicated count? (yes/no)					
# referred out due to non MH needs (of row 1)	697	8991	2460	92841	104989
Total # who requested services the CMHSP provides (of row1)	8180	82249	30520	40412	161361
Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	1165	17644	4326	7050	30185
Of the # in Row 5 - How many people were scheduled for assessment	6973	61327	24605	14463	107368
other--describe	297	2043	779	22101	25220

Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	974	10444	3402	2380	17200
Of the # in Row 7 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	9	121	47	30	207
Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	85	4446	1607	2075	8213
Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	208	3573	1020	216	5017
Of the # in row 12 - How many were referred out to other mental health providers	110	2578	719	57	3464
Of the # in row 12 - How many were not referred out to other mental health providers	177	961	397	75	1610
Of the # in Row 7 - How many people met the cmhsp eligibility criteria	4796	37344	17332	8713	68185
Of the # in Row 13 - How many met emergency/urgent conditions criteria	272	8091	2180	199	10742
Of the # in Row 13 - How many met immediate admission criteria	3528	27979	13079	4258	48844
Of the # in Row 13 - How many were put on a waiting list	66	633	124	0	823
Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	22	106	32	0	160
Of the # in row 16 - How many were wait listed for all cmhsp services	51	512	88	0	651
Other - explain	10	126	39	3	178

Community Needs Assessment Priority Needs and Planned Actions

For FY 14

Based on feedback received from stakeholder groups and data collected from this process, the CMHSP must identify at least 5 priority needs. Of these, the CMHSP must identify the areas where it intends to address and what action is being planned in that area. The table below provides a format for identifying the top issues.

Priority Issue: Please give a brief explanation of the issue, in order of priority, with 1 being highest.

Reasons for Priority: Identify what makes this a priority issue. For example: the issue was identified by multiple stakeholder groups; or the size of the issue; or consistency with other community efforts, etc.

CMHSP Plan: Give a brief overview of what steps the CMHSP intends to take to address the identified issue. Please include basic time frames and milestones.

For FY 15

CMHSPs are only required to complete the Stakeholder Survey and Priority Needs and Planned Action every 2 years. All CMHSPs completed both of these in FY 14. For FY 15, CMHSP's were asked to submit a narrative describing any progress or accomplishments made by the CMHSP on items identified in the Priority Needs and Planned Actions or any changes that were made. These updates are included in the table below.

CMHSP: Allegan County Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan	STATUS UPDATE FEBRUARY 2016
1. Increase the capacity to serve youth and children who have serious emotional disturbances and autism.	This has been identified by stakeholders as being a concern by members of the community. ACCMHS has also identified the need to increase the capacity to service youth and children who have the need for psychiatric services.	ACCMHS has a contract initiated with the Center for Excellence Development (CEDI) at Hope Network to assess the level of need to address the increased need for services for children and youth. The assessment process will include two hall meetings with parents, schools, representatives from law enforcement and others. The assessment will inform the expansion of services for children/youth.	<p>ACCMHS has continued the contract with the Center for Excellence Development (CEDI) at Hope Network, and plan the implementation of expanded services for children/youth.</p> <p>ACCMHS plans to add additional contracts to meet the increased demand for Autism services. ACCMHS intends to also hire a qualified BCBA.</p> <p>ACCMHS plans to change the Wraparound position to full time, allowing that staff to perform wraparound duties exclusively.</p>
2. Increase the capacity to serve and train staff in providing services for individuals with Substance Use Disorders (SUD).	This has been identified by stakeholders that were surveyed as being a concern. At this time, there is only one provider of SUD treatment in Allegan County. There is a need for more outpatient SUD services and ACCMHS is looking to become a provider in the future. Training programs will be identified for staff and then provided.	<p>ACCMHS initiated a contract with Network 180 to provide services to Allegan County residents as the coordinating agency as of October 1, 2014 and in accordance with the Pulaski Bill that required the coordinating agencies to be rolled into the PIHP. Training for ACCMHS staff will be identified and implemented to assist staff in obtaining the appropriate credentials to provide outpatient SUD services.</p> <p>Allegan County Recovery Residence opened February 8, 2015.</p> <p>Pathways and OAR are applying for grants to develop outreach programs.</p>	<p>Allegan County Recovery Residence opened on February 8, 2015.</p> <p>Pathways (provider) did receive a grant from Network 180 and is providing SUD services in Allegan. We are looking to add a second outreach team.</p> <p>ACCESS/Crisis staff were trained on SUD assessment tools.</p> <p>ACCMHS re-engaged Multi-Dimensional Family Therapy.</p> <p>Readiness groups are now being provided at the Alternative High School in Allegan.</p> <p>ACCMHS will be developing an action plan for providing outpatient SUD services in 2016.</p>
3. Increase community outreach and community education activities.	This has been identified as a priority by stakeholders in the Needs Assessment; ACCMHS must utilize a variety of means of communication to reach the community and relevant stakeholders.	<p>ACCMHS will be working with a part-time public relations coordinator who will assist ACCMHS in communicating with the community and stakeholders in a more comprehensive manner.</p> <p>ACCMHS will continue to have town hall meetings and will also investigate ways to use social media to engage the community.</p>	<p>ACCMHS' Grass Roots Advocacy Committee hosted 15 town hall meetings during 2015 and mailed many informational letters to consumers, stakeholders, and legislators. Grass Roots provided advocacy information/trainings to Parent Advisory Groups (for parents with children with SED and/or DD). The meetings, letters, and trainings focused on State/Federal policy changes to Home & Community-Based Services, SIS assessment tool implementation, GF reductions, MA reductions, how to advocate for your loved one's services, ACCMHS' authority status, ACCMHS program policy changes, and assessment process changes.</p>

		<p>ACCMHS will be creating a Parent Advisory Group for children with SED.</p>	<p>ACCMHS continues to host monthly Parent Advisory Group meetings for those parents of individuals with developmental disabilities.</p> <p>ACCMHS began a Parent Advisory Group for parents of children with SED May 6, 2015. These monthly meetings continue to be held as a means to increase education and to identify needs within the community.</p> <p>ACCMHS' Prevention Services regularly provide community education activities (Hope Bridge Event, Allegan County Fair, School Open Houses & Conferences) and provide information about ACCMHS services. The Talk Sooner App/website and Facebook are regularly updated with drug trends, local events and community resources.</p>
<p>4. Increase collaboration with parents and school systems within Allegan County.</p>	<p>This has been identified as a priority by those who participated in the Needs Assessment conducted by ACCMHS; representatives from the schools also requested increased assistance.</p>	<p>At this time, there is increased outreach and collaboration with the school districts. The Customer Services Coordinator is also the Transition Coordinator. The Executive Director and the Medical Director met with the Superintendents of Schools on February 4, 2015 and will be working more collaboratively with them.</p>	<p>ACCMHS has two staff who are cross trained in Mental Health First Aid for both youth and adults. During 2015, 136 people were trained in MH First Aide. Through these classes, ACCMHS trained Youth MHFA for the majority of Allegan County Juvenile Detention staff, as well as Cheever Corrections staff. We have also trained the Allegan County Suicide Prevention Coalition, the principal and a staff from Renaissance Alternative Education, and Community Action of Allegan County. An abbreviated version of Youth MHFA was provided for the Allegan Alternative High. Youth MHFA training was also provided in the Holland area for the Ottawa County Substance Abuse Coalition youth leaders and an open community training (totaled 17 people) using Perrigo Grant monies. Finally, training was provided in both Carry County and within Baldwin, Michigan.</p> <p>The hope is that from these community trainings, other school systems and community agencies will seek MHFA training for their staff.</p> <p>Signed Memorandums of Agreement are completed with the referral process, and matrix of available mental health and substance abuse services in schools are made available to existing Peer Assistant Leadership programs. Additional funding was secured in December 2015 for full-time Prevention Staff that will also be liaison for schools for early screening.</p>

<p>5. Increase collaboration with the criminal justice system within Allegan County.</p>	<p>This has been identified as a priority by those who participated in the Needs Assessment. This is a need and a priority that has been part of an ongoing effort by ACCMHS, to work more collaboratively with the Sheriff's Department, the Court System, and the Juvenile Justice System.</p>	<p>ACCMHS is continuing to work with representatives of the Sheriff's Department, the Court System, and with those in Juvenile Justice.</p> <p>ACCMHS will continue to seek ways to improve jail diversion programming and services to assist youth with SED that have been improperly placed in the juvenile detention center.</p>	<p>ACCMHS created a Mental Health Collaboration, consisting of Life EMS, Allegan General Hospital, Allegan City Police, Allegan County Sheriff's Department, and Allegan Probate Court. This Committee will continue to meet to develop a first responder's guide to psychiatric hospitalizations.</p> <p>ACCMHS has developed an active prisoner re-entry program with a focus on providing for the needs of individuals as they exit prison.</p> <p>ACCMHS will develop a Juvenile Justice re-entry program, as well.</p> <p>ACCMHS' Executive Director and Clinical Director are attending the annual Stepping-Up Initiative Conference in April 2016. This initiative focuses on diverting individuals with mental illness from going into jails and instead receiving treatment.</p>

CMHSP: AuSable Valley Community Mental Health Authority

Priority Issue	Reasons For Priority	CMHSP Plan
1. Substance Use Disorders across the broad spectrum including providers, services, education and the like	Comments relating to SUD have been consistent over the past several years from our open houses and community needs surveys. Interest in this topic seems to have doubled and actually almost tripled in the area of substance use for adults, aligning with feedback on the surveys. A review of our intakes suggests that a major percentage of our consumers deal with substance abuse issues.	<ol style="list-style-type: none"> 1. Application for inclusion on the Provider Panel for SUD services in our catchment in order to expand our ability to provide SUD services to those beyond the current Co-occurring population. Application will take place as soon as our Regional Entity opens the panel for accepting applications. 2. Partnering with local Probate Court as they implement a Family Drug Court; regular involvement in the drug court process for both children and adults. This is currently in the implementation phase and is scheduled to begin in June of 2015. <p>Update: We have been approved to be on the SUD Provider Panel for our catchment area. Additionally, we have partnered with our local courts in advancement of a drug court and have regularly participated through our Co-Occurring Services program and have active cases, currently.</p>
2. Employment and vocational services	Based on our COA accreditation and vocational standards, we have a large population of consumers that would benefit from targeted trainings to support employment opportunities and workplace success. Surveys received from partner agencies as well as from consumers themselves, indicate it as an area identified as a priority as well.	<ol style="list-style-type: none"> 1. Implement a vocational training curriculum, Mastering Soft Skills for Workplace Success, for consumers that are not able to participate in evidence-based supported employment services. We expect full implementation within the next six weeks with a review at six months to determine effectiveness and satisfaction with the product. <p>Update: Within our Supported Employment Services program, we have achieved Fidelity throughout this past year. The Soft Skills curriculum and training has been purchased and implementation has begun. The Agency has also identified an additional benefit to this curriculum, using it internally for various staff within our programs to enhance their skills.</p>
3. Transitioning from child to adult services for the I/DD consumer	Program-level staff have identified the need for better understanding and additional education on how to effectively help the transition between services while continuing to be the liaison with community partners, like schools, DHS, and so forth, and keeping dignity and respect for the consumer at the highest	<ol style="list-style-type: none"> 1. The Agency has a new position, Program Director for Specialized Services, that will assist in staff education, training, partnering with community agencies to ensure ease of transitions, and so forth. As part of the team of Program Directors, this specialized services PD will be able to take the lead and assist the case managers, families, guardians and so forth during the progression into the adult level of care and services. This PD has already begun formulating relationships with the local ISDs and creating a procedure to assure transition services are occurring as required. She is also working with the Program Director of Family Services to develop a procedure for transition services from child to adult services. <p>Update: The Program Director for Specialized Case Management Services has been attending the Transition Council within our catchment in order to establish a relationship and contact</p>

	level at all times through open communication and continuity of care.	information for students transitioning out of the public school system and into our services. She has developed protocol for transition from children to adult services within our own agency, as well, working closely with the Program Director for Family Services.
4. Service Awareness Expansion	The community needs survey still indicates a desire for more information and communication. Interestingly, this year's survey indicates communication via electronic means to be of the highest value (63% requesting website information)	<ol style="list-style-type: none"> 1. A new Agency website has been rolled out to the public just in the past 6 weeks. Design, information and web pages were a result of a consumer focus group, based on their feedback. 2. Calendars of events garnered 53% of responses and will be a part of the new website as soon as possible. 3. Within the next year the agency will be participating in local job fairs and expos, other community open houses, and will look to establish a public forum with relevant speakers. <p>Update: AVCMHA has participated in several job fairs and community expos, locally and at our area university and community colleges. Additionally, our new agency website is much more inclusive of information that consumers as well as the public can seek out. Brochures have been designed and distributed at open houses, HSCC meetings and during several integrated health collaborative partnership meetings. We have not established a Speakers' Bureau, per se; however, we regularly communicate out to local partners that we are available and collaborate with them on our training schedule of which community partners are always invited to participate.</p>
5. Increase Peer to Peer supports	This has been an identified shortcoming within the agency and we would like to increase consumer participation at the staff level. This has been an initiative identified in the agency's long term plan.	<ol style="list-style-type: none"> 1. AVCMHA recognizes the potential benefit of having peer partners be a part of the treatment team. At this time the Board has authorized the creation of a sub program within the Supported Employment Department to develop a Peer to Peer Support Program, and has committed money for staffing and the training and employment of partners to fully implement this program. 2. The agency is currently interviewing for the position of Peer to Peer Specialist with hopes of filling the position by the end of Q2FY15. <p>Update: A Peer-to-Peer Trainer has been hired full time to expand peer contributions throughout the Agency. Responsibilities of this FTE include identifying consumer training needs and organizing the same, training and retraining consumers in identified areas, hiring, training and management of the consumers working in the Virtual Drop-In Program. A Leadership Council has been established and training needs and interests have been assessed through both formal and informal conversations with consumers, case managers, CLS staff and Supported Employment peers. The foundations are being laid to implement this program with the expectation that full implementation will be had by the end of this fiscal year.</p> <p>While not required this year, the Agency did survey stakeholders within our catchment. One area of interest was the way the Agency could support participation in services. Eighty percent of those</p>

		<p>surveyed indicated that transportation was the largest area of concern, which is not surprising, as transportation barriers garnered high responses throughout the community from other providers via information from their Community Health Needs Assessments. In rural northern Michigan, public transportation is very limited in its hours of operation and, most times, only one bus is in service. It is no surprise that it is difficult for our consumers to balance their own treatment with scheduling conflicts, transportation conflicts, and financial issues and, lack of natural supports in conjunction with the rural area they have to navigate. Nothing is close if you don't live within the city limits. While we know that DHHS is supposed to provide transportation to medical appointments, they are very much lacking in that support, as well. There is no easy solution but it is a very large problem and one that demands some viable solutions.</p>
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CMHSP: Barry County Community Mental Health Authority

Priority Issue	Reasons For Priority	CMHSP Plan
1.		
2.		
3.		
4.		
5.		

This Survey was sent out in December of 2014 to community stakeholders. There was a low return of completed surveys and the information on said returned surveys were basically of no value to the agency. Therefore, for FY14 this item has not been completed because of insufficient information.

CMHSP: Bay Arenac Behavioral Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Increased demand in substance abuse services and education for teens.	This issue was identified as a priority based on risk associated with this issue and the data related to the increased use.	Bay Arenac has developed 4 strategic initiatives to address the areas that have been identified. The Strategic Initiatives are <ul style="list-style-type: none"> Increased Demand for Substance Abuse Treatment Stabilization/Long Term Viability of Key Provider Systems Integration with Primary Care
2.Services for Youth The areas that were identified specifically regarding the youth were the 1) need to improve engagement by families and youth 2) perception of decreased services available 3) need to improve coordination with community agencies.	This issues was identified based on the number of concerns that were identified by the stakeholders.	Bay Arenac has developed 3 different strategic initiatives to address the areas that have been identified. The Strategic Initiatives are the following: <ul style="list-style-type: none"> Redefine and Identify Gaps in Children's Services Stabilization/Long Term Viability of Key Provider Systems Continuing Need for Integration of Evidence-Based Practices in Clinical Service Delivery and will address the following issues: <ol style="list-style-type: none"> Implementation of Autism Benefit/ABA Services-Center Based Service at Madison Clinic. Implementation of Wrap-Around Services to increase community organization coordination Juvenile Diversion Community meetings
3.Services to uninsured/underinsured	This was identified by each of the stakeholder groups.	Bay Arenac has developed strategic initiatives to address the areas that have been identified. The Strategic Initiatives are <ul style="list-style-type: none"> Management of Revenue Reductions Medicaid Expansion Redefine and Identify Gaps in Children's Services
4. More education on self-sufficiency and strength based foundations to meet the unique needs of the teens	This was identified by stakeholder groups, and determined to be a priority in providing effective care.	Bay Arenac has developed 1 strategic initiative to address the areas that have been identified. The Strategic Initiative is <ul style="list-style-type: none"> Continuing Need for Integration of Evidence-Based and Best Practices in Clinical Service Delivery
5. Coordination with community organizations	This was an area that received the most requested needs.	Bay Arenac has developed 3 different strategic initiatives to address the areas that have been identified. The Strategic Initiatives are <ul style="list-style-type: none"> Redefine and Identify Gaps in Children's Services Management of Revenue Reductions Integration with Primary Care

CMHSP: Berrien Mental Health Authority (BMHA)

Priority Issue	Reasons For Priority	CMHSP Plan - Update
1. Assure that health integration activities occur with consumers served by BMHA programs.	<ul style="list-style-type: none"> To assure BMHA consumers have access to primary care services. To improve mental health and physical health outcomes. 	<ul style="list-style-type: none"> Participated in periodic meetings with InterCare (FQHC) providers to improve coordination of care and ease of access into services. Clinical staff have identified consumers with no primary care physician and offered referrals to InterCare. (Ongoing) Process was developed to accelerate access to psychiatric services for direct referrals from InterCare. Charts have been reviewed to ensure Releases of Information for primary care physicians are present to promote. Jointly developed a Medication Assisted Treatment Program for consumers needing therapy and medication in addressing addiction treatment. (November 2015)
2. Implement MI Health-Link demonstration project for enrolled consumers.	<ul style="list-style-type: none"> To assure consumers receive appropriate services. To adhere to contract requirements with SWMBH. To use collaboration and data to improve health outcomes. 	<ul style="list-style-type: none"> Services are being provided to consumers referred by SWMBH (PIHP) and the ICO and coordinate care. (March 2015) Concerted effort within the agency to expand services. Participation in various SWMBH Committees to evaluate project and impact of interventions. Meetings with PIHP, Aetna and Meridian to assure that services are delivered in a streamlined way for the consumers. (December 2015)
3. Assure State GF (General Funds) are maximized.	<ul style="list-style-type: none"> To address the needs of the population historically served by General Funds. To assure efficient use of services. To provide direction to staff and community relative people to be served by the BMHA. 	<ul style="list-style-type: none"> An additional position was added to assure insurance verification happens timely. (October 2015) Staff have been trained on and are now assisting individuals to apply for Medicaid/Healthy Michigan when they appear eligible. Executed a contract with DHS to place a full time DHS Liaison on site. (March 2015) Implementation of a GF Wait List and monitoring of the Wait List. (June 2015) Updated Business Office protocols related to how/when GF is set up as a coverage plan. Additional residential services procured as alternatives to KPH. As of 1/25/16 we do not have any individuals placed at KPH. Continued review of all services billed to GF.
4. Implement a Jail Diversion program based on the grant received.	<ul style="list-style-type: none"> To assist in keeping consumers out of the Justice System that are more appropriate to serve in the Mental Health System. 	<ul style="list-style-type: none"> Jail Diversion staff were hired and include a Supervisor, Case Manager, Therapist and Clinical Assistant. Completion of Jail Diversion policies and procedures. (April 2015) Program Supervisor, 911 Dispatch Supervisor, Jail and Sheriff's Deputies CIT trained (April 2015) Berrien County Community Corrections Advisory Board agrees to provide Jail Diversion Program activity oversight. (March 2015) Jail Diversion provides CIT Training for 10 additional officers. (November 2015). A total of 16 Officers trained in Berrien County. Monthly data submissions and consultations calls to program evaluation team at Michigan State University. Program evaluation meetings held with Michigan State staff March of 2015 and Jan of 2016.

		<ul style="list-style-type: none"> Revised budget submission Nov 2015. Grant approval for 2016 issued December 2015.
5. Improve use of technology to improve care and support staff activities.	<ul style="list-style-type: none"> To improve hardware, infrastructure and data security. To improve software performance and reporting capabilities. To meet contractual reporting obligations. 	<ul style="list-style-type: none"> The Performance Improvement team successfully changed the host site for all Streamline software. By 11/1/16 database administration will be moved to PCE Technologies for all EHR system data. The EHR will be certified for use under Meaningful Use requirements, and have Consumer Portal functionality. The Performance Improvement team successfully replaced specific hardware, and changed vendors for support services and back office applications. By 6/6/16 phone system/VOIP upgrades will be completed, including the implementation of the ability to monitor call tracking data. By 4/4/16 comprehensive quarterly HIPAA Security reports will be on file, addressing both EHR and technology infrastructure Security Risk Assessment needs. The Performance Improvement team successfully selected software as a key step in moving towards meeting meaningful use requirements. By 12/30/16 the PCE EHR/UM/MCIS system will be implemented and functional for use. <p><u>Expanded Priorities for 2016:</u></p> <ol style="list-style-type: none"> Trauma Informed Care Education/Prevention (with Crisis Response)

CMHSP: CEI - Clinton-Eaton-Ingham County CMH

Priority Issue	Reasons For Priority	CMHSP Plan/Current Progress	CMHSP Future Plan
<p>1. Expanding the eligibility criteria for Adult Mental Health Services</p> <p>(AMHS)</p>	<p>Historically, AMHS has faced challenges to providing regular, ongoing therapeutic services to persons with significant behavioral health and psychosocial needs who do not have a serious and persistent mental health illness. This has led to gaps in the provision of mental health services in the Tri-County area for persons not meeting an enhanced services level of care.</p>	<p>Fiscal year, 10/1/15 – 9/30/16</p> <p>Identify funding mechanisms to expand current outpatient capacity in Ingham county and to develop and implement programs in Eaton and Clinton Counties, meet with local health plans to look at opportunities for collaboration, monitor and apply for grants to expand service capacity, evaluate current outpatient service delivery model to increase the number of unique individuals served.</p>	<p>CMHA-CEI has an active work plan to expand clinical services to individuals with Medicaid (i.e., Regular Medicaid, Managed Medicaid, Healthy Michigan Plan, and Medicare-Medicaid covered consumers) with significant behavioral health needs, beginning January 1, 2016. Medicaid benefit stabilization funds have been made available through our PIHP (Mid-State Health Network) and Healthy Michigan Plan expansion has also provided increased fiscal support for expanding services to this identified group of consumers. Hiring, training, and implementing services to this expanded group of consumers has been delayed by the lack of available office space, to be rented from Ingham County and co-located with a future health department site. Other expansion sites are being actively pursued with the agency Properties Manager. The current plan is to add thirteen additional mental health therapists to the current team of two providers to expand capacity to Medicaid covered individuals in Ingham and Eaton counties as soon as space is available, anticipated to be 1/11/16.</p>
<p>2. Coordination of Care for individuals with substance use/ mental health needs during and post incarceration</p> <p>(Substance Abuse Services & Corrections Mental Health)</p>	<p>Adults with serious mental illness who are incarcerated appear to have difficulty getting mental health needs met post incarceration. This has led to gaps in the provision of mental health services in the Tri-County area for this population and the potential for recidivism in regards to mental health as well as legal issues.</p>	<p>Increase coordination of care for persons who have been incarcerated at either the local jails or state facilities by:</p> <ul style="list-style-type: none"> • Better discharge planning between local jails and outpatient treatment. • Shoring up communication between jail-based CMH programs (i.e. CATS) and outpatient/aftercare treatment programs 	<p>Substance Abuse Services & Corrections Mental Health, in partnership with Adult Mental Health Services, local police, corrections and other community partners have begun the initial process of having a Crisis Intervention Team locally. Key agencies had an initial information meeting on 11/24/15 to review the CIT model and determine interest.</p> <p>CMHA-CEI has applied to SAMSHA's Gains Center to provide a training for up to 40 individuals on Sequential Intercept Mapping (SIM), which assists</p>

	<p>Clinton Eaton and Ingham County Jails currently have Crisis Service, Mental Health Therapist for in jail screening and follow up. The gap for individuals served in jail is upon leaving jail and no follow up as most have mild to moderate mental illness. Individuals with MI/SUD have a high recidivism rate due to lack of attention to follow up in both areas of need (MI/SUD) and with intervention post discharge would be less likely to violate probation or once again enter the criminal justice system.</p>	<ul style="list-style-type: none"> Developing working relationships with local courts to explore, at a minimum, better communication as well as the possibility of treatment courts. Work collaboratively with Mental Health Courts in both 55th District and 30th Circuit, to increase coordination of care for persons who have been incarcerated at either the local jails or state facilities. <p>UPDATE: Substance Abuse Services & Corrections Mental Health, in partnership with the Ingham County Sheriff's Office has received funding from Ingham County, to begin January 1, 2016 for an on-call program for weekends and holidays to provide Mental health Screening and crisis Services in the jail. This has been identified as a major gap in service provision and the Ingham County Commissioners were receptive to the proposal. This amount will be budgeted annually.</p>	<p>stakeholders to create a local "systems map", establish priorities and opportunities through a strategic planning process.</p>
<p>3. Address individuals within the Greater Lansing area who have been identified as having super utilization of public services due to having an identified Substance Use Disorder</p>	<p>An adult who accesses an Emergency Department ten (10) times during the course of a year is defined as Super Utilizer. These adults cost the public system untold dollar amounts and often are only addressed at the point of access. A workgroup, which includes CMHA-CEI Substance Abuse Services, local Emergency Departments,</p>	<p>Workgroup began 10/14.</p> <ul style="list-style-type: none"> Individuals are identified via the Lansing Fire Department's Emergency Medical Services based on the number of transports to local Emergency Departments weekly. Community partners were invited and held the first "wrap-around" 	<p>In December, 2015, Ingham Probate Court will present PA200 to the group. PA 200 is the recently passed involuntary treatment law for individuals with Substance Use Disorder.</p> <p>The group has also reached out to the local District Court Prosecutor's office to ascertain if we could work together with individuals on the list who are arrested on misdemeanor charges.</p>

<p>(Substance Abuse Services & Corrections Mental Health)</p>	<p>Lansing Fire and Lansing Police Departments, the Ingham County Health Department, as well as other stakeholders has formed in the City of Lansing to address identified individuals who meet the above criteria and take a wrap-around approach. Community partners address specific need and develop action plans for each identified individual.</p>	<p>meeting in October. Meetings are to be held monthly.</p> <ul style="list-style-type: none"> • A plan of action document was developed, which included all agencies that are currently or have been involved with the identified utilizer. • The plan of action is reviewed monthly for both progress and if needed addressing further challenges. Individuals are either removed from the list or added based on number of contacts. • CMHA-CEI Substance Abuse Services Administration will maintain contact numbers in order to measure a reduction in contacts as all community partners in the group work as a team with specific plans for each individual. • Action may involve other community agencies, such as CMHA-CEI Adult Mental Health Services, other SUD providers, local First Responders (Lansing Township, Meridian Township, Delta Fire Departments) etc. <p>UPDATE: The workgroup continues to meet monthly has started to look at alternatives for individuals on the list. This includes researching the “wet house” model, a sobering center and involuntary commitment for substance users. The group is also looking to expand individuals on the list to include individuals with opiate dependence who have had frequent contact with ED and local EMS due to overdose.</p> <p>The group is still struggling with confidentiality/HIPPA laws which has slowed getting data into SAS Administration at CMHA-CEI</p>	
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<p>4. Primary Care Providers- support to pediatricians and family practice Drs. to identify mental health needs of their patients, universal screen, refer to appropriate services as needed, as well as brief interventions when indicated</p> <p>(Families Forward)</p>	<p>Both national and state-wide initiatives are promoting fundamental changes in the provision of healthcare. This includes the recent announcement that Michigan has been selected as one of the Certified Community Behavioral Health Centers Pilots. These changes require CMH to pursue closer partnerships with PCPs. Closer partnership would ensure earlier identification and treatment for behavioral health concerns. Additionally, data suggests that up to 70% of PCP visits are related to behavioral health issues.</p>	<p>Current Fiscal Year, 10/1/14 – 9/30/15</p> <p>Continue to promote the integration of behavioral health with primary care by having Behavioral Health Consultants (BHC) placed in three Primary Care Practices. The BHCs in those clinics will review screenings (screenings based on the Bright Futures Screening Protocol), and consult with patients whose screening score warrants such. Additionally, BHCs will provide brief treatment to patients, at the clinic. If behavioral health concerns are serious, BHCs will connect patients with more intensive services. Additionally, in partnership with Michigan Child Collaborative Care, will offer tri-county pediatricians and OB/GYNs psychiatric consultation with University of Michigan psychiatry staff. This will be managed through one of the BHCs placed in a co-located site. Have worked in partnership with 4 other CMHs' Children's Service to complete three Practice Briefs and have had those disseminated throughout Michigan to pediatric healthcare partners.</p>	<p>Currently there are BHCs placed in three area Primary Care Practices, and anticipate adding one additional site within the next year. BHCs have transitioned to reviewing screenings and responding to those screenings that flag. Additionally, BHCs are available when clinic staff identify a behavioral health issue that was not detected by screening tool. Staffs are available to consult with clinic staff in coordinating for improved patient care. Embedded staff are also providing brief behavioral health treatment for children, youth and families; as well as making referrals for more intensive services, including services provided by CMHA-CEI. Additionally, have received grant funding from M-DHHS to complete 4 additional Practice Briefs during this FY.</p>

<p>5. Expanding housing resources for adults with serious and persistent mental illness</p> <p>(AMHS)</p>	<p>Housing is a universally recognized need in the area served by CMHA-CEI, identified in our most recent agency needs assessment, and supported in our ongoing work with formal housing committees and workgroups in the community</p>	<p>Current fiscal year, 10/31/15 – 9/30/16</p> <p>Partner with MDHHS, Human Services Agencies, formal Housing entities (e.g., MSHDA, GLHC), developers, and others to identify resources, funding, as well as innovative housing initiatives. Participate on formal and informal housing workgroups, provide agency specific housing data, participate in grant writing, and support non-traditional housing options (e.g., transitional housing operated by a local drop-in program, funded by CMHA-CEI).</p>	<p>AMHS was unable to maintain support for the PATH program due to General Fund cuts for FY 2016 and, therefore, had no staffing support for the MDHHS rental assistance funds in the amount of \$73,000.00. AMHS has been working during FY 2016 on developing agreements and a system in collaboration with the local HARA per the request of MDHHS to restore the capacity lost by the closure of the PATH program as well as to make use of the rental assistance funds. CEI is working with our community partners (i.e., Greater Lansing Housing Coalition, Lansing Housing Commission, and Housing Network) to develop additional peer supported single occupancy apartments for consumers served by CMHA-CEI with serious and persistent mental illness. There have been discussions with GLHC to develop additional units based on the Walnut Street Apartments model. GLHC is interested in obtaining another site and renovating the units so that we can place additional homeless individuals who are active and long term clients of the agency into housing. This project will have a positive impact on reducing homeless population and provide permanent supported housing for our clientele. We continue to actively participate in the Shelter + Care program.</p>
<p>6. Provide interventions and support to children who have experienced traumatic events</p> <p>(Families Forward)</p>	<p>We continue to increase our understanding of the impact of traumatic events on children and their families. It is evident that a significant portion of children served in Children's services programs have experienced trauma which contributes to their need for mental health services.</p>	<p>Current Fiscal Year 10/1/2016-9/30/2016</p> <p>This CMH continues to participate in the Breakthrough Collaborative with MDHHS and the Children's Trauma Assessment Center. We are meeting regularly with Ingham County DHS to screen children in foster care and determine appropriate trauma informed treatment. Additional screening tools have been developed to be used by our intake staff.</p> <p>A joint training was held with Families Forward clinicians and DHS workers to increase trauma awareness. Families Forward clinicians also attended a training on Secondary Traumatic Stress.</p>	<p>In this fiscal year we will continue to increase the number of screenings done with Ingham County DHS. We will also be meeting with Eaton and Clinton County DHS representatives and developing a system for screening children in those counties as well.</p> <p>CMH leadership will continue to attend Breakthrough Collaborative events throughout the fiscal year.</p>

Priority Issue	Reasons For Priority	CMHSP Plan/Current Progress	CMHSP Future Plan
<p>7. Address the increase in children with emotional impairments, autism and dysfunctional households.</p> <p>(CSDD)</p>	<p>Not surprisingly increasing services to Children with Autism continues to be an identified need. The incidence of Autism continues to increase at a significant rate. Over the past decade the rate has increased from 1:160 children to 1:88, and just recently reported to be 1:68 children. CEI CMH began providing evidence based treatment, education and support for children with Autism, their families and the community at large</p>	<ul style="list-style-type: none"> • The Medicaid Autism benefit will be expanded to children and young adults up to age 21 January 1, 2016. • CEI has four providers of Applied Behavioral Analysis (ABA) providers to our network and is working on contracting with two additional providers in order to meet the increased demand for ABA • Provide Autism Training for Family Members, caregivers, day care providers and community members. • Provide support groups and other support strategies for individuals with Autism, parents and siblings of people with Autism. • CEI will expand its existing practicum and internship program for students in OT & SLP to include the Wardcliff Abilities Center. • CEI continues to partner with the Wardcliff Neighborhood Association and other community agencies to develop and promote inclusion activities between neuro-typical individuals and individuals with autism and other developmental disabilities that will enhance understanding and acceptance of disabilities – emphasizing how all individuals have similar needs. • In collaboration with Michigan State University CEI has officially been designated as an Approved 	<ul style="list-style-type: none"> • To meet the needs of the Expanded Medicaid Autism benefit CEI will triple the Wardcliff Ability Center capacity to evaluate Children for Autism Spectrum Disorder. Develop Internal Capacity to provide ABA.

		<p>Autism Evaluation Center for Blue Cross, Blue Shield /Blue Care Network. This will enable children from the Mid Michigan area receive the necessary diagnosis in order to access the Autism benefit provided by these insurers.</p> <ul style="list-style-type: none"> • CEI is also contracting with the Michigan State University Laboratory pre-school to provide an Applied Behavioral Analysis clinic in the pre-school setting. This intensive program will focus on helping young children with Autism develop the skills necessary to be school ready. • CEI continues to develop a set of services designed specifically for families with adolescents or young adults who are experiencing a behavioral crisis. 	
<p>8. Better coordination with Department of Social Services- DHS Implementation of the PTC-R reunification initiative returning children in foster care to their families.</p> <p>(Families Forward)</p>	<p>It is clearly evident that there is need for mental health services in the population of children and families involved in the foster care system. Services are often poorly coordinated and do not address the needs specific to this population</p>	<p>Current fiscal year 10/1/2015-9/30/2016 Currently we are planning to hold another round of PTC-R in the spring and will actively partner with DHS to identify and provide outreach to appropriate families.</p> <p>Individual family therapy session continue with families who completed the first round of PTC-R as required by the treatment model.</p>	<p>CEI Families Forward will continue to train staff in the PMTO model with a goal of increasing the number of staff eligible to run a PTC-R as well as regular PTC groups. We will continue to track family satisfaction with the model and success in having children reunited with their families.</p>

CMHSP: Centra Wellness Network (Manistee-Benzie Counties)

Priority Issue	Reasons For Priority	CMHSP Plan
1. "Community resources for children and adolescents outside of school"	<p>A. "Funding for prevention programs is not available"</p> <p>B. "Collaboration is needed with community agencies to provide outreach events for children/families to attend"</p> <p>C. "Communication with all agencies is very important – make sure all the partners are informed of available resources"</p> <p>D. "HSC/HSCB both provide information monthly to agencies that attend – need to disseminate"</p>	<p>A. Centra will continue to work with area schools to broaden the service area for our prevention program Safenet.</p> <p>B. Working within existing groups: Early Childhood group meetings/monthly; System of Care monthly meetings; Family services Workgroup/as scheduled and others as they continue to develop and execute events addressing community needs.</p> <p>C. Utilize existing resources: HSC Resource Guide, 211, Centra information, etc. to a greater extent to ensure adequate knowledge of available resources.</p> <p>D. Centra Executive Director will distribute information on children's service to community partners at the conclusion of HSC/HSCB meetings.</p> <p>Update: Prevention continues to be a high priority for our communities, especially for the children that face various mental health issues, trauma and stress. In 2014-2015 CWN grew our prevention program to 5.5 FTE's placed in 11 elementary/middle schools through a cooperative agreement between public/private schools, the ISD and local grants. While the need is greater CWN addresses the need with existing resources to the greatest extent possible. Annual surveys continue to be distributed to parents and teacher gleaned successes/concerns/needs that exist. These services address Priority Issue #1 and #5.</p>
2."Addictions"	"Heroin/Opiate addiction issues – Methamphetamine addiction is more prevalent in both counties. We have lost too many community members due to prescription medications"	<p>The Needs Assessment meetings requested greater community education on Substance Use Disorders as well trainings to increase the community tolerance of individuals with Substance Use Disorders.</p> <p>Update: CWN continues to enhance addiction services for the populations served addressing Priority Issue #2. Evidenced Based Practices, [DDCMTH, DBT-S, Motivational Interviewing, etc.] are available to consumers with staff skills maintained and enhanced to offer the highest level of services. Staff attends various trainings throughout the State and additional trainings are being brought to our community in 2016. CWN is committed to integrate a trauma-focus for adult services and specifically for adult addiction services.</p> <p>CWN, local law enforcement agencies, EMS, hospitals, DHS and local court systems, etc. continue to meet on a quarterly basis generating Priority Needs and Planned Actions in a timely manner. These meetings allow continuous opportunities for improved relationships and support for incarcerated individuals with mental health needs. A LMSW Jail Diversion Specialist continues to provide exceptional services in our two county jails per the Jail Administrator and Sheriffs. Priority Issue #2 Addictions is addressed in various services provided to the jails as well as through Pre-booking and Post-booking services.</p>

		<p>Manistee Human Services Collaborative Body and the Benzie Human Services Collaborative continue to meet on a monthly basis to discuss the needs of our communities in general and consumers of CWN in particular. The Children's Trauma Informed Workgroup was the first workgroup that blended both collaborative bodies. We continue to strive toward educating the community as a whole and an integrated/standardized response to child trauma. A new work group has been formed in Manistee addressing Addictions assisting in reaching the Priority Issue #2 Addictions in a comprehensive multidisciplinary fashion.</p>
3. "Integrated Health expanded"	<p>"The Affordable Care Act has increased those who can receive physical/behavioral health benefits – need to address access and education regarding available services"</p>	<p>Centra will continue to collaborate and coordinate physical/behavioral health services for all residents of the counties we serve.</p> <p>Update: The integration of primary healthcare and behavioral healthcare continues to afford significant changes in our service delivery system addressing Priority Issue #3. There have been numerous opportunities for Centra to increase our awareness of the trends and implications of integrated health and various actions have occurred as a result. In 2011 the Northern Michigan Health Coalition was formed with numerous multidisciplinary partners to exemplify how organizations in rural Michigan can join forces to build a state-of-the-art regional health care coalition. The goal is to deliver holistic, high quality health care that is affordable, easily accessible and wellness oriented. www.nmhealthcoalition.org In 2014 Centra was designated by MDCH to engage in a Health Home Pilot to engage the health care community in the care of individuals with SPMI and challenging co-occurring physical chronic care conditions and we continue to work toward Priority Issue #3 through this pilot. Centra Wellness Network mental health professionals are embedded in various primary care clinics throughout Benzie and Manistee County.</p> <p>Consumer Council meetings are held regularly with various CWN staff attending. Consumers have identified various barriers and service gaps enabling CWN to address these timely and with follow up. These meetings also enable staff to hear recovery stories and what services enabled consumers to reach new heights of independence through enhanced recovery, resiliency and community inclusion. Various health related groups are being conducted in our Friendship Center and Recovery Center in our counties addressing Priority Issue #3 in a direct method to the clients we serve.</p>
4. "Homelessness and Affordable Housing"	<p>"Figure out how to coordinate funding for individuals; far less expensive to put someone in a shelter versus putting them in jail; address homelessness of elderly"</p>	<p>Centra will continue to actively participate in the newly restructured Continuum of Care – work with local agencies/individuals to create greater opportunities and access to available housing.</p> <p>Update: Homelessness continues to challenge many of our consumers/families. CWN participates in the new regionalized Continuum of Care entity on a monthly basis with the goal of coordination and collaboration of services to address Priority Issue #4. 2016 represents a Point In Time Count year and CWN is poised to collect the most accurate numbers as possible for future planning regarding homelessness.</p>

5."Parent Education"	"How to get parents involved; remove barriers for families to attend educational events"	<p>Centra will collaborate with various agencies to offer increased opportunities for families; address barriers; internally offer trainings for families and community agencies.</p> <p>Update: Prevention continues to be a high priority for our communities, especially for the children that face various mental health issues, trauma and stress. In 2014-2015 CWN grew our prevention program to 5.5 FTE's placed in 11 elementary/middle schools through a cooperative agreement between public/private schools, the ISD and local grants. While the need is greater CWN addresses the need with existing resources to the greatest extent possible. Annual surveys continue to be distributed to parents and teacher gleanng successes/concerns/needs that exist. These services address Priority Issue #1 and #5.</p>

CMHSP: CMH for Central Michigan

Priority Issue	Reasons For Priority	CMHSP Plan
Improve access to psychiatric services.		<ul style="list-style-type: none"> ➤ Rapid cycle scheduling ➤ Collaborative model (psychiatrist/mid-level team) ➤ Brain-based Therapy model ➤ Active recruitment <p>Update:</p> <p>A pilot for Rapid Cycle Scheduling of Psychiatric Evaluation Appointments was completed during the year in an attempt to provide the consumer quick access to a psychiatric appointment after assessment. Results of the pilot indicated that the process was labor intensive and did not improve the consumer experience.</p> <p>A Psychiatric Services Workgroup was formed and made recommendation regarding improvements to case assignments for stability in continuity of care relationships, increased nursing staff involvement between psychiatric staff appointments, and improved scheduling practices.</p> <p>The Brain-Based Therapy model pilot will continue in FY16. This pilot is an educational program with a combination of neuroscience, evidence-based practices, psychological therapies, and therapeutic alliance to improve the outcomes for individuals with serious medications.</p> <p>CMHCM continues to actively recruit psychiatric providers through a variety of means including referrals from current staff/providers, open postings on the CMHCM website, personal referral, MACHMB.org, and on the National Health Services Corps portal.</p>
Enhance access to emergent/acute residential care for adults and children.		<p>Review the development of CMHCM area and/or regional resources</p> <p>Update:</p> <p>A team was formed to explore Alternatives to Hospitalization with the charge to review the development of CMHCM area and/or regional resources. CMHCM will continue to work with MSHN on this issue. Unfortunately, there are very few alternatives that exist across the State of Michigan.</p> <p>A team was formed to review therapeutic foster care resources for children. Availability of therapeutic foster care is low in Michigan. The team works with various community partners on action plan development.</p>
Expand collaboration with health care providers and local agencies and improve the whole health quality of care consumers receive.		<ul style="list-style-type: none"> ➤ Continue development of co-locations ➤ Pursue SAMHSA grant ➤ MiHIA participation ➤ Implement electronic health record integration

		<p>Update:</p> <p>Integration activities throughout the service area included co-location of two therapists in Isabella and Osceola Counties for a total of five co-located therapists throughout the CMHCM service area.</p> <p>CMHCM actively participates in the Michigan Health Improvement Alliance collaborating with other agencies to achieve a community of health excellence.</p> <p>Meetings were held with Great Lakes Health Information Exchange and CMHCM EMR vendor, PCE, about integrating lab and available physical health data into the EMR. Access to the State of Michigan web portal, Care Connect 360 that provides population health and data analytics information was pursued. Work will continue this year on these initiatives.</p> <p>Issue identified in FY15</p> <p>Inpatient hospitalization was identified as a priority issue due to the lack of inpatient beds available for consumer placement. Actions taken to address this include:</p> <ul style="list-style-type: none">• The Alternatives to Hospitalization workgroup continued its efforts to evaluate the effectiveness of inpatient alternatives.• Participated in MSHN efforts in negotiating and expanding MSHN hospital contracts and working relationships.• Work with hospitals in addressing concerns that the consumer would not be a good match for the “therapeutic milieu”.• This issue was highlighted in the public comment period for Michigan’s 1115 Waiver proposal.
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CMHSP: Copper Country Mental Health Services

Priority Issue	Reasons For Priority	CMHSP Plan
1. The need for more access to mental health services	This was the highest rated concern by community stakeholders and has remained a concern expressed by stakeholders over the years.	<p>Access to mental health care is the primary concern of stakeholders. Most stakeholders identifying this issue expressed particular concern for individuals that do not meet CCMHS eligibility criteria for services. This need has increased in 2014 due to the state decreasing CCMHS's General Fund budget. The General Fund is used to provide services to individuals who do not have Medicaid, MI Child, or Healthy Michigan benefits. This funding cut resulted in the ending of CCMH services for many people and the creation of a waiting list. Several survey respondents specifically mentioned this funding issue.</p> <p>The Upper Peninsula is one of the demonstration project areas for MI Health Link, a new program providing integrated care for individuals enrolled in both Medicare and Medicaid. As a provider in this program, CCMHS may be able to offer services to MI Health Link participants with mild to moderate mental health conditions. This may allow CCMHS to provide more services to more people in the area. This project is scheduled to begin offering services as early as March 1, 2015.</p> <p>CCMHS' ability to provide services to persons does depend on specific eligibility criteria. CCMHS will continue to educate community partners about eligibility requirements and assist them in understanding the services we provide, as well as other available resources. In cooperation with NorthCare Network, CCMHS will continue to provide persons looking for services who do not meet eligibility with the necessary referral information.</p> <p>Update:</p> <p>We continue to have limited General Funds, which restrict our capacity for serving those individuals who do not have Medicaid or Healthy Michigan coverage.</p> <p>With the MI Health Link demonstration project, we have been able to serve a few individuals with a mild to moderate degree of impairment, who would not have been eligible for services in the past.</p>
2. The need for more access to psychiatric services	This was rated the second most important concern of community stakeholders.	<p>Early in 2015, CCMHS applied for and was awarded a grant from the Portage Health Foundation to provide psychiatric services to those individuals on the GF waiting list. This service will be offered via a tele-psychiatrist. We are currently working with a provider of telemedicine services to find a psychiatrist to work with CCMHS. Timeline to begin is dependent upon availability of chosen provider.</p> <p>Update:</p> <p>CCMH received a grant from the Portage Health Foundation to provide tele-psychiatric services to individuals who had been placed on the GF waiting list. A total of 20 individuals were provided 102 sessions of psychiatry service during the grant period which ended December 31, 2015. Unfortunately, due to continued shortages of General Funds, these individuals were returned to the waiting list after the end of the grant.</p> <p>We have added a part-time tele-psychiatrist to ensure sufficient capacity for serving those individuals who are eligible. We continue to have a shortage of private provider psychiatrists in the area, with the closest being approximately 100 miles away.</p>
3. The need for more mental health services for children and youth	This was rated the third most important concern of community stakeholders.	Regarding the concern for more services to children, CCMHS will continue to provide community education and prevention programs, as well as home based, outpatient, and school social work services within the scope of current budget constraints and eligibility criteria. CCMHS has also added Wraparound services, a Parent Support Partner position, and specialized services for young children diagnosed with autism.

		<p>The CCMHS Institute continues to offer Michigan Model® lessons for elementary students in summer Great Explorations care in five area school districts. These lessons address social/emotional health and substance abuse prevention.</p> <p>Update: We have expanded the Autism benefit to serve consumers up through the age of 21.</p>
4. The concern over the increase of substance/drug abuse	This was rated the fourth most important concern of community stakeholders.	<p>CCMHS continues to provide services to persons with co-occurring disorders that meet the eligibility criteria for community mental health services. CCMHS refers persons to substance abuse providers in the area and collaborates with community partners such as the NorthCare Coordinating Agency and Central Diagnostic and Referral Center. CCMHS will continue to provide an updated list of Alcoholics Anonymous/Narcotics Anonymous meetings to persons served. CCMHS is also involved in the Baraga County Substance Abuse Coalition sponsored by Baraga County Memorial Hospital, a group engaged in efforts to respond to youth alcohol and opiate use. The Coalition is currently surveying local students regarding substance abuse to determine the most effective program ideas to pursue.</p> <p>Update: In addition to efforts mentioned in last year's plan, CCMH Outpatient Department has hired a clinician with an MSW and who is also a certified substance abuse counselor. We also continue to work to improve our clinician's on-going use of Motivational Interviewing approaches.</p>
5. The need for more local inpatient / outpatient programs	This was rated the fifth most important concern of community stakeholders.	<p>CCMHS provides the full array of services and supports. Unmet needs for specific non-mandated programs are evaluated as they arise. Inpatient services are located 100 (or more) miles away, however, there are no other current options for those services.</p> <p>Update: No changes</p>

CMHSP: Detroit-Wayne County Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Increase Community Inclusion and Integration	<p>A main theme addressed during the Stakeholder Focus Group meetings highlighted Community Inclusion and Integration as a priority because they felt there is significant variation in the delivery of service in AFC homes.</p> <p>The 2013 State of Michigan Health and Wellness Commission Report, Section VIII, Residential Care, item 3: Develop and adopt performance criteria for adult foster care homes.</p> <p>MDCH FY 2013 Legislative Appropriations designed to develop a plan related to training requirements for direct-support staff. Supporting evidence can be found in the Estimated FTE Equivalent narrative.</p> <p>Implementation of the Home and Community Based Waiver Final Rule.</p>	<p>1) Develop an Authority philosophy and Practice Improvement Model between now and 7/31/2015.</p> <p>2) Implement The Quality Improvement Task Force recommendations:</p> <ul style="list-style-type: none"> a) Establish a 5 year plan with quantifiable targets to demonstrate movement of consumers from segregated housing programs to more inclusive and independent community residential settings. Year 1 a 1% decrease in AFC placements. b) Create a "Residential Travelocity Brochure" and residential provider report card that offers an overall view of performance and tracks compliance with standards, policy and procedures, substantiated cases of abuse/neglect, recipient rights complaints, etc. Use the report card as a residential privileging tool. c) Develop a set of core competencies for direct care workers. Pilot a certification program in Wayne County with the intent to support a statewide model in collaboration with MDCH. <p>3) Develop and implement the Self-Determination PIP (now through 4/1/2016).</p> <p>Update: SIGNIFICANTLY MET</p> <p>Action Step #1: The Behavioral Health Best Practices Task Force submitted its report to Administration on 12/15/2015 with recommendation for model of care which included the following recommendations:</p> <p>"...That the regional system design include all of the following moving forward, with detailed monitoring and analysis of cost/benefit/outcome data to inform forward-looking adjustments of the system:</p> <ul style="list-style-type: none"> a. One or more Certified Community Behavioral Health Clinic pilots...; b. One or more Behavioral Health Home pilots...; c. A number of larger providers capable of delivering a full array of services to multiple service populations (Adult MI, Youth & Family, I/DD, Substance Use Disorders); d. Indicated specialty service providers with sufficient capacity to deliver specialized services at a level to meet the needs of particular population cohorts across the County. <p>...That the Detroit-Wayne County Service Array include demonstration pilots of both Behavioral Health Homes and Certified Community Behavioral Health Clinics, and that all service providers strive toward greater integration with physical healthcare services (Coordinated, Co-located, or Fully Integrated), and that the Triple Aim indicators be evaluated as different health integration models are designed and implemented.</p> <ul style="list-style-type: none"> a. It is recommended that DWMHA continue to receive consultative input from national content experts (such as Philadelphia's Arthur Evans, or Missouri's Joe Parks) as well as from in-state pilot projects (such as Washtenaw County's Behavioral Health Home effort) to further inform our system design and implementation efforts moving forward. b. It is also recommended that DWMHA seek consultation from BCBSM to inform ongoing application efforts, as they have experiential expertise and

cost analysis data associated with their implementation with 1.25 million patients in 78 counties in Michigan.”

Action Step #2a-c: Associated with its investigative findings and in anticipation of major changes influenced by the Medicaid Final Rule, the Quality Care Task Force has evolved into two significant subcommittees. The first subcommittee was established to develop core competencies for Direct Care Workers and to pilot a specialized training program as a precursor to a Direct Care Worker certificate program. The second subcommittee was designed to orient residential care providers to the Final Rule and to develop a representative group of providers who would advocate for quality residential care and are knowledgeable of the impact of the Final Rule upon residential services. This group will be essential to positively influence other residential providers toward compliance as the Michigan Department of Health and Human Services rolls out its statewide assessment and transition plan, as required by the Center for Medicare and Medicaid Services.

The Direct Care Worker group has developed a curriculum and training program identified as “Compassionate Care”. This eight-week training is targeted to improve care by facilitating greater insight into prevention or early crisis intervention techniques and support skills needed to improve relationships in group and independent settings. Phase 1 was successfully implemented with all participants reporting greater job satisfaction and notable improvements in the ability to prevent or derail crisis events. Phase II is currently in process, utilizing a train-the-trainer format. The results of this pilot program will be available to discuss the development of a certificate program with local community colleges. The anticipated outcome of a certificate program is the establishment of standards for direct care service and a more mobile workforce that can be deployed to residential settings and provide care based upon consumer needs.

In terms of planning process, the Residential Provider Task Force has been established and the Task Force members are currently identifying workable business plans in compliance with the “Final Rule” that could be used in a demonstration project to work through issues associated with the statewide transition plan. Members of the task force have also been invited to participate in the Behavioral Health and Developmental Disabilities Administration, Developmental Disabilities Performance Improvement Team.

Development of the Residential Travelocity Brochure is pending.

Action Step #3: A Performance Improvement Work Group was formed on April 24, 2015 to review the data on the current implementation of self-determination; identify the drivers and restraints to implementation, identify a DWMHA model of Self-Determination, test this model/ implementation strategy, measure the impact, and analyze the outcome as it pertains to a system wide roll out of this model. Despite the DWMHA Policy (“[Self Determination and Consumer Directed Supports](#)”), the DWMHA-MCPN Contract Access Standard/Self-Determination and the Self-Determination standard in the three-way contract for the MI Health Link Program, there is significant variance in implementation of Self-Determination system-wide. The Study Topic is: To create a system wide philosophy of Self-Determination and implementation plan for consistent application across the MCPN Networks. This study topic was determined by Detroit Wayne Mental Health Authority.

The Workgroup is comprised of internal stakeholders including DWMHA Chief Strategic Officer; DWMHA Director of Office of Peer Participation & Advocacy; DWMHA Quality Improvement and Performance Monitoring Staff; DWMHA Contract Managers; and DWMHA Customer Service Staff. The Workgroup is comprised of external stakeholders including: the MDHHS BH&DDA Self-Determination Development

		<p>Coordinator; MCPN Executive and Quality Directors; and a consulting Psychopharmacologist. The Work Group continues to recruit community members. Each of the stakeholders participating in this Work Group contributes valuable input regarding the implementation of Self-Determination. The current plan is to implement a pilot to increase consumer demand for self-determination.</p> <p>In addition to the actions above, DWMHA's hosted a successful two-day conference - Constituents' Voice Community Inclusion Conference & Conversation-May 28-29, 2015. The purpose of the conference was to create a conversation to advance community inclusion, a system-wide priority. The event targeted participants with lived and professional experience across various disabilities, as well as select interest groups representing DWMHA friends and partners. The conversational tone of the two days was designed to generate planning content for a community-based participatory approach that addresses the marginalization of people with disabilities.</p>
2. Enhance Crisis Management & Response	<p>Support input from stakeholder feedback as well as regulatory requirements (42 CFR 438.207) and maintain compliance with the QAPIP. DWMHA recognizes the need to maintain adequate provider network capacity which includes a robust crisis response capacity.</p> <p>Additionally, the FY 2015 Key Strategic Priorities from Behavioral Health and Developmental Disabilities Administration (BHDDA) specifies the priority "Improve Outcomes for Children" - improve the crisis management systems and coordination.</p> <p>This is also supported by the recognition of the increasing number of at-risk youth due to the increase in number of</p>	<ol style="list-style-type: none"> 1) Redesign the DWMHA Behavior Treatment process by 4/1/2016. 2) Phase I: Add centralized mobile crisis team(s). Number to be determined during RFP process. RFP to be published May 2015. Implementation Oct 2015. 3) Phase II: Add three crisis/CRU centers - one on East, West and down town. Implementation will probably be by Oct 2016. <p>Update: PARTIALLY MET</p> <p>Action Step #1: The Quality Improvement Administrator has revised the policy on the Behavior Treatment Plan process with accompanying procedures. This revised policy is being reviewed for approval. Once approved the process will be rolled out system-wide.</p> <p>Action Step #2: In December 2015 DWMHA announced Phase I of the Crisis Response (or COPE- Community Outreach for Psychiatric Emergencies- Program): "In an effort to secure the best possible care for individuals in mental health crisis, the Detroit Wayne Mental Health Authority (DWMHA) recently awarded over \$13.2 Million to offer Mobile Crisis Stabilization Services, Crisis Intervention, Pre-Admission Screening and related services to the residents of Wayne County. This initiative will reduce costly emergency room services and inappropriate incarceration – offering sound, values-driven management in Detroit/Wayne County today. Twenty-three mobile crisis outreach teams will be created to provide 24/7 psychiatric evaluations, screening and clinical suicide risk assessment, pharmacological management and determination of eligibility for inpatient hospitalization. The mobile crisis teams will work with law enforcement, emergency personnel and hospitals to ensure the best possible treatment for persons in need of emergency care, ensuring screening and triage within 15 minutes of initial contact with crisis team." (http://domemagazine.com/tomwatkins/tw122515) Hegira Programs have been awarded the funds for the COPE Program and are currently planning implementation.</p> <p>There was a bid out for additional 24-hour Crisis Line capacity and technology assisted support. ProtoCall won the bid and will initiate service in April 2016.</p> <p>Action Step #3: Phase II of the Crisis Response will move forward following the implementation of Phase I.</p>

	<p>children in poverty, youth in out-of-home placement, and the current drop-out rate.</p> <p>The AFP 2013 highlighted this as one of the areas of focus for all PIHPs across the state.</p>	
3. Expand Capacity for Improving Practices	<p>The Stakeholder Focus Groups ranked this as one of the top priority areas for DWMHA to ensure the establishment of valuable tools that meet the needs of persons served are established.</p>	<ol style="list-style-type: none"> 1) Conduct Practice Improvement Program Model reviews <ol style="list-style-type: none"> a) 50 Reviews between 4/1/2015 – 3/31/2016 2) Deliver Workforce Training system wide (4/1/2015- through 3/31/2016) <ol style="list-style-type: none"> a) Trauma informed (650 staff & 20 community partners/1st responders) b) MH First Aid (1,000 participants) c) Increase Workforce Stainability Training on-line courses 3) Increase Capacity of Evidence-Based Practices(PMTO, Wraparound, IMH, PSP, TF-CBT) by 10% (4/1/2015 -3/31/2016) 4) Autism/ABA Services <p>Update: SIGNIFICANTLY MET</p> <p>Action Step #3-1a. Thirty-nine (39) provider programs received Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) or Dual Diagnosis Capability in Addictions Treatment (DDCAT) Reviews during FY15. Whereas this was a bit short of our initial, ambitious goal of 50, these reviews yielded data that helped to inform five (5) workforce training events designed to address substandard domain/subdomain areas, as well as the development of several additional online learning modules.</p> <p>Action Step #3-2a. Eight hundred seventy-five (875) workforce members from over 200 service providing organizations and other community partners were reached with one or more of the eight [8] trauma informed training events held in FY15. Trauma-Informed Care: Equipping Detroit Wayne Providers: DWMHA's First Annual Trauma Conference There has been increasing recognition in recent years of the importance of developing and implementing treatment services to effectively address post-traumatic stress disorder (PTSD) symptoms, while also successfully managing the risk of triggering individuals into episodes of mental illness symptoms or substance abuse relapse. The goal of this conference was to advance the development and implementation of evidence based trauma-informed services to individuals served by the public behavioral health system. 580 individuals attending the two-day conference</p> <p>Additionally, DWMHA's inaugural "Raising the Bar" conference drew 658 attenders over two days, who were exposed to a wide range of plenary and breakout sessions, many of which were designed to also deliver system-wide workforce training.</p> <p>Action Step #3-2b. Virtual Center for Excellence (VCE) continued to offer biweekly sessions of Mental Health First Aid training to individuals working with adults and youth. From October 1, 2014-September 30, 2015,</p>

- 1025 Adult participants were trained,
- 37 Spanish participants were trained and
- 878 Youth participants were trained.

Ten thousand participants have been provided with Mental Health First Aid training since 2013, so we blew this one out of the water!

Action Step #3-2c. In fiscal year 2014-2015, the VCE trained nearly 189,415 duplicate participants through 223 live and online trainings. Together, they received more than 450,000 hours (a 50% increase over the previous year) of various continuing education credits. (A duplicate participant example is when one participant attends six trainings in one year; they are counted six times.)

Just over 8,200 people attended 141 live events. The credits associated with these live events accounted for:

- Social Work
- Licensed Professional Counselor (NBCC)
- Substance Use Professionals (MCBAP)
- Continuing Medical Education (CME)
- Child Mental Health Professionals (CMHP)
- Qualified Mental Health Professionals (QMHP)
- Qualified Intellectual Disability Professionals (QIDP)

These same credits also are available for most of VCE's online trainings with the addition of Certified Rehabilitation Counselor (CRC/CCRC) credits.

Another 291,544 online training credits (a 200% increase over the previous year) were earned by the VCE users. These trainings included the MDHHS-required trainings as well as supplementary professional development courses. VCE also offers online training videos that qualify for CMHP, QMHP, QIDP credits and training hours, which are not counted in these figures.

Action Step #3-3. Attempts to increase the capacity of evidence-based practices have been varied. Capacity has increased in Infant Mental Health and *Trauma Focused* Cognitive-Behavioral Therapy (*TF-CBT*). Work continues to increase the capacity in other areas. See the chart on next page.

<u>EBP</u>	<u>Mar-15</u>	<u>Feb-16</u>	<u>Comments</u>
Parent Management Training-Oregon Model (PMTO)	21 staff	15 staff	3 agencies no longer providing PMTO; therefore, decrease in numbers
Wraparound	37.5 staff	36.5 staff	

		Infant Mental Health	49 staff	75 staff	
		Primary Service Provider (PSP)	16 staff	13 staff	This is due to staff turnover. Currently hiring 2 additional staff
		Trauma Focused Cognitive-Behavioral Therapy (TF-CBT)	100 Staff	148 staff*	*Staff trained

Action Step #3-4. DWMHA received 451 referrals for the Autism Spectrum Disorder (ASD) Benefit during the 2014/2015 Fiscal Year. This is a 58% increase since the previous year and represents 50% of the total DWMHA ASD Benefit Referrals (897 referrals). The DWMHA ASD Benefit has a 76% MDHHS Approval rate for cases meeting diagnostic and need-based criteria. At the end of the 14/15 Fiscal Year DWMHA had 393 cases open in the ASD Benefit. Three-hundred and seventy-two (372) open cases are in the current benefit target population (18months-5 years of age) and 21 open cases are being served under the early expansion. The ASD Benefit continues to grow at a rate of 13 cases per month and has not plateaued in enrollments at this time. Eighty-three (85%) percent are receiving services at the Early Intensive Behavioral Intervention (EIBI) Higher Level of Care and 17% are receiving services at the Applied Behavior Intervention (ABI) Lower Level of Care. The 2014/2015 Fiscal Year was a year of transition and growth for the DWMHA ASD Benefit. In October 2014, DWMHA successfully transitioned the ASD Benefit Contract management to direct contracts with the authority. DWMHA has eliminated waitlists and made positive strides in reducing the number of days from referral to services. The average number of days from referral to diagnostic evaluation was reduced by 72 days (from 87 to 15). The average number of days from referral to MDHHS approval was reduced by 14 days (from 48 to 34). The average number of days from referral to Individualized Plan of Service (IPOS) was reduced by 110 days (from 169 to 59). The average number of days from referral to Applied Behavior Analysis (ABA) Services was reduced by 94 days (from 180 to 86).

DWMHA contracted with Relias Learning Systems for ASD Benefit Provider panel access to 100 courses related to ASD and the delivery of ABA, including the Registered Behavior Technician Coursework. We also delivered the October 2015 Grand Rounds on Comprehensive ASD Diagnosis Evaluations and added additional video content to the VCE with this training. In addition, training content and links for ASD and ABA were added to the www.dwmha.com website and the www.vceonline.com website.

With the Medicaid Autism Benefit expanded from 6 years of age to 21years of age on January 1, 2016, DWMHA will work to ensure that eligible consumer with ASD have timely access to evidence based ABA services and that provider capacity is increased to address demand.

<p>4. Enhance Recovery Oriented System of Care</p>	<p>The Stakeholder Focus Groups ranked this as one of the top priority areas for DWMHA. Additionally, the Application For Participations (AFP) 2013 highlighted this as one of the areas of focus for all PIHPs across the state.</p>	<ol style="list-style-type: none"> 1) Develop and implement the Self-Determination PIP (4/1/2015 through 4/1/2016. 2) Reduce substance abuse, to protect the health, safety, and quality of all life for all residents of Wayne County by the following: <ol style="list-style-type: none"> a) Decrease prescription/OTC drug abuse by increased use of the Michigan Automatic Prescription System by facilitating a prescription abuse conference 10/1/2016 b) Enhance our recovery housing initiatives (increase the days by 6 months instead of 90 days, starting, April 22, 2015). c) Reduce impact of excessive alcohol with youth use by reviewing MiPhy Data and implementing the Youth Risk Behavior Survey. This will prevent and reduce gaps in services in our region. <p>Update: MET</p> <p>Action Step #1. See Priority Issue #2, Action Step #3. Currently the Self-Determination Work Group is strategies how to increase demand for self-determination among consumers working collaboratively with the DWMHA Office for Peer-Participant Advocacy (OPA).</p> <p>Action Step #2a. There has been numerous substance abuse reduction initiatives. Implemented the Michigan Prevention Data System (MPDS), October 2014. Data around prescription abuse and deaths in Wayne County lead to the following initiatives:</p> <ul style="list-style-type: none"> • Purchase Naloxone for our 1st responders FY 15-16 • Increase Prescription Drug Boxes in Detroit Wayne County area • Increase Medication Assisted Treatments: Methadone, Vivitrol, Suboxone, Buprenorphine • Expand Enhancing Community Health Outreach (ECHO) Project (Faith Based Organizations) • Increase college campuses Generation X going door-to-door on prescription drugs, misuse and abuse • Increase Community Prescription Drug Conference: • Continue monthly prescription roundtable with Downriver parents (Parent 360), • Continue monthly schools assemblies on Prescription Drugs: Central Collegiate Academy, Detroit and • Continue Women Specialty Services Conferences weekly/monthly addressing Prescription and Drug Abuse. <p>SUD Department planned and participated in the following conferences throughout the year:</p> <ul style="list-style-type: none"> • Prescription Abuse Conference for Veterans (April) • Annual Prescription Drug Workshops – April & October • Michigan Prevention Association – April & November • National Prevention Week Activities – May 18-23 • 16th Annual Michigan Substance Use and Co-occurring Disorder Conference, September 20th -22nd, Grand Rapids, MI • Participated in Michigan Prevention Association advocacy and annual conferences, April and November. <p>Action Step #2b. By contract with SUD Providers with Peer Recovery Housing, the days were extended from 90 day to six (6) months.</p>
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		<p>Action Step #2c. The Youth Risk Behavior Survey was conducted. The SUD Department engages in many other youth prevention activities including developing a Youth Access to Tobacco Contest where Youth were able to win a chance to have their media messages posted on city buses and/or billboards during the period January 2015-FY 2016.</p> <p>Another action taken based on recovery-oriented care was the Recovery Self-Assessment (Revised) survey. DWMHA successfully “selected a region-wide behavioral health recovery survey tool as a Continuous Quality Improvement project in partnership with a group of stakeholders” including providers and users of services, the majority of whom were people with lived experience. Members of the Community Planning Council Recovery Subcommittee (now terminated) selected the Recovery Self-Assessment (RSA-R) survey (O’Connell, Tondora, Kidd, Stayner, Hawkins, and Davidson (2007). Data Summary.</p> <p>The results are based on survey feedback from Detroit Wayne Mental Health Authority administrators, providers, and service members. Overall, the findings for Detroit Wayne are positive. Some clear deficits exist, however. Service members, in general, had positive agreement with staff treatment. Staff seems treat members with respect, listen and connect them to services and resources needed. Data also suggests that staff convey a sense of hope which is an important driver in a recovery environment, as well as offer an array of services that meet the clinical needs. Service members, however, are not as involved in the design, delivery, implementation, and evaluation of the system.</p> <p>Next Steps include:</p> <ul style="list-style-type: none"> • Present findings to the DWMHA Board and administration, and identify strategies for continuous improvement system-wide. • Engage service members (e.g., advisory group, steering committees, council, clubhouse, etc.) at both a system and organizational level in developing improvement strategies. <p>Preliminary Recommendations for Continuous Improvement were:</p> <ul style="list-style-type: none"> • Expand oversight and monitoring of the networks efforts to improve participant involvement. • Ensure increased use of peer services across populations served.
5. Achieve Operational Excellence	Based on the DWMHA vision to become the recognized leader for community based specialty services and supports and to best meet the needs of the people we serve, DWMHA will continue to transform itself into a Consumer and Community Focused,	<p>1. DWMHA is a Data Informed Organization Objectives:</p> <ol style="list-style-type: none"> a) Implement the Authority’s Analytics Work Groups in the First Quarter of FY15 b) Establish an initial set “Corporate Key Performance Indicators” by the end of the second quarter FY15 (April 1). c) Develop a Report card, by MCPN of the quality and completeness of transaction data from the Provider Network through the MCPNS by September 30, 2015 <p>2. Timely Completion of Major Projects at DWMHA Objectives:</p> <ol style="list-style-type: none"> a) Negotiate and Implement new MCPN contracts by January 1, 2015 b) Implement the CA-SUD Functions at the Authority in the second quarter of FY 15

	<p>Data Informed and Evidence Based model of strategic and operational efficiency and effectiveness and thereby contribute to the reduction of the per capita cost of health care.</p>	<p>c) Implement the Dual Eligible – MME Pilot by May 2015 d) Complete move to the new Building by September 30, 2015 e) Complete Best Practices Task Force by July 2015 f) Recommend to MDCH administrative efficiencies by September 30, 2015</p> <p>3. DWMHA will demonstrate good stewardship of its financial resources and will manage those resources in the most effective and efficient manner. Objectives: a) Establish, execute and amend the Board approved FY15 Authority Budget and manage Authority financial resources, as impacted and informed by State of Michigan budget appropriations, Medicaid and HMP revenue rate adjustments at MDCH, and by prioritized and quantifiable changes in demand and need in the network and community, in accordance with duly established policies and procedures throughout FY15. i. Manage the MCPN, and other contracts, within approved budgets and enforce contract provisions as necessary. ii. Manage the Authority Administration Budget iii. Update the Board of Directors as to the status of the Budget on a quarterly basis iv. Establish a Financial Dashboard for the Board of Directors which may also be shared with general public b) Enhance management by fund source at DWMHA and throughout our network. i. Establish cost and utilization leadership and analytics workgroups in the first quarter of FY15. ii. Develop and enhance analytic and monitoring tools and processes to provide data informed management throughout FY15. c) Seek appropriate funding for DWMHA from MDCH. • Staff will advocate for appropriate funding and funding methodologies on various state committees Including Medicaid rate setting and General Fund allocation committees throughout FY15. d) Proactively manage risk. • Establish regular meetings of the newly founded Risk Management committee to identify, examine, manage and mitigate DWMHA exposure to various types of risk. Throughout FY15.</p> <p>4. DWMHA will continue to reduce the average number of days from referral to evaluation, from referral to IPOS, and from referral to ABA Direct Start.</p> <p>Update: PARTIALLY MET</p> <p>Action Step #1a. With the advent of fee-for-service processes (i.e., Autism, SUD) and the MI Health Link Demonstration Project, along with the use of data by MDHHS to create financing methods (rates) and increased utilization management processes/analyses by DWMHA staff, the pricing/costing of encounters will require an increase in scrutiny to ensure consistency in the purchase of services/supports. To that end, DWMHA has created and implemented a Cost Utilization structure, which includes a Steering Committee and two critical workgroups - Costing Integrity Group (CIG) and Procedure Codes Work Group (PCWG).</p> <p>Action Step #1b. The Costing Integrity Group (CIG) is currently working to identify the Corporate Key Performance Indicators.</p>
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		<ul style="list-style-type: none"> • The consolidation of SUD Coordinating Agencies at DWMHA has saved several million dollars due to enhanced efficiencies employed by DWMHA. • Commencing in FY15 DWMHA became a part of MME “Duals” Demonstration Project (MI Health Link) which is providing integrated physical and mental health care to better serve people and as a result reduce total health care costs. • DWMHA is developing strategic plans that include improved crisis services that will help reduce crisis costs and divert more people in crisis from unnecessary hospital stays to more appropriate services in the community. <p>Action Step #4. As mentioned above, in October 2014, DWMHA successfully transitioned the ASD Benefit Contract management to direct contracts with the authority. DWMHA has eliminated waitlists and made positive strides in reducing the number of days from referral to services. The average number of days from referral to diagnostic evaluation was reduced by 72 days (from 87 to 15). The average number of days from referral to MDHHS approval was reduced by 14 days (from 48 to 34). The average number of days from referral to Individualized Plan of Service (IPOS) was reduced by 110 days (from 169 to 59). The average number of days from referral to Applied Behavior Analysis (ABA) Services was reduced by 94 days (from 180 to 86).</p> <p>In addition, DWMHA made a decision in FY15 to begin readiness for seeking accreditation by the National Committee for Quality Assurance.</p>
6. Implement Integrated Care	<p>Per the MDCH FY 2015 Key Strategic Priorities (BHDDA) “Transform the Healthcare System” supports the mission to develop the Health Information Exchange to improve communication, customer experience and health outcomes.</p> <p>This comports with the Medicaid expansion authorized by the Affordable Care Act Triple Aim of:</p> <ol style="list-style-type: none"> 1. Improving the experience of care 	<ul style="list-style-type: none"> • Implement Dual Eligible program <ul style="list-style-type: none"> ◦ (5 /1/2015 -10/1/2015). • DWMHA Best Practice Task Force will make a recommendation for the Administrative infrastructure for integrated care by July 2015. • Ensure that DWMHA provider have processes to enable the delivery of substance use disorder and mental health services, and use evidenced-based practices to facilitate the integration of substance use/co-occurring disorders, mental health and primary care services by 4/1/2015. <p>Update: MET</p> <p>Action Step #1. The Dual Eligible (MI Health Link) program has been implemented in FY15. DWMHA is considered a PIHP leader in the MI Health Link Program in Michigan. DWMHA successfully met all delegated Medicare and NCQA standards of five (5) ICOs. DWMHA Integrated Healthcare staff continue to work with contracted and non-contracted providers to train on the MI Health Link program, provide technical assistance in completing the Level 2 Assessment, and continue to work with the ICOs to improve the processes for the MI Health Link program and improve the health outcomes for the enrollees. DWMHA has taken lead in implementing the Behavioral Health Consent form for the exchange of 42 CFR Part 2 data. The electronic exchange of health information for referrals between the ICOs and the PIHP is functioning well.</p>

	<p>2. Improving the health of populations, and</p> <p>3. Reducing per capita costs of health care.</p>	<p>DWMHA has been active over the last year hosting public forums, meetings with consumers, family, providers, residential providers and many other stakeholders to educate the specifics of the MI Health Link program. As of January, 2016, DWMHA has received approximately 3,959 Level I referrals from five (5) ICOs. The total number of dual eligible people in Wayne County increased in December by nearly 0.5% to 60,650 people. Of the 60,650 people, 20,829 (34%) eligible people were enrolled in MI Health Link. The percentage of people who opted-out of the MI Health Link program remained constant at 46%. However, the percentage of people who were enrolled in MI Health Link dropped by 2.2% in December. The drop in MI Health Link enrollment appeared consistent across all ICOs.</p> <p>Coordination of Care has been facilitated by the hiring a team of five professional dedicated to the MI Health Link participants.</p> <p>Action Step #2. See Priority Issue #1, Action Step #1 above.</p> <p>Action Step #3. The Substance Use Disorder Programs have been integrated into the DWMHA service delivery system. This was facilitated by:</p> <ul style="list-style-type: none"> • Established SUD Oversight Policy Board, April 2014. • Established Standardized Treatment Rates, July 2014. • Developed the SUD Access Training Manual for Pioneer/UM Dept. • Developed Scopes of Services-Prevention, Treatment and Recovery Providers, August 2014. • Established Provider Allocations for Contracts, August 2014. • Utilized data to identify prevention and treatment needs, gaps and resources, August 2014. • Developed SUD three year strategic plan, August 2014. • Developed, implemented identified target outcomes based on community needs, August 2014. • Initiated Prevention Provider Meetings, September 2014. • Created Staffing Grants for Prevention Providers, September 2014. • Created Provider Contracts, disseminated and emailed September 2014. • Managed the funding sources: Block Grant, Medicaid, Healthy MI, MI Child, PA 2, October 2014. • Initiated Treatment Provider Meetings, October 2014. • Initiated Prevention Providers, In-house payments (with DWMHA), October 2014. • Established a contract with Institute for Population Health (IPH) and Southeast Michigan Community Alliance (SEMCA) for screening and authorization of services, October 1, 2014. • Implemented a continuum of care: Prevention, Early Intervention, Treatment, and Recovery with various innovative programs, October 2014. • Implemented a Recovery Oriented System of Care (ROSC), October 2014. • Implemented the Michigan Prevention Data System (MPDS), October 2014. • Integrating SUD Policies and Procedures, on-going. • Developed a letter for IPH & SEMCA to send out to our SUD clients informing them that their cases will be transferred to DWMHA along with a universal release of information form to retrieve their current and historical client information/data and to notify them that IPH & SEMCA are no longer their funders, September 2014. • Terminated SEMCA's contract and move 20 % of SUD clients into IPH's Carenet System, December 2014. • Initiated Transfer/Purchase of the coordinating agencies 1-800 #s, to transfer to DWMHA 1-800 #, October 2014.
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<p>7. Improve Health and Safety</p>	<p>The Stakeholder Focus Groups ranked this as one of the top priority areas for DWMHA as we reviewed and discussed the regulatory drivers for Behavioral Health that are coming from CMS as well as from MDHC such as the ACA, the 2013 AFP, and the MDCH FY 2015 Key Strategic Priorities (BHDDA) "Promote & Protect Health, Wellness & Safety.</p> <p>Review of DWMHA data Critical incidents death review data show that our consumers are dying before their time which supported Stakeholder Focus Groups into ranking this as 7th in priority for DWMHA</p>	<ul style="list-style-type: none"> • Reduce substance abuse, to protect the health, safety, and quality of all life for all residents of Wayne County: <ul style="list-style-type: none"> ◦ Decrease prescription/OTC drug abuse by increased use of the Michigan Automatic Prescription System by facilitating a prescription abuse conference: 10-01-2016 • Implement a <i>Falls Prevention PIP</i> for the DWMHA I/DD population who are in Residential Settings (3/1/2015 thru 6/30/2017). Based on the results of the PIP, we will take them to scale. • Implement <i>Peer Wellness Self-Management PIP</i> that aims to improve the lives of 4,036 individuals eligible to participate (We are in Q3 of year of the PIP which will go through 2017) Based on the results of the PIP take them to scale. • Increase # involved in weight management activities through all of our populations • Assist the Health Michigan Beneficiaries in the re-enrollment process to maintain their health benefits (May 2015). <p>Update: MET</p> <p>Action Step #1. There has been numerous substance abuse reduction initiatives. Implemented the Michigan Prevention Data System (MPDS), October 2014. Data around prescription abuse and deaths in Wayne County lead to the following initiatives:</p> <ul style="list-style-type: none"> • Purchase Naloxone for our 1st responders FY 15-16 • Increase Prescription Drug Boxes in Detroit Wayne County area • Increase Medication Assisted Treatments: Methadone, Vivitrol, Suboxone, Buprenorphine • Expand Enhancing Community Health Outreach (ECHO) Project (Faith Based Organizations) • Increase college campuses Generation X going door-to-door on prescription drugs, misuse and abuse • Increase Community Prescription Drug Conference: • Continue monthly prescription roundtable with Downriver parents (Parent 360), • Continue monthly schools assemblies on Prescription Drugs: Central Collegiate Academy, Detroit and • Continue Women Specialty Services Conferences weekly/monthly addressing Prescription and Drug Abuse. <p>Action Step #2. A Performance Improvement Work Group was formed on March 18, 2015 to review the data on the prevalence of falls in the intellectual/developmental disabled persons served population; identify the root causes; plan a prevention strategy; measure the impact; and analyze the outcome. To date the group includes Quality Improvement and Monitoring Staff; Certified Peer Support Specialists; a Nurse with community living supports provider; Pharmacologist, Director of Office of Peer Participation & Advocacy; and Customer Service Manager (where are the MCPNs and Providers?). The Work Group continues to recruit community members. The Study Topic is: Improving Fall Precautions for I/DD Consumers in Specialized Residential Care and Semi-Independent Living Settings via Implementation of a Fall Risk Assessment & Training. Three questions will be identified for screening risk of falls on the DWMHA system wide Bio-psycho-social Assessment. The Work Group developed a Fall Risk Screening to be piloted in select group homes by Supports Coordinators. A Guide for Fall Risk Screening was developed and training of Supports Coordinators began on February 17, 2016.</p>
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		<p>Action Step #3. The Wellness Self-management Performance Improvement Project began in FY13 and continues. The Study Question is: Do the targeted interventions result in an increase in the participation percentage of adult SMI consumers with at least one Chronic Health Condition completing a Peer-Led Wellness Self-Management Workshop as reported to DWMHA Mental Health Wellness Information Network (MHWIN) during the measurement year?</p> <p>To improve consumer engagement, DWMHA is following a closed group of enrollees who have at least one chronic health condition at four DWMHA SMI outpatient treatment programs for adults. DWMHA will intervene by pairing the consumer's self-identified health condition(s) and motivation for change on the Healthy Michigan Plan Health Risk Assessment (DCH-1315) with a person-centered, face-to-face invitation to participate in to a Peer-Led Wellness Self-Management Program. This will occur within a session lead by a Case Manager or Peer Support Specialist utilizing motivational interviewing techniques. Enrollees will then be invited to participate in an Evidence-based or Promising Practice Peer-Led Wellness Self-Management Workshop. These sessions will be offered to the target population each quarter until the completion of a workshop can be confirmed.</p> <p>Data is being collected by reviewing the encounter/claims data matching the targeted consumers with encounter code H0038 TT IH. DWMHA will measure the number of Study Population individuals that have completed an Evidence-based Wellness Self-Management Workshop at the four identified locations each quarter and compare to the target number of individuals needed to complete an Evidence-based Wellness Self-Management Workshop in order to accomplish the increase percentage of change from Baseline to Re-measurement at end of Year 1. The target is 2.6%. The Baseline number of participants was 52. Given the lag in processing claims the Year 1 data is being compiled.</p> <p>Action Step #4. One of the major promotional activities at the Wellness Self-Management PIP sites have been the Weight Management groups. While these are not evidence-based and therefore are not measured as PIP activities. Yet they have created interest in the Wellness Self-Management Workshops. The Next Step Clubhouse had a Biggest Loser Contest which motivated consumers in their WHAM (Whole Health Action Management) Workshop. The PIP locations as well as other sites in the DWMHA Provider Network offer Wight Management Groups.</p> <p>Action Step #5. DWMHA and its Provider Network assisted Healthy Michigan beneficiaries with re-enrollment in FY15.</p> <p>In addition to these actions DWMHA also led the charge for the development of MI Care Connect. MI Care Connect is a health information exchange that will manage the behavioral health consent electronically, allow for the display of appropriate Care Connect 360 data, and appropriate assessment and care plan data for the purposes of highly effective care coordination to improve the health outcomes of DWMHA consumers. The data in MI Care Connect will enhance the integration of behavioral and physical health data throughout the tri-county region. In addition to the development of MI Care Connect, DWMHA is contracting with Care Management Technologies (CMT) to provide individual and aggregate data reporting and other data management tools to inform integrated clinical practice. As a result of these initiatives, DWMHA has already seen great improvements in the integration of our provider network, a milestone in effectively and responsibly caring for our consumers.</p>
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CMHSP: Genesee County Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan	Updates and Comments
1. Added for 2016: Plan, develop, and implement immediate, intermediate, and long term behavioral/mental health response to the Flint Water Crisis	<p>There are significant adverse, long-term health effects from long-term exposure to lead in the City of Flint water;</p> <p>affected geographical areas involve some of Genesee County's most vulnerable population;</p> <p>Current behavioral health resources are inadequate to meet the anticipated needs</p>	<p>Coordinate and facilitate community stakeholder planning efforts related to immediate, intermediate and long-term behavioral/mental health response; a formal written resilience and behavioral response plan will result from these efforts and will be adopted as part of the overall Community Partners Water Response Team organized by the Red Cross in Flint;</p> <p>Participate in community meetings and workgroups to coordinate behavioral response with broader community response, including in the areas of education, communication, resources, and physical health.</p> <p>Facilitate data and gap analysis completion; Technical Assistance has been requested and offered by SAMHSA</p> <p>Develop Psychological First Aid resource for GHS staff and community agencies;</p> <p>Initiate and assist in behavioral health resource needs assessment, including in the areas of funding, training, staffing, data collection, and outcomes measurement</p>	A more detailed written plan is currently in process of development through community meetings and partnerships.
2. Planning for, monitoring and managing General Fund dollars given recent reductions	Significant reduction in allotted General Fund dollars	Reduce or eliminate targeted GF expenditures in non-mandatory, discretionary areas; most of this has already been accomplished	We continue to monitor the use of General Fund expenditures to ensure that funds are used to provide the most appropriate services to the General Fund population that we serve. We are monitoring service programs and identifying consumers who may be eligible for Medicaid but are not currently enrolled. We have a former DHS worker on site to

		<p>but requires continued close monitoring.</p> <p>Reduce state facility inpatient census and use through development of community based treatment alternatives; this plan is in progress and will continue throughout FY 2015.</p>	<p>meet with consumers, as well as to assist case management staff in trouble-shooting issues that may arise regarding their benefit. We continue to monitor service utilization. We are closely looking at hospital length of stay for local inpatient stays.</p> <p>If further reductions occur in the GF allocation, we will need to explore whether we can continue to serve clients on Medicaid Spend-down. GHS continues to provide services to these consumers.</p> <p>We have worked aggressively on State Facility discharge planning and community placements. In FY 15 we were able to actively place out of the State Facility 23 individuals while only having 17 new admissions, we also had 4 CFP direct discharges that avoided State Hospital admission. GHS was further able to develop arrangements with local Inpatient hospital facilities to assist in maintaining individuals a little longer in placement while a longer term treatment regimen was implemented (i.e. clozaril, injectable medications, etc...). GHS was also able to develop a specialized treatment facility for individuals that required a more intensive long term treatment setting. It is the goal of GHS in FY 16 to do a request for a new treatment setting that will offer additional intensive treatment options to assist with placement to avoid State Institutional Facility and/or to assist with step downs out of the State Facilities.</p>
3. Develop crisis service support options for I/DD population	Closing of state facilities and lack of available beds; general lack of available resources for crisis and acute treatment of adult I/DD population; individuals being residentially placed out of county due to lack of sufficient in-county resources.	<p>Development of community based crisis service options for I/DD population by 09-2015.</p> <p>Develop expanded intensive residential service options in-county by 09-2015.</p> <p>Develop community hospitalization options for dually dx individuals by 09-2015.</p>	<p>GHS was able to implement new treatment options for crisis services to assist our I/DD population. The first one was to develop a specialized contract with two inpatient psychiatric hospitals to offer an intensive, higher staff treatment options for individuals with I/DD who are experiencing psychiatric issues and require this level of treatment. Due to the unique treatment needs of this population, additional staffing and specialized services are authorized to assist an individual with I/DD through an episode of psychiatric instability.</p> <p>GHS also added a local residential provider to our continuum of care to assist with longer more specialized and intensive treatment options for these individuals. Providing a more highly trained and qualified staff, ongoing monitoring by a Licensed Psychologist, we are hoping to be able to react more quickly to the individual's needs and to better assist them with behavioral supports and psychiatric treatment.</p>
4. I/DD residential and other home and community based waiver services transition plan to meet	Quality of care survey completed in FY 2014 for entire GHS residential system for I/DD individuals which identified areas needing improvement.	Committee established in FY 2015 to focus on quality improvement and redesign of residential and related support services for individuals with I/DD.	GHS has worked aggressively to plan for the implementation of the HCBW changes and improve the Quality of Life for individuals living within our residential system. GHS has held provider meetings with our Residential Providers to discuss the upcoming changes and to seek input to improve the system of care. Our Quality Management department staff have been consulting with providers regularly and our Provider Relations department has been sending ongoing reports and

federal/state requirements	<p>MDCH Community Based Waiver Transition Plan requirements.</p> <p>Ongoing reliance on out of county residential placement resources.</p>	<p>Targeted quality improvement goals will be established for current and future residential and support providers by 09-2015.</p> <p>Local GHS Home and Community Based Waiver Transition plan will be developed to coordinate with State requirements and Region 10 PIHP efforts during FY 2015.</p>	<p>information. We have developed a committee lead by GHS Board of director members to seek input and formulate strategies to implement further changes. GHS will soon be holding additional community forums to gather added comments from individuals served, family, stakeholders, direct care staff, clinical staff and Residential Providers. Furthermore, GHS has hired an additional Intermediary Facilitator as an additional resource to individuals in residential settings. GHS is further planning to offer community training to family members and support network members in advocating and promoting independence, community inclusion and participation. This will assist an individual's support network to be full participants during the person centered planning meetings and throughout treatment process.</p>
5. Workforce recruitment, development and retention	Staff recruitment and retention challenges threaten GHS' ability to fully achieve our mission.	Construct and implement comprehensive workforce recruitment, development and retention plan during FY 2015.	<p>GHS will sign a contract for "Linked In Recruiter" capacities. A social media intern will be hired to assist with identifying qualified candidates and recruiting them to GHS. She will also assist with Twitter, Facebook, and several other online methods of outreach. This intern also has graphic design credentials and can assist with the design of our website and the development of marketing materials. A retention workgroup will convene to problem-solve staff turnover and create an incentive program for staff employment referrals.</p>
6. Health Care Integration	While GHS has demonstrated significant leadership and innovation in the area of health care integration, (e.g. with the opening of the FQHC), this will continue to be a strong area of focus, both due to local health care needs and state and federal agendas.	<p>Establish use of Care Connect 360 during FY 2015 through education, training and policy development efforts.</p> <p>Continue to expand and define the role of health navigators for individuals served through GHS during FY 2015.</p>	<p>CareConnect360 is regularly being used in the GHS UM and Risk Management departments. A broader focus was somewhat diverted from CareConnect when the Region 10 data reporting system, ICDP, was put into place. It is now becoming clear that CareConnect 360 will provide more current and possibly more complete data, so we will return to focusing on it in FY 2016.</p>

CMHSP: Gogebic CMHA

Priority Issue	Reasons For Priority	CMHSP Plan
<p>1. Community Education/ Outreach relating to (a) Access to services/priority population, (b) expected outcomes related to the services we provide, (c) alternative resources within the community that may also help support individuals, and (d) specific topics determined by other partners</p> <p>**Reprioritization from last year</p>	<p>Input from stakeholders including consumers (satisfaction surveys and needs assessments) and community partners (needs assessment & questionnaires).</p>	<p>Ongoing from last year:</p> <p>Develop general and focused community education campaign through the use of local newspaper, direct mail and/or other social media that explains parameters of CMH funding for services in layperson's language for all.</p> <p>Schedule group community forums that provide opportunity for questions and answer sessions.</p> <p>Develop video explanations of services and expectations. "What to expect when seeking services at CMH"</p> <p>Update: Gogebic CMH continues to provide general as well as focused community education through the use of local media as well as through meetings with community partners. This is a plan that will remain active.</p>
<p>2. Jail Services (groups/education) & increased collaboration with law enforcement partners/courts, etc.</p> <p>** New</p>	<p>As noted above.</p> <p>Along with change in Michigan Mental Health Code #330.1207a</p>	<p>Over the next 6 months: Explore other county's roles in provision of jail services.</p> <p>Over the next 9 months: Meet with law enforcement to obtain information, problem solve space and staffing issues.</p> <p>Ongoing quarterly: Continue to develop and schedule meetings/training opportunities and develop collaborative relationships.</p> <p>Update: Gogebic CMH has learned that other CMH's in the Upper Peninsula provide some limited services within the jail settings through the use of interns or through a direct contract for services between the jail and the CMH.</p> <p>Gogebic CMH has discussed some possible group education/support for inmates as part of a peer delivered model. This was not a feasible recommendation during this fiscal year.</p> <p>Gogebic CMH has met with law enforcement and collects information relation to their needs relating to training/support on an ongoing basis. This will continue.</p>

<p>3. Increased access to psychiatric services for all (priority population as well as mild/moderate)</p> <p>** Reprioritization from last year</p>	<p>As noted above.</p> <p>Implementation of MI HealthLink Pilot</p>	<p>Within the next 6 months:</p> <p>Reassess current patient levels in relation to total number of patients to determine optimal caseloads.</p> <p>Continue to collaborate with local partners to problems solve options/examine possibilities.</p> <p>Obtain cost estimates for tele-psychiatry services.</p> <p>Continue to explore opportunity to contract part time Nurse Practitioner.</p> <p>Update: Gogebic CMH was able to successfully secure a contract with a psychiatrist to provide psychiatric services to the priority population & MI Health Link consumers served through Gogebic CMH utilizing a combination of telepsychiatry as well as on site visits.</p> <p>Gogebic CMH met with the local hospital/clinic to discuss possibility of joint recruiting for a psychiatrist as another possible option.</p>
<p>4. Prevention Programming for youth/families</p> <p>**Reprioritization from last year</p>	<p>As noted above.</p>	<p>Within the next 6 months:</p> <p>Continue to actively support and coordinate Mental Health First Aid trainings in the community, schools, and other civic organizations.</p> <p>Re-examine possible DCH approved programs.</p> <p>Attempted: School Success pilot</p> <p>Update: Gogebic CMH continues to actively support and coordinate Mental Health First Aid trainings in the community and through the Anti-Stigma committee has brought educational opportunities for the local schools & community regarding suicide prevention, anti-bullying, and decreasing stigma.</p> <p>Gogebic CMH will continue to work with community partners regarding specific prevention programming needs which are approved through DHHS.</p>
<p>5. Increased access to co-occurring/substance abuse services</p> <p>** New</p>	<p>As noted above.</p>	<p>Within the next year:</p> <p>Review available resources within the local and surrounding communities.</p> <p>Offer specific education groups.</p> <p>Update: Gogebic CMH will continue to review available resources within the local community and will support staff in obtaining ongoing training to support the provision of integrated dual disorder/co-occurring treatment services.</p>

		<p>Gogebic CMH helped to set up a Double Trouble Group at our Peer Run Drop-in Center in the local community and will continue to offer this support.</p> <p>Gogebic CMH also provides education groups on an as necessary basis.</p>
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CMHSP: Gratiot County Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan	CMHSP Progress
1. Expand psychiatric services for adults and children.	Gratiot CMH contracts with various providers for psychiatric services at an FTE of .89. Efforts to recruit additional practitioners have been successful. However, we have not sustained an overall increase in hours over the previous year necessary to reduce the wait time of 6 weeks for children and 9 to 12 weeks for adults.	Explore availability of additional hours from current contract service providers. 5/15 Explore the option of contracting for tele-psych services. 6/16 Establish communication between Clinical Directors in MSHN to determine if it is feasible to contract for psychiatric services. 7/16	The number of psychiatric service hours for 1 part-time provider has been increased and 2 additional part-time providers have been added to the provider network. Option not needed as a result of the service hour expansion. Contracting with a regional partner(s) was not a viable option due to capacity limitations.
2. Increase number of school based clinicians.	For two consecutive school years GCCMH has co-located a clinician in area schools. There is ongoing interest and expressed need by survey respondents to co-locate another clinician in the schools, primarily middle and high schools.	Leadership is exploring opportunities to place another clinician in the schools for the 15/16 school year. 5/15	During service development, other co-located sites were determined to be a priority need. Positions were added or capacity increased at the following sites: <ul style="list-style-type: none"> • Emergency Department (local hospital) • Health Department • Child Advocacy Center • Physician's office • Court systems
3. Become a Substance Abuse services provider.	County wide there is an increased use of Opiates, Heroin and Meth. There are a limited number of licensed/credentialed providers in Gratiot County. GCCMH has obtained its substance abuse license and has requested approval from LARA to provide case management and peer recovery services in addition to outpatient therapy for persons with SUD.	Application to become a substance abuse provider submitted to CEI SRE 2/15, pending signature of a MOU. 3/15 GCCMH has requested approval from Application submitted to CEI SRE to become substance abuse provider – pending receipt of updated license from LARA and MOU from CEI SRE, anticipate commencing service provision. 5/15	GCCMH is licensed through July 31, 2016. GCCMH is a current SUD provider for MidState Health Network (PIHP).
Priority Issue	Reasons For Priority	CMHSP Plan	CMHSP Progress
4. Expand existing co-location sites.	Due to a lack of county wide transportation system, GCCMH staff provider transportation to and from appointments. The placement of clinicians in other geographic sectors of the county offsets this barrier to service.	GCCMH and local hospital, Mid-Michigan Medical Gratiot has agreed to co-locate a clinician in the Emergency Department. 5/15 Leadership is exploring options to locate a clinician in the eastern area of the county. 7/15	A clinician was placed in the ED in June 2015. The pediatrician from the office location targeted for placement has moved out of the area. Site development is currently on hold.

5.Community wide training/education on drug use.	Due to increased use of illegal drugs/substances a need for training and education in Gratiot County has been identified as a need	GCCMH staff will participate in offering community wide awareness training for drug and alcohol use. 3/15	GCCMH key personnel participate on the Gratiot Substance Coalition to support county-wide efforts. A minimum of 4 community awareness presentations are hosted per annually.
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CMHSP: Hiawatha Behavioral Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Expand group opportunities for children/adolescents with Serious Emotional Disturbance.	Majority of survey responses identify this as a need: Are there services that HBH currently does not provide that you think would be helpful: 64% No : 4=Yes, 7=No: Support groups for parents; play groups for children; more groups facilitated for children's with bi-polar and/or emotional impairments; parent support groups; an event with kids so they realize other kids get services there, too; they have good services	<p>Research EBP for group options for children with SED. Identify potential need at each of the three sites through clinician survey. Expand the existing DBT model for children. Provide training and education to staff regarding group opportunities for children with SED. Include parents in education opportunities.</p> <p>Update:</p> <p>Progress #1: We offered Adolescent DBT skills group for adolescents and their parents and had 5 adolescents and their parents complete the year long program. We will be starting another group later this month. We offered Parent Support Group and were able to hold 4 meetings before it ended due to lack of participation however, we continue to encourage participation. We are in the process of hiring a Youth Support Specialist. We offered a Youth Mental Health First Aid and had good participation and plan to continue this.</p>
2. Develop prevention efforts targeted specifically to children/adolescents	Department of Community Health view of prioritizing prevention and promoting the notion that it is always preferable to prevent a problem from occurring than it is to address the effects of a condition once it has developed.	<p>Develop a prevention program in conjunction with the educational facilities and in line with EDP. Offer consumers who are successfully managing their SMI, DD or SED the opportunity to be involved in the presentation process.</p> <p>Update:</p> <p>Progress #2: We started the Parent Support Group. We are in the process of hiring a Youth Peer Support Specialist. Staff at each of the counties participates in Teen Health Fairs providing info on anxiety, depression, stress, coping skills, self esteem, etc at community schools as well as Suicide Prevention, Kids on the Block which focuses on Self-Esteem, Anti-bullying. We did a community even "Pirates/Princesses addressing bullying and self esteem. Staff collaborate with local DHS, ISD, Early On in an effort to increase prevention services.</p>
3. Coordinate and support external providers efforts to expand mental health services in the catchment area.	There are few alternatives for individuals in need of services who do not meet criteria for CMHSP.	<p>Identify potential providers in the catchment area. Communicate the need for services to service providers in and near the catchment area. Educate staff on the importance of linking individuals in need with available services under the no wrong door philosophy.</p> <p>Update:</p> <p>Progress #3: Staff in each of the counties collaborates with other community providers including Tribal health Services, VA, Substance Abuse providers, and meet periodically to discuss needs, services each provides to ensure referrals and linking/coordinating is happening in an efficient process for our consumers.</p>

4. Expand number of consumers involved in employment and volunteering.	Survey responses from consumers and guardians indicated a desire to optimize independence through the development of skills; employment as well as social.	<p>Work with vocational program contractors to better identify skills and interests of consumers to help maximize their potential for employability/productivity. Explore volunteer opportunities in consumers specific areas of interest throughout the catchment area.</p> <p>Update:</p> <p>Progress #4: We have had an increase in the number of consumers who have been working and volunteering as well as sustaining over a period of time which has been real progress. Staff work closely with NTI, MRS, Goodwill and meet with them on a monthly basis. Employment questions are now part of our electronic record pre-plan to encourage interest in employment or volunteering or areas of interest, etc. We have provided several presentations at Drop In on employment, MRS, help with resumes, etc.</p>
5. Continue to explore technology applications for individual consumer use to increase independence and integration.	Developments over the past year in the use of technology for individual consumers have proven to be quite therapeutic.	<p>Establish a committee to research smart phone/tablet apps for mental health treatment and support, and launch at least one application within the next 12 months.</p> <p>Update:</p> <p>Progress #5: Committee came up with a list of free apps which is available to consumers. There are several apps which workers are using with consumers as part of their therapy, i.e. DBT app and TFCBT app Triangle of Life.</p>

CMHSP: Huron Behavioral Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Increasing Substance Use among all populations is something each stakeholder group felt was a priority issue. It is felt that more education regarding treatment options for individuals with substance use disorders is needed.	Substance Use Disorders came up in every stakeholder group that was surveyed. Huron County ranks number 16 of 83 counties for engagement in binge drinking, number 48 of 83 for engagement in illicit drug use, and number 51 of 83 for nonmedical prescription drug use. (Anecdotal, employers comment that many applicants cannot and do not pass drug screens...shared in focus group)	<p>HBH will provide education to stakeholders regarding the nature of HBH's co-occurring treatment. This will occur each quarter during Emergency Services Coalition Meetings, Great Start Collaborative, CA/N Council and Community Collaborative Meetings.</p> <p>HBH continues participation/support of the Recovery Integrated Systems of Care group and the Recovery Round Table, in addition to the forums listed above.</p> <p>HBH will partner with others in the community, more specifically List Psychological Services, the Substance Use Provider in Huron County, to increase awareness related to Substance Use Disorders as well as treatment options currently available.</p> <p>Update: HBH continues participation/support of the Recovery Oriented Systems of Care group and the Recovery Round Table, in addition to the forums listed above. HBH is also working with Safe Communities group on a campaign to decrease underage drinking and other drug use. HBH Requested and received additional funding for co-occurring education/treatment/prevention as well as for Suicide Prevention, from the county commissioners. List Psychological, who is the SUD provider in the county, is attending the Community Collaborative meetings in an effort to better integrate and coordinate care. We are working in partnership with law enforcement and first responders to get a Naloxone Program up and running to dispense Naloxone kits and provide education related to the use of these kits.</p> <p>HBH has a contract with the Jail to provide co-occurring group services as well as participates in Jail Diversion as appropriate. We also employ 2 Peer Supports who actively promote recovery based treatment as well as provide education to the community and HBH staff related to recovery.</p> <p>Update: HBH continues to employ Peer Supports who work with individuals as well as community partners to provide education related to recovery. Effective January 1, 2016, HBH is no longer involved in the provision of facilitating a jail group for co-occurring individuals.</p>
2. Additional Psychiatric Services are needed as there is a shortage of psychiatric services in the county. Stable psychiatric services are also something that consumers and other stakeholders report is important.	The need for psychiatric services within the county is not a new issue or concern. This is something that has been a need for a long time. Health Delivery, Inc., Huron's FQHC had been providing some psychiatric services recently and have since lost the psychiatrist that was available to them.	<p>HBH will continue to provide tele-psychiatry services to meet the need for Child and Adult Psychiatry that we cannot fulfill with our Medical Director on staff. Continue our partnership with Health Delivery, Inc., (FQHC) who is currently seeking some psychiatric services to help meet the needs of Huron County's residents who are unable to seek psychiatric assistance through HBH.</p> <p>HBH is looking into securing a Nurse Practitioner within the next fiscal year to help with the need for psychiatric care within our agency.</p> <p>Update:</p>

		<p>Our partnership with Health Delivery, Inc., (FQHC), Senior Life Solutions, Adolescent Health Program, List and Scheurer Hospital program all help to expand mental health services within the community and are supported by HBH and updates are shared through the community collaborative HBH employees are educated on new services/referrals. HBH was able to secure a Nurse Practitioner who has been with since March of 2015 on a full-time basis which has allowed us to decrease our use of tele-psychiatry to one day per week for a child psychiatrist.</p>
<p>3. Additional support/education/services for families as there is a lot of concern related to poor parenting and the trend that more grandparents are raising their grandchildren as the parent.</p>	<p>There was consensus among all providers that they are seeing more and more aging grandparents taking over parenting responsibilities for their grandchildren. The problem seems to be that many parents have had their children at a young age and don't want to or are unwilling to be the parent and appear to be too interested in their own needs rather than putting their child's needs as priority.</p>	<p>HBH is part of the Great Starts Collaborative which is composed of many providers in the community that work with families and children and will work with this collaborative to continue to provide support and education to parents.</p> <p>HBH will continue to be an active part of community events where outreach to families can occur to assist with education and linkages to needed services or supports to strengthen parenting skills.</p> <p>Update: HBH continues to provide support and assistance with outreach and education related to Children's Services and Parenting Support. We have an active Wrap-around program up and going which has had many positive outcomes and community response.</p>
<p>4. Homelessness is a large concern for multiple stakeholders. Huron County has seen an increase in the amount of individuals who are presenting for services that are homeless or are couch hopping as they do not have a stable living situation.</p>	<p>In order to truly work toward recovery, individuals need to have their basic needs met. If someone is homeless or at risk of being homeless they are not able to focus on treatment to work toward recovery.</p> <p>The latest point in time survey regarding homelessness in Huron County on any given day showed for that point in time on that particular day 21 individuals who were involved in different service providers reported to be homeless.</p>	<p>HBH will continue membership in Thumb Area Continuum of Care and Huron County Homeless Coalition in order to assist consumers with housing and other basic needs as well as contributing assistance from a mental health perspective.</p> <p>Provide case management to consumer's receiving housing from the "Door to Open" housing program for individuals with a mental illness or a SUD with a mental illness.</p> <p>Assist consumer with loans/grant program from MDCH.</p> <p>Update: HBH is an active member of the Thumb Area Continuum of Care and Homeless Coalition. We assist with housing needs ongoing as funds are available. HBH has an assigned staff person to work on these requests. HBH is an active member in the "Door to Open" housing program and this is typically filled to capacity.</p>
<p>5 Increase awareness around the issue of those</p>	<p>According to the MIECHV Needs Assessment Report</p>	

<p>who live in poverty as poverty is a significant issue in Huron County.</p>	<p>for FY2015, 15.3% of the Huron County Census currently live below the poverty line. Furthermore, data gathered by Huron Behavioral Health, found that during fiscal year 2014, 57.9% of all individuals seeking treatment reported an income level below the poverty line. Living in poverty can and does produce mental health challenges such as anxiety, depression and substance use disorders. These mental health issues in themselves can be barriers to employment and thus self-sufficiency.</p>	<p>Support efforts of Recovery Oriented Systems of Care. Update: This program continues and has become a standing and integrated part of the community which assists in developing natural supports for consumers as well as a sense of pride and confidence.</p> <p>Assist and support consumers to apply for entitlement programs, including Medicaid.</p> <p>Update: In addition to the work of the Case Managers/Supports Coordinators, HBH has devoted a part-time staff to function as an advocate to aid consumers in navigating this system successfully.</p> <p>Provide training and information to consumers, staff and community partners regarding the culture of poverty and the means to work collaboratively with people currently struggling with poverty.</p> <p>Update: Poverty has been included in our Cultural Competence training and employees are updated on the status of our community regarding poverty, homelessness and unemployment rates through our News &Views internal newsletter.</p>
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CMHSP: Ionia County CMH

Priority Issue	Reasons For Priority	CMHSP Plan	Progress Made in FY15
1.SUBSTANCE ABUSE	Evident in multiple groups surveyed	To work with CA, local health department and law enforcement to continue to offer current services and become a more active provider through the use of a performance-based contract.	<p>With the transition to integration with Substance Use and Mental Health under the PIHP there has been an increase in coordination of care. The Right Door is now an Outpatient provider for consumers with substance use therapy needs.</p> <p>Our strategy for FY16 is to pursue the standards of CCBHC, including ensuring all of our clinicians have a basic competency related to assessing substance use as well as promoting CAADC certification.</p>
2.DEPRESSION Suicide Prevention	Evident in surveys as well as defined as a SAMSHA top policy issue for the year 2015	Continue to offer Mental Health First Aid and Mental Health Youth First Aid. Also continue to offer ASIST (Applied Suicide Intervention Skills Training).	<p>The Right Door will be training additional staff members in MHFA and MHFA for Youth. This will allow us to expand the provision of this training.</p> <p>We also continue to provide ASIST 2-4 times each year to staff and community members, including the faith community, law enforcement, schools and contracted providers.</p>
3. CHILDREN School Outreach and Education to Teachers	Evident in multiple groups surveyed	To maintain and consider expanding the School Outreach position using General Funds as necessary. Offer additional training and Kids on the Block presentations. Consider offering Mental Health First Aid at schools.	<p>The Right Door has a full time School Outreach Worker who has increased the collaboration and referral rate from schools in our service area.</p> <p>We will offer MHFA for Youth and adults in schools in FY16.</p>
4. VETERANS OUTREACH	Evident in consumers and law enforcement surveys. A priority for the office of the Governor and Veterans Administration.	Host virtual connection with Veterans Administration for Battle Creek. Continue outreach services through Veterans Court. Continue to hire Veterans as employees. Secure a Veteran Americorp Volunteer. Ensure ICCMHA website and Facebook page are Veteran-friendly.	<p>The VA has set up telehealth equipment in our Ionia location. We continue to promote the use of this.</p> <p>We continue to provide outreach services to Veterans Court.</p> <p>We have one peer support who is a Veteran and we hope to hire an additional Peer Support Specialist who is a Veteran in FY16.</p> <p>The Right Door is pursuing the CCBHC Standards for serving Veterans in our service area and is working hard to expand our ability to provide services to our Veterans who can't get to a VA hospital or clinic.</p>
5. LAW ENFORCEMENT Jail Diversion and Intervention with Police	Low survey response and continued need to train law enforcement on pre-booking mental health issues.	Increase outreach to law enforcement; specifically, more intense training regarding community based options pre-booking.	<p>The Right Door continues to provide jail diversion services pre and post-booking.</p> <p>Dale Miller, Ionia County Sheriff is now a member of the Board of Directors. The Sheriff's department helps co-fund our Jail diversion potion.</p>

6.TRANSPORTA TION	Evident in surveys. ICCMHA staff comments in staff meetings.	Develop a community coalition to brainstorm transportation solutions for Ionia County residents.	<p>Transportation continues to be a challenge for people who live in our community, the consumers we have surveyed utilizing uSPEQ (a CARF Product), however, do not report issues with transportation. We do serve a large number of consumers in their homes.</p> <p>We attempt to be more accessible by having 3 offices, in different corners of the county. We are within 20 minutes of access throughout the county and two locations offer evening hours. We are looking to expand into weekends.</p> <p>We continue to look for opportunities to provide transportation or work with community partners on improving transportation.</p>
7. EMPLOYMENT	Evident in multiple groups surveyed.	ICCMHA has hired an Employment Specialist for supported and competitive employment. The Dartmouth EBBP model will be implemented for this position.	Our Supportive Employment Program adopted the Dartmouth model. Since October 1, 2015, 20 people have had job placements in the competitive workforce, 9 of which have met 90 day retention. Of the 11 who are not a part of the 90 day retention, 7 continue to be employed and are working toward their 90 day retention mark.

CMHSP: Kalamazoo Mental Health and Substance Abuse Services

Priority Issue	Reasons For Priority	CMHSP Plan
1. Services/Access/Administration	Feedback from local stakeholders was once again overwhelming in this area. Themes from the stakeholders express concerns with lack of funding, and gaps in services and supports for individuals aging and experiencing struggles with substance use disorders and the aging population. There were also identified concerns for those who do not meet an ever-increasing threshold for service eligibility. The data sets likewise noted that Medicaid enrollment continues to climb and the needs for individuals to receive services and supports are increasing.	<p>The FY 2015-2017 KCMHSAS Strategic Plan includes a goal to be a premier organization with a network of direct and contract services that are innovative and demonstrate excellent outcomes. The workgroup responsible for this strategic goal will review the stakeholder feedback provided through the community needs assessment and utilize the information for continued opportunities of growth, innovation, and implementation of solutions as developed.</p> <p>Update: KCMHSAS has made notable progress toward developing and expanding a variety of programs geared toward meeting the community's need for mental health services.</p> <ol style="list-style-type: none"> 1. KCMHSAS established a partnership with CentraCare Program of All Inclusive Care for the Elderly (PACE) to help the aging population in Kalamazoo County meet their healthcare needs in the community instead of going to a nursing home or other care facility. 2. Medication Assisted Recovery (MAR) is now in place to support persons in the community who struggle with opioid and alcohol dependence. KCMHSAS prescribes buprenorphine (suboxone) maintenance and Vivitrol/Naltroxone to assist customers transitioning out of detox. 3. KCMHSAS was awarded a \$1.6 Million grant to develop co-located coordinated and integrated primary/behavioral health services at the new KCMHSAS Integrated Health Services. The coordinated services began February 2016 in conjunction with CentraCare and the Family Health Center, at the new KCMHSAS downtown Kalamazoo facility, at 615 E. Crosstown Parkway. The four-year grant allocated from the federal government through the Substance Abuse and Mental Health Services Administration (SAMHSA). The program is designed to help approximately 500 adults, 18-years-old and older with serious mental illness in Kalamazoo County, who are eligible for and in need of psychiatric services," said Jeff Patton, CEO of KCMHSAS. "The project will prioritize a more diverse group of individuals who do not currently have a primary care provider, and are low-income with a higher incidence of hypertension, diabetes, smoking and obesity 4. Children's Healthcare Access Program (CHAP) was implemented in Kalamazoo to improve the health of children on Medicaid and the quality of care they receive, while also reducing the cost of delivering health care. Research shows that children with Medicaid have poorer health outcomes and are more likely to be hospitalized than children with private insurance. CHAP is working to reduce those disparities by removing the barriers that keep vulnerable children from high quality primary care. These barriers include lack of information about preventive health care, lack of transportation, language and time constraints. 5. KCMHSAS implemented the MC3 program which provides psychiatry support to primary care providers in Michigan who are managing patients with mild to moderate behavioral health problems. This includes children, adolescents and young adults through age 26, and women who are contemplating pregnancy, pregnant or postpartum with children up to a year. Psychiatrists are available to offer guidance on diagnoses,

Priority Issue	Reasons For Priority	CMHSP Plan
		<p>medications and psychotherapy interventions so that primary care providers can better manage patients in their practices. Support is available through educational phone consultations to referring providers as well as remote psychiatric evaluation to patients and families through video telepsychiatry.</p> <ol style="list-style-type: none"> 6. KCMHSAS received a number of grants this past year to collaborate with physical health providers to meet both the behavioral and medical needs of persons we serve. 7. KCMHSAS secured new contracts with 4 ABA provider agencies in an effort to meet the growing demand for assessment and treatment for autism spectrum disorder. 8. Transportation Advocacy Group (TAG) now promotes affordable, accessible and available public transportation. 9. Project Connect is a community collaborative of staff from Kalamazoo Schools and community agencies to determine the needs of students transitioning out of school to adult life. 10. Regional Inclusive Consumer Council (RICC) assists individuals with Intellectual/Developmental Disabilities in advocacy efforts at local, state and federal levels. 11. KCMHSAS is a participating member with Disability Resource Team (DART), a sub-committee to the Workforce Development Board, working to improve employment outcomes for individuals with disabilities. 12. KCMHSAS is providing support for The ARC-Community Advocates following the loss of their Executive Director and high Board member turnover, assisting with daily operations, turnaround activities and Board recruitment and development. 13. Employment collaborative with Michigan Rehabilitation Services and Kalamazoo Regional Educational Services Association including Project SEARCH (evidence based practice) and STEP (Students Transitioning to Employment Partnership), focuses on employment for youth exiting school. 14. KCMHSAS developed a partnership with SWMBH to become a referral point to KPEP and subacute detoxification services. 15. Assistance with Benefits-KCMHSAS maintains a partnership with the Kalamazoo Department of Human Services in placing an eligibility specialist at the Alcott location to assist with Medicaid applications. 16. Relationship with NAMI-Family support continues to collaborate with National Alliance for Mental Illness (NAMI) to offer a variety of support and education groups for families and loved ones of persons with a mental illness. 17. Mental Health Recovery Court-The Mental Health Recovery Court has produced amazing outcomes in reducing the number of jail and hospital days for persons enrolled. The Court continues to collaborate with Mental Health and Substance Abuse organizations, Law Enforcement, and Jail Services. 18. CIT Training-KCMHSAS works closely with area law enforcement agencies and collaborates with many to provide Crisis Intervention Training (CIT) which focuses on the development of verbal de-escalation skills. 19. Kalamazoo Psychiatric Hospital (KPH) RFP-KCMHSAS is in collaboration with Pine Rest and other Community Mental Health Centers to develop assessment and

Priority Issue	Reasons For Priority	CMHSP Plan
		<p>treatment activities designed to move long term KPH individuals to more community based settings.</p> <ol style="list-style-type: none"> 20. V.A.-KCMHSAS collaborates with the Battle Creek Veteran's Affairs (VA) for Telepsychiatry contractual agreement. 21. PEER Collaborative-A KCMHSAS peer is leading a group of peers working in our contract agencies to develop recommendations/feedback for areas to improve the mental health system. 22. RAISE-KCMHSAS is collaborating with a provider organization to start a Recovery after an Initial Schizophrenia Episode (RAISE) program which involves coordinated specialty care for people who are experiencing first episode psychosis. 23. Adults with Mental Illness Provider Panel-Regular meetings, activities, consultation and collaboration occur on a regular basis with all provider organizations throughout the year to ensure the best service provision to Adults with a Mental Illness, without collaboration this would not be possible. 24. Emergency Room-KCMHSAS is in collaboration with Borgess Hospital and Kalamazoo Township Police Department to help fund an officer to be stationed at the Borgess Emergency Room. 25. Kalamazoo County Jail-Grant funds continue to help with collaboration efforts with the county jail which provides for a second jail clinician which allows for some weekend and evening behavioral health coverage.
2. Youth/Transition	<p>Feedback from local stakeholders identifies an overwhelming desire for early intervention and more supports for youth. Themes in this area include continued support for youth and families with increased collaboration and partnerships with schools, child welfare (DHS), and the justice system. Feedback also led to the need for continued focus and attention to children transitioning to adulthood.</p>	<p>KCMHSAS is committed to continued efforts and strategic initiatives for improved services and transitions for youth and families. These efforts include participation in a county-wide transition group for youth with Developmental Disabilities.</p> <p>Update: KCMHSAS FY15 Progress toward FY14 Priority Issue #2:</p> <ol style="list-style-type: none"> 1. The RAISE Early Treatment Program (ETP) was implemented and is an evidenced practice aimed providing treatment for people experiencing the early stages of schizophrenia and related illnesses. Treatment emphasizes a comprehensive initial evaluation at the earliest point after symptoms appear. ETP treatments included medication, psychosocial therapies, and supportive services that address the multiple problems associated with these illnesses. 2. Project SEARCH is a transition program recently adopted by KCMHSAS that trains individuals with disabilities to perform complex jobs and supports the intern in finding competitive employment in the community. Project SEARCH in Kalamazoo is a collaboration among the following organizations: Kalamazoo RESA, Michigan Rehabilitation Services, Kalamazoo Community Mental Health and Substance Abuse Services, Bureau of Services for Blind Persons, Disability Network of Southwest Michigan and Bronson Methodist Hospital.project search- directly at young adults with IDD to improve vocational skills real life skills paid position with employers, step students transitioning to employment, refer parents to family support services earlier

Priority Issue	Reasons For Priority	CMHSP Plan
		<ol style="list-style-type: none"> 3. KCMASHAS has bolstered internal processes to support youth transitioning to adult services by working with local contract adult service agencies to begin accepting children as young as 16 and 17 year of age. A Children Turning 18 report is run monthly and communicated to primary clinicians to ensure transition planning begins young. 4. Kalamazoo Wraps received a \$4 million four year grant to further develop our system of care for youth with Serious Emotional Disturbance. 5. KCMHSAS also received a grant for CHAP: Children's Healthcare Access Program. CHAP is a partnership with local Healthcare and community organizations including Bronson and Borgess and is funded through the Michigan Health Care Endowment Fund and the Greater Kalamazoo United Way. 6. MC3: Michigan Childcare Collaborative is a partnership to make psychiatric consultation available to primary care physician lead by KCMHSAS and the University of Michigan. 7. NAS: Neonatal Abstinence Program, is a partnership between KCMHSAS and its provider network along with Bronson, Borgess, Substance Abuse, and other health care providers for the early identification and treatment of infants exposed to Opioids. 8. SED-W: Serious Emotional Disturbance Waiver is a partnership with the Courts and local DHHS to enroll youth in intensive services as an alternative to residential placement. 9. Bilingual and Bicultural services been established through a partnership with the Hispanic American Council, KCMHSAS, WMU, Boys and Girls Club, City of Kalamazoo, Kalamazoo Public Schools, Kalamazoo Public Safety, Circuit Court Family Division, Advocacy Services for Kids, and Family & Children Services. 10. KCMHSAS holds the state contract to coordinate and provide Parent Management Training (PMT), PTC, and PTC-R statewide. PMT is the gold standard for MDHHS as an evidence-based practice, and PTC and PTC-R are related group models. 11. Resource Education Groups for Trauma is a partnership between KCMHSAS, DHHS, Local DHHS, F&CS, Advocacy Services for Kids, Parent to Parent to deliver trauma education groups for parents of youth with Serious Emotional Disturbance. 12. Cognitive Behavioral Therapy groups and coaching is offered at a KPS school (Hillside Middle) and Gull Lake Community Schools (Gull Lake High) via the identified schools, KCMHSAS, and University of Michigan. 13. An annual carnival is held to celebrate children's mental health at the Kalamazoo County Fairgrounds. Well over 3000 community members and volunteers annually attend the event that provides fun family activities and opportunities to learn about resources and disabilities. 14. Kalamazoo Wraps annual system of care conference is held in Kalamazoo. The 3-day conference focused on best and evidence-based practices and collaboration. Over 200 people attended the conference. 15. Wraparound staff is co-located in the DHHS and Court offices. Kalamazoo has more youth enrolled in C-Waivers via Wraparound than any other county in Michigan. 16. KCMHSAS and DHS are partnering to maximize incentive funding provided through DCH to provide services to youth involved with DHS.

Priority Issue	Reasons For Priority	CMHSP Plan
		<p>17. KCMHSAS has school Liaisons with Kalamazoo Public Schools, Gull Lake Community Schools, Portage Public Schools, Galesburg/Augusta Community Schools, Comstock Public Schools, Climax Scotts Community Schools, and Parchment School District.</p> <p>18. The Children's department participates on collaborative committees such as Project Connect, Early On, the Great Start Collaborative, the CAN Council, Kindergarten Readiness Action Network, Learning Network subcommittees, Juvenile Justice Staffing and DHHS placement Committees, Gull Lake Depression Task Force, Smart Start, and the Infant Mortality Review team. Staff also attend a variety of school meetings, including KPS and ESA staff meetings and meetings such as individual education plans (IEPs).</p> <p>19. KCMHSAS secured new contracts with four local ABA provider agencies in an effort to meet the growing demand for assessment and treatment for autism spectrum disorder</p>
3. Integrated Care Across Systems	<p>Stakeholder feedback noted concerns with gaps in services for populations in need, and a desire to continue to develop and strengthen system of care partnerships in our community. Partnerships include continued relationships with schools, primary care, psychiatric, and advocates. The overall goal to build a more inclusive community that meets the varying needs and sees the varying abilities/strengths of all community members</p>	<p>KCMHSAS has set a strategic priority to have system and service integration with Primary Care for current and expanding service populations. Efforts are underway to develop community standards and guidelines for the delivery of Integrated care. The Primary Health Care Integration Team has expanded collaboration and partnerships with the Behavioral Health and Medical community in Kalamazoo. KCMHSAS will also continue to work to build partnerships and joined efforts to address gaps in the service array for individuals in the community such as for the aging population, social services, and continued collaboration with the area school systems.</p> <p>Update:</p> <p>KCMHSAS FY15 Progress toward FY14 Priority Issue #3:</p> <ol style="list-style-type: none"> 1. All responses to FY14 Priority Issue #1 speak in some way to service integration with Primary Care for current and expanding service populations, including but not limited to addressing gaps in services for the aging population, social services and continued collaboration with area school systems while expanding collaboration and partnerships with behavioral health and medical communities in Kalamazoo county. 2. Disease management strategies using care Connect 360 data and CMT analysis. 3. CIT Crisis Intervention Training for local law enforcement training, CIT care coordinator for more prebooking information and prebooking diversions, (report from Bob to board and collaboration report) . 4. KCMHSAS partnered with Western Michigan University School of Medicine and is working with five students on a project about Integrated Health Care and how we can better try and coordinate care between PCP and Behavioral Health. 5. KCMHSAS partnered with Kalamazoo Valley Community College to offer its last session of Integrated Health Care Training for Behavioral Health Professional Class. To date, fifty-eight professional staff have been trained in this Integrated Health Care Series. 6. KCMHSAS partnered with Barry County Community Mental Health to offer an Adult Mental Health First Aid to their community training twenty-eight participants.

Priority Issue	Reasons For Priority	CMHSP Plan
		<p>7. Family Health Center: A shared position (Integrated Healthcare Manager) was created to better integrate care between both organizations for those individuals who have high (complicated) physical and mental health needs.</p> <p>8. Arcadia Pharmacy: The close partnership with this onsite pharmacy continues in the new building, allowing for easy access for those we serve as well as ongoing collaboration and consultation with pharmacists.</p> <p>9. Priority Health: Through a competitive process, KCMHSAS was granted funds to begin providing Telepsychiatry. In addition to funding technical expertise and funds to purchase equipment, our planning time with local partners was funded to ensure we were designing a process that would help to meet unmet needs. Some of those targeted by this service include those who are unable to leave their homes (whether for physical or mental health reasons) or those who prefer to obtain mental health care at a different location (primary care provider's office, for example).</p>
4. Housing	Feedback trends from local stakeholders support an observed need for additional, more diverse housing opportunities that meet KCMHSAS recipients' diverse needs.	<p>KCMHSAS has a Housing Department that takes the lead with housing issues and needs. This Department has been very skilled and KCMHSAS has been fortunate to be awarded grants and partnerships with community partners for housing in our community. Efforts continue for outreach to the community as well as continuing to pursue available grants to support additional needs and services to individuals.</p> <p>Update:</p> <p>KCMHSAS FY15 Progress toward FY14 Priority Issue #4:</p> <ol style="list-style-type: none"> 1. KCMHSAS has had an ongoing relationship with the Department of Housing and Urban Development for over twelve years. We receive housing grants totaling over \$1 Million annually to assist individuals and families with a disability who are homeless to obtain and maintain permanent supportive housing. 2. KCMHSAS partnered with the LIFT Foundation, a local non-profit housing provider, in the application for almost \$10 million in housing funds from the Michigan State Housing Development Authority (MSHDA), which has been preliminarily awarded. This investment will result in the creation of multiple, subsidized housing units specifically for persons with special needs scattered throughout a larger apartment community. 3. KCMHSAS has continued a partnership with the Kalamazoo County Public Housing Commission to provide multiple units of subsidized, safe and decent housing for families and individuals with a disability who are homeless. 4. KCMHSAS has continued to partner with the Salvation Army, the Michigan State Housing Development Authority and the Department of Health and Human Services to provide temporary housing and transition to permanent housing for homeless individuals leaving crisis services, a private or state psychiatric hospital, living in a place not meant for human habitation or an emergency shelter. 5. KCMHSAS housing staff members participate in the local Kalamazoo County Housing Continuum of Care including the Data Team and the Systems of Care Team.

Priority Issue	Reasons For Priority	CMHSP Plan
		<ol style="list-style-type: none"> 6. KCMHSAS housing staff members participate in the semi-annual Project Connect, Point-in-time and Vets, "Stand Down" program for persons who are experiencing homelessness. 7. KCMHSAS housing staff members partner with Ministry with Community, Keystone, the Gospel Mission, the Deacons Conference and Housing Resources Inc. in providing outreach and resources to homeless persons with a disability and/or a substance use disorder. 8. KCMHSAS housing staff members continue to partner with the Department of Community Health, statewide SSI/SSDI Outreach, Access and Recovery (SOAR) project. 9. KCMHSAS staff are currently partnering with Bronson and Borgess Hospital staff in the development of a local Frequent User Service Engagement (FUSE) Project. This project will target frequent users of Emergency Departments who are homeless and in need of more appropriate services, housing and care coordination.
<p>5. Community Awareness and Education</p>	<p>Stakeholder feedback presented with a consistent desire for increased education and training opportunities for the community in the area of Mental Health, Developmental Disabilities, and Substance Use Disorders. Requests for trainings and education in the areas of trauma, Autism, and stigma reduction.</p>	<p>The FY 2015-2017 KCMHSAS Strategic Plan includes a goal for the community to see KCMHSAS as an excellent resource for service and community linkages. This includes offering educational opportunities to the community and to offer venues for increased understanding and advocacy for those in need within Kalamazoo county. A committee was established in 2014 called the Community Education Committee. This group is charged with this area of priority for KCMHSAS.</p> <p>Update:</p> <p>KCMHSAS FY15 Progress toward FY14 Priority Issue #5:</p> <ol style="list-style-type: none"> 1. Beginning January 2015, KCMHSAS re-introduced a Customer Advisory Committee (CAC). At the end of the September 2015, KCMHSAS had 7 active members. Some of the CAC activities included: <ol style="list-style-type: none"> a. Information sharing about KCMHSAS organization – including providing input and feedback on plans for new building signage. b. Information sharing about eligibility criteria for specialty mental health services. c. Review of Recipient Rights processes. d. Providing input and feedback on new no-smoking policies. e. Providing input and feedback on SAMHSA presentation being made by CEO. 2. Community Education Activities in the local community during this year included KCMHSAS planning and participation in events such as: <ol style="list-style-type: none"> a. Presentation at Maintaining Good Health: Today/Tomorrow/Beyond event held at the Bible Baptist Church. b. Wellness Expo at KVCC. c. Project Connect at the Expo Center. d. Holiday Party for KCMHSAS customers. e. Donation of funds from People's Church to KCMHSAS Endowment Fund. f. KCMHSAS Mental Health Breakfast.

Priority Issue	Reasons For Priority	CMHSP Plan																	
		January-February 2015	Solicitation and Selection of a customer-written poem for the Michigan Association of Community Mental Health Boards <i>Traveling Art Show</i> for 2015-2017.																
		2/8/15	Presentation to the congregation of People's Unitarian Universalist Church																
		5/1/15	Annual Mental Health Celebration Breakfast. Featured Speaker was Kevin Hines																
		5/6/15	Annual MACMHB Walk-A-Mile in my Shoes Rally at Lansing Capital. Sent 30 walkers.																
		5/7/15	Hosting the Annual KCMHSAS Children's Mental Health Carnival																
		6/4/15	Presentation to the Women's group of Climax United Methodist Church																
		7/28/15	Hosted Annual KCMHSAS Community Cookout for the Kalamazoo Downtown community.																
		7/30/15	Participation at KPH Summerfest for residents and staff and community members.																
		8/1/15	Participation at the Annual Mothers' of Hope Ultimate Family Reunion.																
		8/27/15	Updated KCMHSAS listings for 2-1-1 Help Line for Gryphon Place and community benefit																
		8/27/15	Hosted opportunity for customers to learn more about Advance Directives.																
		9/12/15	Participation in Gryphon Place's Suicide Walk vendor fair.																
		9/17/15	Co-Coordinated the 1 st Recovery Fair for community with SWMBH and Recovery Institute.																
		6. Another Community Awareness and Education Activity that KCMHSAS has committed to over the past several years has been offering Mental Health First Aid classes to our community. Mental Health First Aid is an evidenced-based program designed to give members of the public key skills necessary to appropriately respond to signs of mental illness. MHFA is: <i>the help offered to a person who may be developing a mental health problem or in crisis. The help is given until appropriate professional treatment is received or the crisis resolves.</i> Studies have shown that MHFA improves peoples' mental health, increases understanding of mental issues and treatments, connects more people with care, and reduces stigma. For the fiscal year 2014-2015, KCMHSAS provided Mental Health First Aid training:																	
		<table><tr><th colspan="2"># Classes/ focus</th><th colspan="2"># Attendees/focus</th></tr><tr><td>Adult</td><td>9</td><td>Adult</td><td>165</td></tr><tr><td>Youth</td><td>8</td><td>Youth</td><td>105</td></tr><tr><td>Total</td><td>17 classes</td><td>Total</td><td>270 participants</td></tr></table>		# Classes/ focus		# Attendees/focus		Adult	9	Adult	165	Youth	8	Youth	105	Total	17 classes	Total	270 participants
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CMHSP: Lapeer County Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Improve Integrated Health Care	Federal, State and Local priority to provide holistic services that will improve access to services, improve the general health of persons served, and reduce costs. While there is a great deal of collaboration within Lapeer County, healthcare remains fragmented and there is great opportunity for improvements.	<p>LCCMH has an integrated health care team that has continued to actively participate in the state sponsored learning community. The integrated health care team developed a quality improvement plan and has been monitoring progress toward identified goals. We added a full-time nurse to work with persons receiving case management/supports coordination to improve coordination of care with primary care physicians in the community. In addition to identifying primary care physicians and encouraging persons served to follow up on contacts with their physician, the nurse has also offered some prevention classes in areas such as smoking cessation.</p> <p>We collaborated with an FQHC to submit a grant to co-locate primary medical and dental services in the CMH facility. The grant for Hamilton Community Health Network to establish a new clinic in Lapeer was approved. Renovations within the LCCMH Building were completed. The new Community Health Clinic is scheduled to open January 19, 2016. Planning to create a fully integrated system of health care is underway. Partners include: Lapeer County Community Mental Health; Hamilton Community Health Network; Advanced Care Pharmacy; McLaren Lapeer Region Hospital; and Lapeer County Health Department.</p> <p>We added an onsite pharmacy last year and fully integrated the pharmacist into our CMH medical team.</p> <p>We co-located a DHS worker and MRS counselor at CMH to further integrate services.</p> <p>We actively assist all persons served at CMH to apply for Healthy Michigan and have advertised assistance to members of the general public to encourage enrollment in Healthy Michigan.</p> <p>We are negotiating with a second FQHC (Health Delivery, Inc.) to collaborate on a new, fully integrated clinic in Imlay City. The co-located office is now open and we are working on details to develop a fully integrated model at that location.</p> <p>Finally, our agency nurses are collecting vital health care information on all persons served and we have pushed to ensure all persons served have an identified primary care physician and that they have regular health assessments. The opening of the Hamilton Clinic at our main CMH Building will allow our nurses to walk persons identified with an urgent health condition to the clinic for immediate assistance. We also plan “curbside consultations” and “clinical huddles” to discuss care for mutual patients. CMH will also provide psychiatric consultations and brief assessments and interventions for the FQHC on an as needed basis through our Triage Services. We will also build in a series of informal ways to encourage interactions and relationship building between CMH and Hamilton FQHC staff. McLaren Lapeer Region Hospital has agreed to provide support services for the FQHC and CMH, including establishing a blood draw station at CMH. McLaren and LCCMH already have a contract for psychiatric inpatient services – we are working on a shared agreement for psychiatric coverage for the inpatient unit and at CMH Outpatient to help coordinate care and encourage a closer working relationship between the medical staff from each organization. The County Health Department Director has been placed on the Hamilton Board to further help coordinate services for Lapeer County. Finally,</p>

		there will also be coordination between Hamilton and HDI FQHCs to further help coordinate services in Lapeer County.
2. Increase employment opportunities	Lapeer County suffered from the Great Recession with unemployment at one point over 20%. While the unemployment rate for the general public is improving, persons served at CMH continue to have unemployment rates above 90%. The rural area and inadequate transportation, particularly in the evening and on weekends are major barriers to employment.	<p>LCCMH continues to collaborate with the Lapeer County Parks, MRS, Lapeer Team Work, and the Greater Lapeer Transportation Authority for the sixth year to provide work adjustment training opportunities for about 30 people at two County Parks. Historically, over 50% of the people completing this training are able to secure full- or part-time competitive employment.</p> <p>LCCMH created an Employment Services Department. The Employment Services Supervisor reports directly to the CEO in an effort to dramatically increase community-based employment placements. The Supervisor completed a review of all open adult cases between the ages of 18 to 65 years of age to determine their employment status and to encourage primary case holders to actively suggest employment goals and objectives during treatment planning meetings.</p> <p>Two, part-time, direct care/driver positions were added to the Harmony Hall Clubhouse to provide transitional transportation to/from work to expand geographic and shift opportunities for persons seeking work. Staff and members of the clubhouse participated in training in South Carolina to prepare for national clubhouse accreditation and to further expand employment services offered through the clubhouse. Harmony Hall did submit an application for national clubhouse accreditation and is expecting their site visit this Spring.</p> <p>Finally, we have developed a local multi-agency employment coalition to focus on improving employment and school transition efforts. Our County Coalition is also sharing information with the three other CMHSPs within Region 10 as part of a regional employment initiative. LCCMH is a member of the Lapeer County Community Collaborative and actively participated in identifying employment services a one of the key goals for the County Collaborative to focus on this year.</p>
3. Expand services for autism	The prevalence rate of autism continues to increase nationwide and locally. There is a need for early identification and interventions in the form of Applied Behavioral Analysis. There is also an expanding number of young adults aging out of school, with families seeking out-of-home residential placements.	<p>LCCMH has been developing resources to meet the range of needs associated with autism in this county. We have designed a center-based program that includes sensory integration equipment, supports coordination and skill building services for children and adults. We have shifted four support coordinators to this program and are providing ongoing specialized training for them related to autism.</p> <p>We partnered with a parent-run, not-for-profit organization to provide information, parent support and young adult socialization groups. The onsite presence of this organization was terminated this year – because of space needs for the expanding ABA services and lack of consistent activities from the parent-run group. We still provide space on an as needed basis for this organization for meetings.</p> <p>We recently contracted with a private corporation to implement the ABA services for the Medicaid Autism Services – currently have fourteen families enrolled and receiving services either in the family home or at our center-based facility. We have submitted an additional eighteen (18) new referrals for ABA services based on the expansion of the Autism Medicaid Benefit on January 1, 2016. In addition to these referrals we are averaging about 2 to 3 new referrals for ABA per month – we anticipate the program will triple in size by the end of the year.</p> <p>We have partnered with a Specialized Residential Provider to develop a residential treatment program for young adults with autism and severe behavioral issues – this includes an onsite professional team</p>

		to facilitate appropriate services. We are continuing to develop a range of living situations that include specialized licensed programs to supported independent living situations.
4. Reduce transportation barriers to service access.	Lapeer County is a large, rural area with very limited public transportation – this presents barriers to persons served to access any types of services.	<p>LCCMH contracts with GLTA for public bus services for parts of the county. CMH maintains a fleet of vans and cars that are used to help transport persons served to appointments and other services. We previously noted that we added a couple of drivers to help persons served access employment opportunities in areas of the county where public transportation may not be available or where the hours of service do not match with employment opportunities.</p> <p>LCCMH recently opened satellite offices in Imlay City and North Branch to reduce the distance persons served need to travel to access services. We are in the process of ramping these new satellite offices up.</p> <p>We have also expanded various outreach services such as ACTP and Home-Based to take services to the persons served. We also added a formal Wrap-Around Program to our Children's Department.</p>
5. Expand services to address co-occurring mental illness/substance use disorders.	Across the State and in Lapeer County there is an increase in abuse of both prescription and non-prescription drugs. Abuse of drugs has a dramatic negative impact on chronic disease prevention and management.	LCCMH has expanded IDDT services in collaboration with a local non-profit substance use provider organization. We have also implemented a local mental health court and beefed up the jail diversion services. We are placing more scrutiny on individuals with co-occurring substance use disorders, with mild to moderate mental illness – often times this is the population that falls through the cracks, resulting in increased incarcerations, emergency room visits, hospitalizations, over-doses/suicides, job loss, and family deterioration. Efforts for early identification and intervention in this area should dramatically help achieve the “triple aim” goal of improved customer experience with services, improved population health, and reduced costs. LCCMH did become a member of the Region 10 provider panel for SUD services and are in the process of developing those services.
6. Reduce homelessness.	The number of persons identified as homeless via the annual count has tripled over the last three years. Persons requiring specialized residential placements in some cases have needed to move out-of-county.	<p>LCCMH is attempting to expand the entire continuum of housing options within the county. We have added two, six-bed licensed AFCs, that are barrier free, with individual private rooms. We have also expanded the number of apartments available with varying levels of in-home supports. We plan to continue expansion to meet the needs of the persons served and to provide a path toward greater independence.</p> <p>LCCMH also helped identify access to affordable, safe housing as another goal area for the Lapeer County Community Collaborative to focus on this year.</p>

CMHSP: Lenawee Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan - Update
1. Youth who are difficult to place (no family, behaviors too difficult for most FC)	Issue identified by multiple stakeholders (CMH, Court, LISD, DHS and law enforcement)	We continue to meet with Probate Court, DHS and LISD to determine how to meet the needs of this population. We are exploring the possibility of treatment Foster Homes. We have added additional crisis support to detention. Probate Court has shifted focus in creating a step-down program for youth exiting the local residential program (court ordered).
2. Integration of SUD into MH and the integration of Behavioral Health with Primary Care – increase community awareness of how to access services	This is in line with the priorities of the local community as well as the State	We have been working with staff and consumers to more fully integrate Behavioral Health with Primary Care particularly with providers outside the FQHC. We have set up a successful model at the FQHC that includes daily rounds with a multi-disciplinary team and “curbside consulting”, as needed. Our current focus is on identification of complex care needs that can be addressed using in integrated care plan. We have begun exploring Medication Assisted Treatment with the FQHC and have offered SBIRT training. We have begun utilizing Tele-Psychiatry and the FQHC recently opened a Tele-Medicine Clinic at one of the local schools. Both projects have increased access to services.
3. Development of a Recovery Oriented System of Care	This is in line with the priorities of the local community and involves multiple stakeholders	Our ROSC Partnership remains strong. The focus for the coming year is to continue to build capacity, identify gaps in the system through strategic planning, and establish an Engagement Center for persons who are not yet connected with SUD services – and may still be actively using. The community identified the need for a place that is open after regular business hours.
4. Provide additional support to Law Enforcement and Probation	Identified by multiple stakeholders (Sheriff, local Police Chiefs, Probation and Parole Departments, Judges, LISD).	We began working with the Judges from Probate, District and Circuit Court to establish a Mental Health Court. The Team includes the Sheriff, Jail Commander, Police Chiefs, Prosecutor and others. We are excited to say that the Court (called Enhanced Treatment) began last fall. We currently have 6 participants. We continue to participate on the School/Justice Partnership Task Force addressing various needs of the youth in Lenawee County. We are providing SUD engagement groups at the jail. We have added crisis support for Juvenile Detention. We successfully partnered with all of the local police departments and the Sheriff’s office to make Narcan available to all road patrols in Lenawee County. We are meeting with Adrian Police Chief, the Sheriff’s Office and ProMedica’s Emergency Department to partner in the establishment of an Engagement Center. We believe this to be an effective alternative to jail and the ER for people struggling with addiction. We are in the process of applying for a grant to conduct mental health assessments at the jail via a tele-medicine model.
5. Community Education	Identified by multiple stakeholders (Law Enforcement, LISD, DHS, Court, Providers, community groups)	We are continually asked how to identify someone who has a mental illness, and what to do about it. We currently provide suicide prevention training to schools, businesses and other groups. We provide Mental Health First Aid to the community. We also provide Trauma Focused trainings to our community and partners. We provide leadership to the Collective Impact initiative. The shared agenda for our Collective Impact effort is to create a Trauma Informed Community that understands how to intervene. We are planning to hold our second Addiction Summit in the spring to address prescription drug and heroin abuse. We will also hold our second 5k later in the spring in partnership with ProMedica and the FQHC (awareness of the connection between physical and behavioral health). We are bringing in and providing training for our treatment providers (SUD and MH). We are partnering with the local radio station (WLEN) to increase awareness through ads written and recorded by persons in recovery. We are also a part of the Lenawee County Youth PSA contest – HOPE – Helping One Person Every day, my way.

CMHSP: LifeWays Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan	FY2015 Update
MH Services for those who are uninsured or do not meet criteria for services provided or coordinated by CMH	Identified across multiple stakeholder groups and ranked #1 in total number of responses	Effective work at the Community Level. LifeWays is a part of the community conversation and is open to partnerships to fill this gap.	LifeWays has 3 staff dedicated to enrolling any individual in the community who qualifies, in the Healthy Michigan program. As a result, many individuals in Jackson and Hillsdale have obtained these benefits allowing them to potentially qualify for services.
Transportation to mental health treatment and related supportive services	Identified across multiple stakeholder groups and ranked #2 in total number of responses	Transportation being a barrier to effective health care continues to be discussed at the community level. Will continue to monitor and partner at the community level.	Transportation continues to be a challenge, however, LifeWays Access Center continues to provide some transportation for qualifying services/events. LifeWays continues to work collaboratively with the local transit authority.
Housing for consumers that is both affordable and appropriate for level of care needed.	Identified across multiple stakeholder groups and ranked #3 in total number of responses	Built into our FY 13-14 Strategic Plan. A Housing Continuum workgroup has been formed to further identify gaps in residential services and develop a housing continuum to address identified needs by end of FY 14.	The FY2016-2018 was developed and this plan includes objectives to develop transitional housing and development of residential programs locally to meet the needs of those placed out of state for services or in out of county placements within the state. In 2015, LifeWays developed and was awarded a grant for local development of Transitional Supported housing.
Services for Kids/Teens--specifically substance abuse and MH support groups	Identified across multiple stakeholder groups and ranked #4 in total number of responses	Specific to Substance Abuse, the SA Prevention Coalition is a part of the "Most Teens Don't" Effort. LifeWays will be developing and implementing a Prevention Program over the next year where this will be incorporated.	LifeWays has a comprehensive Prevention & Wellness Program that includes participation on the Jackson Substance Abuse Prevention Coalition, which includes the Most Teens Don't effort. The LifeWays P & W Program is a key partner in the Intermediate School District Project AWARE, which is bringing Youth Mental Health First Aid to school staff and establishing mental health supports in into pilot schools. Project AWARE also includes a Teen Advisory Team, committed to breaking down the stigma of seeking mental health supports. We continue to facilitate Youth Mental Health First Aid to the Community-at-large. Last year, we participated in the iChallengeU by South Central Michigan Works where a team of students were tasked with providing us strategies to help teens engage in services when needed.

Priority Issue	Reasons For Priority	CMHSP Plan	FY2015 Update
Integrated Care and coordination between multiple stakeholders groups (CMH, PCP, SA providers, Courts and Jail)	Identified across multiple stakeholder groups and ranked #5 in total number of responses	Built into our FY 13-14 Strategic Plan. Currently developing stronger relationships with those identified in the Community Stakeholder survey.	LifeWays FY2016-2018 plan was developed and includes objectives to establish partnerships with primary care, impact population health, and work toward becoming a Certified Community Behavioral Health Clinic. LifeWays' strategic plan also includes objectives to expand our Access program to meet the needs of stakeholders.

CMHSP: Livingston County Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Fill gaps in service continuum for those with co-occurring (SUD) disorders, e.g., residential, specialized emergency services, crisis stabilization, engagement center, recovery house, etc.	Community demand, need more cost-effective alternatives to inpatient psychiatric care, high readmission rates in this population, numerous opiate overdoses and deaths in the community	<p>Goal Statement Has become a high priority item in our 2015-2016 Strategic Plan – Completion of a cost-benefit analysis, program model research, selection and Board approval, implementation plan and staff training is expected by January 2016. It is expected that positions will be expanded and/or redefined by this review.</p> <p>Progress through FY2015:</p> <ul style="list-style-type: none"> - Collaborate with local hospital to open Engagement Center by spring 2016. - Collaborate with local Jail to implement a new Jail Diversion program. Grant awarded in January of 2016. - Implement new senior reach grant to support our senior population. - Implemented a health links project to identify high utilizers in the Emergency Department and link them into primary care. - Developed new crisis stabilization process for re-admission where consumers are engaged post discharge immediately to ensure aftercare services are delivered. This service expanded the use of mental health assistants and peers which have increase success with engaging high risk consumers.
2. Insufficient CMH psychiatrist and child psychiatric nursing hours for children and adults	Stakeholder, including consumer, demand -- Long wait for services due to recruitment problems	<p>Goal Statement Continue plus expand past recruitment efforts (have already increased pay rates, added benefits, set up tele-psychiatry, created a full time position)</p> <p>Progress through FY2015:</p> <ul style="list-style-type: none"> -Both our adult psychiatry and Nursing staff are fully staffed. - We have been working very hard to recruit and retain psychiatrist with good success for our adult consumers. - We continue to recruit for a full time child psychiatrist with less success. We are utilizing tele psychiatry and have maintained a consistent child psychiatrist for almost two years with high satisfaction from consumers. -We have a full time nurse in our children's department which has been a large asset to our health integration efforts.
3. Need to develop and fund services in the community for individuals with mild-to-moderate disorders who cannot afford or do not have insurance to cover short or longer term outpatient psychotherapy / counseling (adults, children & adolescents)	Shortage of Medicaid / HM Health Plan providers – Major reduction in CMH GF funds leading to only being able provide emergency services or services to those with the most severe difficulties	<p>Goal Statement Increase our involvement with community groups in developing primary and secondary prevention services, a wider range of support groups, PSAs, newspaper articles, public speaking engagements, health fairs, consultation with generic human services organization, etc. These efforts continue to be ongoing with an impact assessment to be conducted in early 2016.</p> <p>Progress through FY2015</p> <ul style="list-style-type: none"> - Coordinating with our local health plans to explore all options for these cases - Began a General Fund waitlist to keep prioritizing the greatest needs - Provide a Health Links program to support these unfunded needs - Implemented a short-term emergency case management model and expanded peer services to help stabilize crises and divert hospitalization.

		<ul style="list-style-type: none"> - We have been providing mental health first aid, participating in various community events (Community Connect, walk for warmth, etc. to connect resources to county residents) - Our Consumer advisory panel in coordination with our agency hosted a mental health stigma event at the local movie theatre where we did an educational panel and then showed a movie related to mental health – "Out of the Shadows"
4. Provide consultation and training to law enforcement	Stakeholder feedback – We agree that there continues to be a need to help police officers deal with & understand people with disabilities in ways that reduce stigma – The need also exists for additional education on hospitalization procedures, jail diversion and other CMH systems issues	<p>Goal Statement CMH plans to emphasize these issues in periodic training sessions with law enforcement personnel. The next training is already scheduled for later this month.</p> <p><u>Progress through FY2015:</u></p> <ul style="list-style-type: none"> - Continue to offer Mental Health First Aid to emergency responders. - Continue to conduct trauma informed training in the county to help create a common language with regards to these crises. - Worked in collaboration with the jail administration as the expansion is being developed in order to add a pre-booking area for assessments and possible diversion. - Wrote and received a jail diversion grant in coordination with our jail and court partners. A large part of this grant will be to train police and first responders in Crisis Intervention training.
5. Citizens' needs for housing, employment and transportation should be addressed	Judged a high priority based on both community stakeholder and staff input. Service engagement and, thus, outcome achievement are contingent on these basic needs being met.	<p>Goal Statement CMH will intensify efforts in working with community partners to address the housing, transportation and employment needs of our consumers. Housing issues have become a top priority. Measurable progress is not likely to be seen until mid 2016.</p> <p><u>Progress through FY2015:</u></p> <ul style="list-style-type: none"> - Have written and received HUD housing grants to support consumers who find themselves homeless or at risk for homelessness. - Collaborate through the Homeless Continuum of Care to ensure coordinated and non-duplicative responses to our county homeless. - Enhanced our staff with additional case managers and Mental Health Assistants who can connect these citizens with the additional needs they have outside of their mental health treatment. - Continue to provide treatment with a focus on filling in gaps of service for the individual. This response has been more effective and successful with our consumers. - Connect with the local Transportation Coalition to keep consumer's transportation needs at the table of decision makers - Continue to receive a local transportation grant to have vehicles available to address consumer transportation needs.

CMHSP: Macomb County CMH

Priority Issue	Reasons For Priority	CMHSP Plan
Funding issues		Many of the stakeholders expressed concerns related to the massive cuts in General Funds and the limitations of Healthy Michigan. The concern relates to consumers not receiving services (beyond emergency services) and the negative impact this is having on consumers. In addition, some providers expressed a concern related to Macomb County's Living Wage policy. Although many agree with the concept of a living wage, providers are requesting higher rates in an effort to maintain compliance with the policy. Due to previous cuts and Medicaid rebasing, it is difficult to provide rate increases at this time.
Integration of Care		Some stakeholders expressed concerns related to integration of care. Some Stakeholders felt that the MCCMH consumers did not have access to physical health services and that physical and behavioral health services were not working together. Stakeholders believe that a true integration of care approach would benefit consumers in many ways. Currently, MCCMH is working with Henry Ford Health System to have MCCMH staff in their emergency rooms to assist with behavioral health issues. MCCMH is also in the process of starting an identical project within St. John's Health System. MCCMH is also utilizing the Medicaid data from the State to provide all staff with information about consumers and their health concerns. MCCMH is in the process of developing a consumer portal where data related to behavioral health issues as well as physical health issues will be readily accessible.
Safe and Affordable Housing		MCCMH continues to collaborate with Community Housing Network on the following initiatives: Community Housing Network provides assistance in the identification of housing resources for consumers within the community; Community Housing Network has established a program to bring consumers together to start to explore compatibility issues and then provide assistance with housing options; Community Housing Network has started a program to identify affordable housing within Macomb County and is working with the various MCCMH programs to ensure this information is available to/for consumers; Community Housing Network is in the process of establishing an apartment complex in southern Macomb County and will make those apartments available to consumers.
Access to services and appropriate clinical services provided		Staff providing services to MCCMH consumers continue to be trained in the use of outcome tools (DLA-20, LOCUS); all clinical programs have specific outcome measures that they are contractually required to meet (i.e. KPI's, active engagement in treatment, coordination of care, recidivism rates, employment, housing, etc...). MCCMH is in the process of opening an Urgent Behavioral Health Clinic with availability 24 hours/7 days a week. The goal of this clinic will be to provide face-to-face, community based crisis intervention services with a goal of stabilization, allowing the consumer to return to the community, with appropriate aftercare and follow-up. MCCMH will assess consumers for a variety of services (emergent, urgent, routine, and limited medical) and provide referrals to needed services, including inpatient hospitalization, if required. This facility will become the front door for MCCMH inpatient services. An additional key element of this clinic is that medical services will be provided on site as one of the FQHC's will be housed there.

Update:

Priority Needs and Planned Actions – In the coming year, MCCMH plans to address the areas described below and identified in MCCMH’s 2016 Strategic Plan¹. Information recently released as part the Governor’s Budget Recommendations may significantly impact the direction and ability to address the items described.

1. Organizational Assurances regarding the role of MCCMH in the community, as an employer and as a manager of public funds.
 - a. Preserve the integrity of the Macomb County Prepaid Inpatient Health Plan (PIHP) and Macomb County Community Mental Health Services Program (CMHSP) in the interests and well-being of the consumers who we all serve.
 - b. Recognize and support the inherent value that MCCMH employees off to the community-based system of care through professional expertise. Build upon employee understanding and awareness of a changing healthcare industry and employee role(s) into the future.
 - c. Foster positive relations with network providers, stakeholders and community partners for the enhancement of the community based system of care.
 - d. Advocate for sufficient and fair distribution of funding to the public mental health system.
2. Perform in compliance of, and fulfill all requirements of the Michigan Department of Health and Human Services (DHHS) PIHP and CMHSP contracts.
 - a. MCCMH continues to work to ensure that services and supports are provided in compliance with the DHHS/MCCMH contracts, the Medicaid Provider Manual, ICO contracts and other payer requirements.
 - b. MCCMH has a strong compliance capacity to monitor and prevent fraud, abuse and waste of funding. MCCMH maintains a “best practices” process for Medicaid Service Verification, resulting in recovery of payments for undocumented services.
3. Perform in compliance of, and position the PIHP as valued business partner of the Integrated Care Organizations (ICO’s) for the MI Health Link Demonstration. MCCMH continues to address administrative (delegated functions) and clinical service requirements of the MI Health Link demonstration. MCCMH has made significant progress in the development of capacities for accurate billing of Medicare services, encounter reporting. Information Systems (IS) staff continues consistent and valued involvement in discussions toward Carebridge development.
4. Development of an Urgent Behavioral Health Care Center. MCCMH continues to develop its Urgent Behavioral Health Care Center (UBHC). MCCMH has implemented the community based crisis program in a temporary facility and has demonstrated the effectiveness of this approach to services to consumers in crisis with the potential need for inpatient hospitalization. MCCMH has been successful in consistent diversion of consumers to Crisis Residential Units, Crisis Stabilization and back to the community with enhanced supports. Current inpatient admission rate is 14% for consumers seen by the UBHC.
5. Continued development of relationships with community Primary Care Providers to integrate care and improve access and effectiveness of Primary Care for MCCMH consumers. MCCMH has established a co-location partnership with a local FQHC to provide primary care services to MCCMH consumers. Another FQHC relationship has been established to provide MCCMH consumers with medication services as the consumer stabilizes and is able to lessen involvement with the CMHSP. MCCMH has also agreed to co-locate staff within a local pediatrician’s office and the County Health Department. These initiative are in various stages of development and maturity, however, MCCMH is committed to the further enhancement and development of these and additional healthcare integration projects. Example of additional projects underway within MCCMH are: 1) co-location of a MCCMH Social Worker within a local Emergency Department to assist staff in identifying and assisting MCCMH consumers coming to the ER. This staff person will also arrange for access to the UBHC or other MCCMH services on behalf of the consumer. This project is in a pilot phase and can be replicated as success is demonstrated. 2) MCCMH is working with Care Management Technologies (CMT) to analyze and enhance data available through CareConnect360. This has allowed development of a Health Information Summary to be made available, through the MCCMH EMR, to MCCMH clinicians to support primary health care services.
6. In addition to the initiatives described above, MCCMH is actively involved in planning and development of the following :

¹ Macomb County Community Mental Health Services, Strategic Plan 2016. Copy available upon request.

- a. NCQA Accreditation
- b. Implementation of the Home and Community-based Waiver Requirements
- c. Certified Community Behavioral Health Clinic (CCBHC) Designation
- d. Development of Agreements with Medicaid Health Plans serving Macomb County

CMHSP: Monroe Community Mental Health Authority

Priority Issue	Reasons For Priority	CMHSP Plan	Status Report - Update
1. Partner with the community to support SUD needs in the Monroe community	Stakeholder feedback Community data on high rate of overdose	<ol style="list-style-type: none"> 1. Facilitate collaboration between CMHPSM as the PIHP and community with implementation of ROSC system of care 2. Provide MCMHA staff training on SUD issues in community 3. Provide MCMHA staff care management training that includes SUD issues 4. Use communication formats/planning to share recovery options and collaborative efforts with the Monroe community/ stakeholders 5. MCMHA participation in community collaboration HCSN, SUD Coalition, Making Connections 6. MCMHA to provide MH First Aide training to community at least 4 times in 2015 <ol style="list-style-type: none"> a. Partner with SUD providers for shared learning/training opportunities 7. Identify and implement changes in the electronic health record that will support clearer identification and review of SUD needs in consumer care. 8. Develop ways to incorporate local TEDS data into MCMHA and community planning activities 	<ol style="list-style-type: none"> 1. Completed provider meetings and trainings on ROSC, offered ROSC conference/training by PIHP/CMHPSM. Full time PIHP SUD Access SUD staff on site 2. Completed: Provided by CMHPSM Clinical Director/ROSC; participated in Annual State SUD Conference 3. Care management training completed Sept 2015 4. Completed and ongoing at SUD provider meetings, community meetings, participate in SUD Coalition, courts, jails, hospitals ; CMHPSM staff on site for SUD Access 5. Ongoing 6. Completed at least 10 trainings this FY: 5 as part of the Public Safety MHFA for the jail diversion; 1 veteran MHFA; 3 youth MHFA; 1 adult MHFA; Presentation on it for the Community Foundation of Monroe. Completed provider meetings and trainings on ROSC, offered ROSC training thru CMHPSM 7. Transitioned tracking BHTEDS data current EHR for FY 15.16. PIHP in process of developing RFP for new EHR that includes clearer id and review of SUD needs in consumer care. Region developed peer review project for all CMHs that include how well SUD needs addressed 8. In process, used data with CMHPSM to address provider network needs for FY 15/16; transitioned to BHTEDS data in FY 15.16

<p>2. Expand Integrated Health efforts to consumer care</p>		<ol style="list-style-type: none"> 1. Provide MCMHA staff care management training 2. MCMHA participation in community collaboration HCSN and Making Connections 3. MCMHA to provide MH First Aide training to community at least 4 times in 2015 4. Participate in integrated health data analytics training and programming implementation for 5. Identify and implement changes in the electronic health record that will support a more integrated health model of care 6. Continue IH care management program and IHLC involvement 7. Continue to provide IH case management services to consumers with high comorbidity risks and utilize the data 8. Identify additional ways MCMHA can incorporate IH needs in consumer care, including SUD issues, and review these practices in peer review indicators 	<ol style="list-style-type: none"> 1. Completed September 2015 2. Completed and ongoing 3. Completed at least 10 trainings this FY: 5 as part of the Public Safety MHFA for the jail diversion; 1 veteran MHFA; 3 youth MHFA; 1 adult MHFA; Presentation on it for the Community Foundation of Monroe 4. 2015 Completed training, ongoing implementation 5. Recommendations made to PIHP RFP for new EHR that includes a more integrated health model; ongoing; peer review includes need to address SUD needs 6. Ongoing; grant work completed. In process of educational groups run by nurses 7. Ongoing 8. Regional peer review indicators developed that include SUD and IH for FY 15/16; development of local MCMHA indicators in process for FY16
<p>3. Advocate for alternatives to incarceration for people with mental health issues</p>	<p>Stakeholder feedback Community jail data; collaboration with Monroe County jails/courts</p>	<ol style="list-style-type: none"> 1. Utilize partnerships with jails and courts to advocate for MH needs of inmates 2. Continue community collaborative with jail/court system 3. Provide training/resource information to the community on alternatives to jail 	<ol style="list-style-type: none"> 1. Meetings and relationship development with courts, jails, and Youth Center completed and ongoing. Developed contractual relationship with Youth Center; Awarded jail liaison grant, implemented 2/16. 2. Ongoing – See #3 3. Completed MHFA to all Corrections Officers in the jail. In process of creating a Mental Health Court. Participated in the State Jail Diversion Summit in August 2015. Had meetings with the Mental Health Court team to create that process, monthly phone calls

		<ol style="list-style-type: none"> 4. MCMHA to provide MH First Aide training to community at least 4 times in 2015 5. Implement grant funding for jail diversion program 	<p>with the MSU team for data on our grant. Acquired and implemented jail diversion grant.</p> <ol style="list-style-type: none"> 4. Completed at least 10 trainings this FY: 5 as part of the Public Safety MHFA for the jail diversion; 1 veteran MHFA; 3 youth MHFA; 1 adult MHFA; Presentation on it for the Community Foundation of Monroe 5. Completed
4. Community collaboration on service alternatives for GF/Medicare only population	Stakeholder feedback MCMHA's need to implement a waiting list in 2014	<ul style="list-style-type: none"> • Analyze waiting list data and waiting list related grievance and appeals data for any potential performance improvement projects or community collaboration related to MH services needs for the GF/Medicare population in Monroe. • MCMHA to provide MH First Aide training to community at least 4 times in 2015 • Expand outreach and education efforts to at least five additional partners in the primary care community • Maintain staff knowledge base of health insurance alternatives and CAC certification as health care exchange site for the community 	<ol style="list-style-type: none"> 1. Completed and ongoing; a standing agenda item of data review for Regional Clinical Performance team Committee. 2. Completed at least 10 trainings this FY: 5 as part of the Public Safety MHFA for the jail diversion; 1 veteran MHFA; 3 youth MHFA; 1 adult MHFA; Presentation on it for the Community Foundation of Monroe 3. Completed with Promedica Monroe Regional Hospital, Monroe County Health Dept., Family Medical Center, Meridian Health Plan 4. Ongoing. Have MDHHS and CAC staff on site to assist individuals with applying for or maintaining/renewing benefits 5.

<p>5. Promoting consumer choice and least restrictive settings</p>	<p>Consumer/stakeholder feedback Home and Community Based Service Waiver state implementation plan</p>	<ul style="list-style-type: none"> • Develop and implement plan to move consumers from group home placements to more independent/integrated settings (2 group homes to be closed) • Implement CMHPSM self-determination/choice voucher roll out plan for 2015 (training materials and implementation manual for case managers and consumers/families) • Provide community information and staff training on the HCBS waiver and its implications for Monroe consumers. 	<ol style="list-style-type: none"> 1. Two group homes closed d/t GF cuts. Transition plans developed and implemented. 2. Regional SDA manual completed, roll out completed; orientation process completed. Implementation in process 3. Staff meetings, provider meetings, participated in state assessment, FY2016 plan to have a workgroup looking at the HCBS waiver- under the agency CTS committee
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CMHSP: Montcalm Center for Behavioral Health

Priority Issue	CMHSP Plan
<p>1. Community awareness of the service array offered by Montcalm Center for Behavioral Health with attention to decreasing stigma attached to receiving care.</p>	<p>MCBH will devise a comprehensive marketing strategy to inform both consumers and stakeholders of four essential service offerings: Mental Health entitlements, an Integrated Health Clinic opening in the spring, a Wellness Center featuring InSHAPE, and an Access Center featuring our open access model of care. Target date- March 31, 2015.</p> <p>Update:</p> <p>Montcalm engaged in a rebranding and reintroduction to the community which included an organizational name change to Montcalm Care Network. We highlighted our expanded service array and philosophy of whole health care. This included the introduction of two new service areas- Health360 Clinic which is a primary care clinic staffed by a physician's assistant and Wellness Works a combination community fitness facility, program location for InSHAPE and transitional employment work site. Additionally, we reintroduced Access Now our open access model of connecting individuals with our services, substance use needs and myriad of community resources. We further rebranded the Community Mental Health aspect of care as Core Mental Health to speak to our traditional role. This occurred in Oct 2015 and marketing has continued.</p> <p>Marketing will take into consideration a multi-platform to reach our audience including a new website, brochures, billboards, and media. Target date- May 31, 2015.</p> <p>Update:</p> <p>Since our name change, MCN has engaged the community through direct outreach efforts including sponsoring community expos, regular monthly radio spots highlighting services and mental health awareness, monthly billboards with new themes, newspaper ads, and launching community benefit opportunities such as Mental Health First Aide Training.</p> <p>Peer supports will organize a video project to give a voice and face to persons who receive care and the message of hope and recovery. Target date- June 30, 2015</p> <p>Update:</p> <p>Our Peers have a video program "Facts and Myths" which tackles the stigma of mental illness. This was produced with a local high school media program and is currently being shown at schools across the county.</p> <p>Opening the Wellness Center and Health Clinic to both the traditional CMH population and the general community to create atmospheres and locations that are integrated and serve "our whole community." Target Date- August 30, 2015.</p> <p>Update:</p> <p>Wellness Works is our fully integrated fitness facility. It successfully operates meeting the needs of our InSHAPE program, staff wellness, and low cost gym memberships to anyone in the community. We have implemented InSHAPE in partnership with Dartmouth University and are serving over 50 persons with demonstrated positive outcomes that are being reported and benchmarked by Dartmouth. Our Health360 Clinic is our primary care practice in partnership with the Mid Michigan Health Dept. This is a unique integrated health model of care housed onsite at MCN. The clinic is serving MCN consumers currently but is on track to serve the entire community. We are continuing to work through the challenges of funding structures.</p>

<p>2. Unaddressed substance use needs in the community.</p>	<p>MCBH will continue to develop its co-occurring treatment capacities in SUDs.</p> <p><u>Update:</u></p> <p>This is a part of our strategic plan as an organization. Co-occurring care is embraced across all clinical programs with strong leadership from the management team down to clinical staff. We are focused on increasing competencies and changing the culture of care.</p> <p>The Access Department will demonstrate the capacity to screen any individual seeking services for a SUD through use of ASAM. Target Date- April 30, 2015.</p> <p><u>Update:</u></p> <p>Access Now provides SUD screening as part of the initial eligibility process. All access staff have undergone additional training to support this process. The team is currently using the CareNet system to ensure communication across the region.</p> <p>The Access Department will delineate a process for direct connection of consumers to SUD providers that avoids redundancies in person providing information about need for care. Target Date- May 31, 2015</p> <p><u>Update:</u></p> <p>Access Now acts as a front door to SUD services. Persons needing this care are directly connected to SUD providers. Our afterhours ES services also acts as a screening unit and direct connection to SUD care.</p> <p>MCBH will sponsor 6-8 clinicians in the areas of Access, Outpatient, ACT and Case Management services to receive comprehensive training, supervision and achievement of their CAACD credential. Target Date- March 31, 2015 (to start training process, completion in 2 years)</p> <p><u>Update:</u></p> <p>MCN offered the ability for any interested clinician to receive supervision, training and funding for the CAADC exam. We have more than 20 staff taking advantage of this opportunity.</p> <p>MCBH will partner with a local SUD provider to offer jointly sponsored co-occurring Seeking Safety groups to treat persons with trauma and substance use issues. Target Date- June 30, 2015.</p> <p><u>Update:</u></p> <p>MCN is partnering with North Kent Guidance Services to co-sponsor this co-occurring group.</p> <p>MCN will be the fiduciary agent and provide the coordinating staff for the SAMHSA Drug Free Communities Grant in Montcalm County.</p> <p>MCN will provide training and support to implement a Naloxone Distribution Project in Montcalm County. This will be a partnership with local SUD providers, physicians, and health care organizations to directly provide Narcan to persons using opioids and concerned family members.</p>
<p>3. Focusing on health and wellness with an emphasis on community collaboration.</p>	<p>MCBH will offer outreach screening and eligibility Access services at on site host physical health agencies. This includes partnerships with the Spectrum Hospital System (Greenville and Lakeview), Cherry Health Services (FQHC), and the Mid-MI Health Department. Target Date- March 31, 2015.</p>

	<p><u>Update:</u></p> <p>MCN is still working toward more outreach Access services. Care is provided on site at our local FQHC. We are planning in the upcoming year to open a Howard City and Carson City location.</p> <p>MCBH will expand Integrated Health Care services to the serious emotionally disturbed population with an addition of 1 FTE Pediatric Nurse and 1 FTE Children's Case Manager. Target Date- April 30, 2015</p> <p><u>Update:</u></p> <p>IH with the SED population kicked off this past fall. Children's staff are being training in various health and wellness protocols. The goal in the next year is to target obesity in children and reduce emergency room overuse in our children's population.</p> <p>MCBH will establish a partnership with the Mid-Michigan Health Department to open a physical health clinic on site at MCBH. The clinic will serve CMH consumers as well as community members. Target Date- May 31, 2015.</p> <p><u>Update:</u></p> <p>Health360 is open and currently serving over 100 CMH consumers. The goal this fiscal year is to open to the community.</p> <p>MCBH will co-sponsor health prevention classes at the Wellness Center with community hospital partners (United Lifestyles) on topics such as Diabetes Education. Target Date- July 31, 2015</p> <p><u>Update:</u></p> <p>Wellness Works has agreements with MSU extension to provide nutrition classes to InSHAPE participants. Peers supports are also providing health classes open to any consumer. The goal is to provide monthly health learning opportunities to any interested consumer.</p> <p>MCBH will explore potential collaborative partnerships with the Qualified Health Plans to reduce inpatient psychiatric and medical admissions. Target date- September 30, 2015</p> <p><u>Update:</u></p> <p>MCN has shifted focus in this area to working directly with hospital partners. This includes regular meetings with the local emergency rooms. In addition, the goal this next fiscal year is to join a Health Exchange and begin participating in Admission, Discharge, Transfer information exchanges to improve health outcomes.</p>
<p>4. Address the mental health needs of persons with mild/moderate mental health needs.</p>	<p>MCBH will expand Access outreach services to the community to provider early identifications and linkage to appropriate levels of mental health services. This includes the addition of clinicians in primary care offices and schools. Target Date- July 31, 2015</p> <p><u>Update:</u></p> <p>MCN has not placed a clinician directly in primary care or schools. In part this is due to the large number of schools in the community and the growing number of social workers placed into primary care directly by the hospital systems. Instead, the emphasis is being placed on early identification and Access efforts through improving relationships with those entities. Communication is the key. Three dedicated outreach positions have been established focusing on different areas including substance use, the corrections</p>

	<p>community, and primary care. These workers focus on communication, problem solving and community education with activities such as implementing Mental Health First Aide. A fourth outreach worker will be added next year in the area of Senior services.</p> <p>MCBH will offer consultation and training opportunities to mid-level practitioners in the community on psychiatric conditions and prescribing to increase the Primary Care Community's comfort in treating persons with mild/moderate mental health conditions. Target date- September 30, 2015.</p> <p><u>Update:</u></p> <p>MCN is engaging in several efforts to reach our primary care community particularly around treatment of co-occurring disorders. This includes sponsoring CME events- MCN brought in a national expert to speak to local doctors on prescription drug abuse. MCN produced and distributed materials to all primary care offices in the county on the use of MAPs and best practices in the prescribing of opioids. New efforts include sponsoring a Naloxone project.</p> <p>MCBH will look for opportunities to partner with the Qualified Health Plans to address gaps in care in the community. Target Date- September 30, 2015.</p> <p><u>Update:</u></p> <p>Again, MCN has shifted focus away from direct contact with the Health Plans to working with our local primary care and hospital systems. MCN has strategized with our largest hospital system, Spectrum, to evaluate ways in which we can partner. This has included discussion about co-location of services and the establishment of regular consultation meetings between the emergency department staff and MCN outreach staff.</p>
5. Lack of resources for inpatient hospitalization and alternatives.	<p>MCBH will participate in PIHP regional efforts and workgroups to advocate for MDCH assistance in addressing hospital bed shortages. Target Date- June 30, 2015.</p> <p><u>Update:</u></p> <p>MCN's emergency services staff collected data which was submitted by the PIHP to MDHHS regarding shortages in the state. MCN will participate in a second data collection project during FY16.</p> <p>MCBH will expand ACT and Home Based capacities with addition of .5 FTE Peer Support and 1 FTE HB Therapist position(s) to support the highest intensity level of care to prevent inpatient care. Target Date- April 30, 2015.</p> <p><u>Update:</u></p> <p>This was completed.</p> <p>MCBH will work in partnership with McBride Quality Care for construction of a 6 bed Adult Foster Care Home with two beds to serve as crisis beds for individuals needing intermediate levels of care. Target date- September 30, 2015</p> <p><u>Update:</u></p> <p>This project is nearly complete. The Ferris Road AFC is schedule to open March 2016 with 4 beds for consumers with significant behavioral needs. The 2 crisis beds are schedule to open by May 2016.</p>

CMHSP: Community Mental Health Services of Muskegon County

Priority Issue	Reasons For Priority	CMHSP Plan
1. Access to services	Most common theme in feedback was that access to care is an issue/concern.	<p>During this past year we have contracted with the National Council for Behavioral Healthcare to assist us in analyzing our access system. We have shifted towards a same day access model and we are also trying to come to the place where we provide an assessment on all individuals who request services even if we believe they would be better served in a different organization. We are also as an organization becoming paneled on different insurance providers. We have aggressively assisted with signing up any individual who was uninsured to Medicaid, Medicare or the State exchange.</p> <p>Update:</p> <p>The Agency continues to contract with the National Council for Behavioral Health to evaluate our access system. We have made many changes in order to be more accessible and efficient in meeting the needs of the community. We have embraced a same day access model and have been able to keep the wait time for assessments to be under 30 minutes. We have also made some organizational moves by putting the assessors of all populations under the same Supervisor which has certainly helped with communication and efficiency.</p>
2. Gaps in services	Many community gaps in mental health services were noted, such as: anger management, coping, moderate mental illness, family counseling, child/youth services, elder care, substance use services	<p>The gaps in service that we note seem to come from the population of individuals that would previously been deemed in the mild to moderate category.</p> <p>We also have found both gaps and duplication with the population of Developmentally Disabled. As a result we have formed a new group of providers who are collectively formulating a System of Care that will allow us all to be more efficient and effective with our service delivery.</p> <p>Similar work will need to be done in the area of Mental illness.</p> <p>Update:</p> <p>Community Gaps that were earlier identified as those in the mild to moderate population has shown improvement. There are several new providers in the community. A monumental need that seems to continue to move in a downward trend is in the area of Community Psychiatry.</p>

<p>3. Communication and collaboration with partners</p>	<p>Many cited lack of communication, lack of inter-agency understanding, gaps in services between agencies (i.e. the justice system and CMH); case manager lack of understanding around CPS; etc.</p>	<p>New dynamic web page. Webpage that promotes Inter agency trainings. Formalize meetings with key stakeholders</p> <p>Update:</p> <p>We have made tremendous strides in communicating and partnering in a more effective manner with community stakeholders. Below are some of the many examples of our efforts.</p> <p>New Dynamic Web Page</p> <p>Consumer Advisory Committees facilitated by the Agency CEO</p> <p>HealthWest has made a strategic effort to move into the community in order to teach Mental Health First Aid. Within this effort we intentionally sought out instructors that were outside of our Agency. This includes instructors from Public Health, Muskegon ISD, Disability Network, the faith based community, and community members at large.</p> <p>HealthWest also created a subcommittee of The Muskegon County Suicide Prevention Coalition called The Suicide Death Review and Prevention Team. This team reviews, in detail, each death by suicide just as the community reviews infant death. This team is comprised of community members and partners; Mercy Hospital Social Worker, Public Health, local law enforcement, ISD Social Worker, nurse, The Medical Examiner, Juvenile Transition Center employee, a Medical Doctor (currently vacant), Preventative Practices (HIV/AIDS/STD), and of course people from HealthWest.</p> <p>HealthWest also introduced QPR (Question, Persuade, Refer-A Suicide Intervention Skills Training) to the community and again sought out partners from outside our organization. These partners provided individuals to instruct the classes; law enforcement, school social worker, Public Health, Mercy Hospital Social Worker, LGBT community representative, Disability Network, True North Services, Access Health, and HealthWest.</p> <p>In an effort to further diversify the instructor pool of QPR we have received a grant recently that will allow us to train 3 more instructors; one staff member from Muskegon Community College, one student from Muskegon Community College (to reach you people in the community), and another HealthWest staff.</p> <p>In all we have trained a team of 27 instructors (MHFA & QPR) to reach out to the community to assist with stigma reduction, increasing mental health literacy, decreasing the public's possible apprehension around assisting someone in a mental health crisis, providing real skills so that the public can assist someone in crisis, and ultimately (hopefully) reducing our suicide rate.</p> <p>Regarding Vocational Services we now have an Office within our Facility for MRS staff. These staff are operating within our Agency three days per week and participates every other week in the IPS staff meeting.</p> <p>Management also meets with MRS leadership at least twice per year.</p> <p>We've also further collaborated with MAISD, Disability Network, Goodwill, Bureau of Services for Blind Persons in applying for technical assistance related to employment for students transitioning out of school.</p> <p>HealthWest has also tried improving communications with stakeholders in youth world by having Management staff work with both Juvenile Court system and HealthWest to bridge some of the gaps. HealthWest staff are attending more PRC meetings with both the DHS and JJ systems.</p> <p>HealthWest has two wraparound staff going to the DHS office once a week to be able to answer</p>
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4. Housing/ homelessness	Respondents noted there are very few options for supported housing or for homeless individuals in Muskegon county	HUD and path dollars where we assist with first month's rent and security deposit. We provide outreach. We maximize all available funding. We participate in a continuum of care housing consortium.
6. Medication issues	Medication was a common theme, including medical compliance, over medication, lack of medication, etc.	From an Agency perspective, it is challenging to engage many individuals who are not motivated to be engaged in treatment but only medication. Area Primary Care Physicians are reluctant to prescribe psychotropic at levels individuals often require.

CMHSP: Network180 (Kent County)

Priority Issue	Reasons For Priority	CMHSP Plan
1. Increase psychiatric services capacity	<ul style="list-style-type: none"> • This continues to be a community priority • Noted as a need by multiple stakeholder groups • Time to service for psychiatric services exceeds our desired requirement 	<ul style="list-style-type: none"> • We are working with the new Pine Rest/MSU program to bring psychiatric residents into our Medication Clinic and Crisis Intervention program this year • We will continue to expand and support telepsychiatry to assure coverage needs are met • We are changing our medical policy to promote the use of NPs, RNs, and PAs for med reviews after an individual has been assessed by a psychiatrist • We will re-evaluate our method of payment for psychiatric services this fiscal year to ensure we are using the payment structure to maximize psychiatric participation <p>FY2015 Update: In July of 2105, Psychiatric Residents started doing 3 month rotations through Network180's Psychiatric Clinic. Thus far, we have had 5 Residents rotating through, and anticipate that this will continue.</p>
2. Increase integrated treatment <ul style="list-style-type: none"> a. Mental and physical health b. Mental health and substance abuse treatment 	<ul style="list-style-type: none"> • Noted as a need by multiple stakeholder groups • Is a strategic objective of MDCH • Fits with strategic plan • Fits with regional priorities 	<ul style="list-style-type: none"> • We will develop and support pilot models of integrated physical and mental health care • We will measure outcomes of integrated practices to assure \$ are going to best practices • We will explore payment methods to support best practice in healthcare homes • We will evaluate our current practices to determine how we can best serve persons with complex needs like SMI and SUD in our service array <p>FY2015 Update: We have developed and implemented three integration models and are currently working on enhancement and replication of these models. We are measuring outcomes in terms of total cost of behavioral health care, service utilization and array, and also using two clinical outcomes tools, the PAM-13 and VR-12. In fiscal year 2016, we are piloting a value-based payment model in one integrated care program. We are evaluating the effectiveness of these models for a diverse range of clients to determine the best fit for client care.</p>
3. Increase services to Hispanic community	<ul style="list-style-type: none"> • Noted as a need by multiple stakeholder groups • Need has been expressed by leaders in the Hispanic community • Strategic Plan emphasizes diversity and cultural competency 	<ul style="list-style-type: none"> • We will offer Mental Health First Aid Training in Spanish and identify a leader in the Spanish community to become a trainer • We will update our webpage with links to community resources targeted to the Spanish community • We will increase our penetration rate by 10% • We will actively participate in the Latino Mental Health Taskforce • We will continue to direct general fund \$ to the Hispanic Center <p>FY2015 Update: A Latino Mental Health task force was facilitated by Network180. The taskforce sponsored a Spanish speaking mental health first aid training for a variety of individuals identified as champions</p>

		<p>in the Latino community. The next step is to train individuals in Kent County to facilitate Spanish speaking Mental Health First Aid.</p> <p>It was difficult to evaluate penetration rate as many individuals transitioned out of general fund services into Healthy Michigan and now receive services through the Health Plans.</p> <p>Network180 continues to use general fund dollars to contract with Hispanic Center for outreach services. Contract meetings are held quarterly and reports on outreach activities and referrals to behavioral health are submitted to network180 quarterly.</p>
4. Increase housing for homeless individuals	<ul style="list-style-type: none"> Noted as a need by multiple stakeholder groups 	<p>FY2015 Update:</p> <p>In Fiscal Year 2015, network180 implemented a new housing first leasing assistance project with MDHHS. This grant targets homeless individuals with behavioral health needs and places them in permanent supportive housing. Through a partnership with Community Rebuilders, 13 individuals have been housed so far under this program, and the MDHHS grant was renewed and expanded in Fiscal Year 2016. In addition, in December 2015, a network180 staff member was elected as a member of the Steering Committee for the local HUD Continuum of Care.</p>
5. Increase services to jail population	<ul style="list-style-type: none"> Noted as a need by multiple stakeholder groups 	<p>FY2015 Update:</p> <p>Network180 has participated in a Mental Health Diversion Grant through the State Diversion Council. Part of the grant was to ensure that network180 was properly screening, assessing, and providing treatment services within the Kent County Jail. As part of this grant Network180 has also collaborated with Michigan State University to test a mental health screening tool within the Kent County Jail.</p>

CMHSP: Newaygo

Priority Issue	Reasons For Priority	CMHSP Plan
1. Access to mental health services	As part of our vision at NCMH, we value the goal to develop a seamless system where customers/consumers can have easy and rapid access to needed services. This kind of system will be useful as funding streams are pooled or block-granted. As stakeholders demand more accountability with less bureaucracy, integrated delivery systems that are able to demonstrate efficiencies, effectiveness, quality and access will be in the forefront of health care reform.	<ul style="list-style-type: none"> •We are unclear at this time why our numbers served this past year dropped and why our percentage of Medicaid persons served has dropped. It is possible that this is a data integrity issue related to our relatively new electronic health record. It is also likely that Healthy Michigan enrollment is impacting our figure. •We will be working with one of our consultants to ensure the accuracy of our Medicaid and Healthy Michigan counts. •This issue is being addressed in our annual submission action plan and will be evaluated by our administrative team in the upcoming months. •We will continue to monitor this trend and if numbers served continues to drop we will engage in Quality Improvement efforts to improve outreach and our penetration rate.
2. Trauma related needs	SAMHSA (2015) stated, "Trauma and violence are widespread, harmful, and costly public health concerns. They have no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, or sexual orientation. Trauma is a common experience for adults and children in American communities, and it is especially common in the lives of people with mental and substance use disorders. For this reason, the need to address trauma is increasingly seen as an important part of effective behavioral health care." Trauma, as this statement reflects, has a significant impact on the	<ul style="list-style-type: none"> •Our current work plan for addressing these needs for developing a trauma informed system of care are focused on developing an infrastructure for cultural change. •This plan is setting the stage for continued development overtime that allows the process to happen. •Our agency has already been working on developing programing regarding trauma care which includes TFCBT, TREM, and use of a screening tool to assess at time of intake assessment. •This current plan includes training (of the entire agency) on TISC, training for supervisors on secondary trauma, identifying and utilizing Trauma champions within the agency, and reviewing and revising mission/vision/values. •The long term goal is to have staff trained and behavior consistent with TISC, environment consistent with TISC, agency philosophy consistent with TISC, and improved consumer care and comfort in all levels of service.

	<p>population that we serve. The extent of experience with trauma and the responses to this trauma influence the daily struggles and challenges. Further, substance use, mental health issues, and other risky behaviors have been linked to trauma (SAMHSA, 2015). The effects of trauma, such as trauma triggers, can create a situation in which the trauma is continuously re-experienced. This re-experiencing can impact a consumer's wellness, ability to access care, as well as the progress that they make in treatment. Ultimately, the entire system in which services are provided needs to be trauma informed to assist in the care of these individuals as well as the care of those treating these individuals.</p>	
<p>3. Integration of mental and physical health needs</p>	<p>Newaygo County Mental Health provides support services for those who have severe persistent mental illness and/or developmental disabilities. We include a holistic assessment identifying the consumer's needs, helping to link with appropriate community resources, along with monitoring and assistance to maintaining optimal mental/physical health within the community.</p>	<ul style="list-style-type: none"> •NCMH will co-locate clinicians into physical health settings •NCMH will provide, to the extent resources are available, consultations to primary care physicians on psychiatric issues and medications •Provide multidisciplinary team care as medically necessary to patients with high behavioral and physical health needs •Continue transitioning clinicians' role from that of case manager to care manager •Improve percentage of patients with bipolar or schizophrenia on an atypical antipsychotic screened for diabetes (MSHN PIP)

4. Improve/expand substance abuse treatment services	Newaygo County Mental Health Center is positioning itself to meet the challenges of the 21st century. Part of doing this is developing the competencies necessary to provide mental health, developmental disability, and substance abuse services in a managed care environment. While it is believed that improving the quality of life for our citizens most in need will be the center's primary focus, prevention and wellness programs will also be vital components to center services.	<ul style="list-style-type: none"> •NCMH will develop a plan for increased staff certifications in SUD treatment •Enhance SUD services provided as evidenced by providing a co-occurring treatment group, group consultation for clinicians, improved screening and assessment of SUD, and increased competency with using motivational interviewing techniques •Continue to enhance warm handoff with local SUD provider to provide a no wrong door entry to services
5. Community education of mental health services	Newaygo County Mental Health consistently continues to aspire to provide public education on accurate resources for the general public to learn about mental health, and for advocates to promote the services that they provide in their local communities.	<ul style="list-style-type: none"> •NCMH will develop Fremont Office •NCMH will work with community partners in the development of a community wide trauma informed and recovery oriented system of care for all Newaygo County citizens. •NCMH will work with community partners in provision of services •NCMH will participate in community collaborations, such as NC3, wraparound, Families First •NCMH will continue to offer educational opportunities to community partners, such as Mental Health First Aid, etc.

Update:

Review of Previous Assessment and Goal Status

In the last Needs Assessment completed in 2014, an assessment of the growing poverty and changing social medical environment was discussed, which guided our goals to include: access to mental health services, trauma related needs, integration of mental and physical health needs, improvement/expansion of substance abuse treatment services, and community education of mental health services

Assessment and Review 2015

Persons Served

A review of the provided data shows an increase in both county population and DHS Medicaid enrollment. Comparison of the previous fiscal year, there is a decrease in total consumers served.

Newaygo County Population

2012	2013	2014	2015
47,959	48,280	47,900	48,126

MDHHS Medicaid Enrollment for Newaygo County

2012	2013	2014	2015
12,204	12,611	13,386	13,832

NCMH Persons Served

Population Served	FY12	FY13	FY14	FY15
DDA Served	144	165	146	162
DDC Served	46	56	63	58
MIA Served	1185	1219	1068	899
MIC Served	419	492	449	405
Total Served	1794	1932	1726	1524
% of DDA Medicaid	95%	95%	97%	96%
% of DDC Medicaid	100%	100%	92%	98%
% of MIA Medicaid	62%	72%	68%	93%
% of MIC Medicaid	95%	81%	93%	96%
% Total Medicaid	74%	81%	78%	94%

Year	Medicaid Enrollment – Average Enrollment for September	% of County Population
2012	12,204	25.4%
2013	12,611	26.2%
2014	13,386	27.6%
2015	13,832	28.8%

Foster Care

In 2015, there was a total of 162 adult Licensed Foster Care Beds in Newaygo County. The total number of licensed facilities for kids was 2.

Poverty

Poverty is one of the risk factors for children developing a Serious Emotional Disturbance. From the previous year, community homelessness has increased by 17, however homeless persons served by NCMH has decreased by 3. There are currently no homeless or domestic violence shelters in Newaygo County. We work with a local organization, True North, to find housing for consumers. We have three funding options through this agency.

Children at risk for SED – 100% below poverty

2012	2013	2014	2015
3,380	3,193	3,193	n/a

Community Homelessness

2011	2013	2014	2015
81	60	51	68

of Homeless Persons served

2011	2013	2014	2015
10	31	36	33

Employment

In Newaygo County, employment has continued to increase over the previous four years. Various factors have created an impact on the number of employed residents. Local businesses have stuck with the community through the recession and have invested more than \$308 million in the local economy over the recent years. Employment remains limited to primarily local family businesses, the fast food industry, and seasonal recreation.

Newaygo County Employment

2012	2013	2014	2015
19,514	19,964	20,897	21,373

Justice System

The total number of jail diversions for 2014 was 1; a drastic decrease from previous years'. The number of prison discharges has increased to 4.

Jail Diversions

2012	2013	2014	2015
17	20	1	0

Prison Discharges

2012	2013	2014	2015
3	1	1	4

Education System

Within Newaygo County there are 6 public schools districts, along with 3 private schools. Newaygo County Regional Educational Service Agency (NCRESA) is the intermediate school district for Newaygo County. NCMH has been involved with NCRESA and the public school systems of the county for many years.

Language Needs of the Community

Approximately 95% of the population of Newaygo County speaks only English, with 4.9% speaking a language other than English including: Spanish or Spanish Creole (3.6%), other Indo-European languages (1.1%), Asian and Pacific Island languages (0.1%). All consumers, parents and/or guardians are informed about and provided with free interpreter services as necessary to ensure equal access.

Primary Health

Number of CMHSP consumers with:	FY12	FY14	FY15
Pneumonia			
History of Pneumonia within the past 12 months	91	59	166
Treated for Pneumonia within the past 12 months			54
Diabetes			
History of Diabetes but not treated for Diabetes within the past 12 months	29	27	34
Treated for Diabetes within the past 12 months	133	111	115
Asthma			
History of Asthma but not treated for Asthma within the past 12 months	186	143	148
Treated for Asthma within the past 12 months	213	196	219
Hypertension			
History of Hypertension but not treated for Hypertension within the past 12 months	75	54	67
Treated for Hypertension within the past 12 months and blood pressure is stable	177	142	169
Treated for Hypertension within the past 12 months and blood pressure is unstable			36
Obesity			
Have medical diagnosis of Obesity present or BMI > 30	392	340	145

According to primary health data, obesity has decreased consistently since 2012. However, this data has been questioned by Newaygo County Mental Health Administration. Clinicians will be educated to appropriately and accurately document health related data from consumers in order to reflect correct information.

Stakeholder Input

Newaygo County Mental health conducts a thorough customer satisfaction survey process. The persons surveyed are open cases, closed cases, persons in residential services, families/guardians and contractors. Also, NCMH participates in various community organizations with providers from throughout the county including MDHHS, Prosecutor's Office, Probation and Parole, Juvenile Court, Health Department, Spectrum Health Gerber Hospital, police and corrections, schools, and others.

Attachment A Agency Goals FY15-16

Goal #1

An alternative, performance-based compensation system will be developed and evaluated for potential implementation in FY16-17, pending administrative and Board approval. The basis for salaries will be based upon market comparisons, and will be competitive based upon degree, experience and difficulty of tasks and responsibilities. This performance-based compensation system will focus on:

1. Quantitative measures that are fair, measured accurately, and reflect performance.
2. Qualitative measures that reflect effectiveness, appropriateness, and accuracy of service delivery for both clinical and nonclinical staff.
3. Timely completion and accuracy of paperwork and other assigned tasks
4. Uses the Threads system effectively to give interactive feedback regarding individual performance.
5. Allows for self-review and feedback as appropriate. The alternative compensation system will strive to incentivize employees to perform at their highest levels, while maintaining accountability for the performance of essential job functions.

Goal # 2

SUD service enhancement

1. Training and certification of staff
 - a. Train staff on the utilization of current SUD assessment. Staff have been trained on the utilization of the current SUD assessment and how to add the needed information to meet the MSHN criteria for this document
 - b. Clinical staff to complete Motivational Interviewing 1 & 2. All clinical staff that were interested in Motivational Interviewing have been trained.
 - c. Set up training for supervisors in Motivational Interviewing to maintain gains and increase clinician use of this treatment option.
 - d. Start substance abuse group.
 - e. Have staff actively working on attaining their CAADC credentialing. Currently have 7 staff in various stages in the CAADC credentialing process.
 - f. Provide ASAM training for clinical staff. Completed.
 - g. Provide CareNet training for Access, EMS and Adult teams to facilitate assessment of level of care and referral for appropriate services.
2. Addictionologist -
 - a. Train clinical staff on appropriate referrals to addictionologist and begin using this service to move consumers towards treatment. Started 11/15.
 - b. Clinical staff will attend training provided by Dr. Baker.
 - c. Assist Dr. Baker in outreach to local physicians of shared patients.
3. Explore the option of providing SUD outpatient services and MATP
 - a. Increase the number of CAADC credentialed staff so SUD services can be provided consistently to those consumers who need them.
 - b. Identification and development of appropriate treatment models.
 - c. Seek completion of Certificate of Need, maintenance of state SUD treatment licensure, and other state requirements to provide necessary treatment.

Completed renewal of state licensure.

Goal # 3

To continue to improve the agency's current work toward implementation of a Trauma Informed System of Care. This will build upon work completed in 2014-2015 year. This year we will work specifically on:

- Incorporating:
 1. TISC into job postings and incorporate into orientation.
 2. TISC into vision, mission and values
 3. Completing a TISC agency week and TISC consumer/community awareness event.
 4. Improve environmental factors incorporating TISC.
 5. Exploring possibility of improving community awareness (i.e. social

networking)

6. Ongoing involvement in the National Council for Behavioral Health TISC learning community end date April.

7. Administer and analyze in March final organizational assessment.

CMHSP: Northeast Michigan Community Mental Health Authority

Priority Issue	Reasons For Priority	CMHSP Plan	Progress
1. ABA service increase	Continued growth in the number of children	Add staff to meet existing demand and explore contractual relationships for the future	During this past year, NeMCMHA has hired an additional 2 MA level clinician who are working towards certification as BCBA's and one additional Behavior Technician. One Behavioral Technician is pursuing her certification as an Assistant Behavior Analyst. We continue to need one additional MA staff and several (4) PT Behavioral Techs.
2. Supported Employment	Employment opportunities in Northeast MI is extremely low especially among the priority population	Continue job development on behalf of adults with I/DD and continue the SE Evidence Based Practice	During this past year, NeMCMHA has continued its efforts to increase job development opportunities for persons we serve. SE for those persons with a Serious Mental Illness remained fairly stable throughout the year servicing 7 more persons and increasing the number of new employers. For those persons with I/DD, the employment opportunities remained fairly stable as well, noting a slight increase of new persons seeking employment.
3. Children's Foster Care	No local homes to serve SED children	Partner with DHS/CAFS and CHS to develop local options for 2 children	Child and Family Services developed an additional 1 foster care home that we have been able to utilized during this past year for one of the children served by NeMCMHA. There continues to be a need for one additional home.
4. Services for adults with SPMI who are uninsured	People without insurance or those on Medicare only require the use of GF	Services to this population were suspended or terminated during FY 2014, lapsing GF dollars will be utilized to support this group based on most significant need	NeMCMH has been able to open up services for persons without MA to a defined benefit plan and to eliminate waiting lists for a defined population.
5. Re-establish working with jails and law enforcement	Agreements with jails and sheriff departments were terminated in 2014.	Assist with direct services to inmates when GF is available.	NeMCMHA has provided jail services to include medication reviews (via telepsychiatry), and clinical consultation during this past year.

CMHSP: North Country CMH

- **Goal 1: Improve access to CMH psychiatry through improvements in service delivery, utilization management and collaborative arrangements.**
A .5 FTE staff serves as the MC3 program coordinator. During FY 2015, 25 providers were enrolled making the total of enrolled providers now 52. There were 43 consultations with a MC3 psychiatrist to providers in 2015, three tele-psychiatric evaluations, and five consultations with a Behavioral Health Consultant. The Behavioral health consultant met with 20 patients from Boyne Area Medical Center while embedded there a few hours per week. This presence has resulted in an increase in psychiatric consultation requests.

Timeliness of psychiatry evaluation services are monitored by the UM Committee and the Quality Improvement Council. An analysis of authorizations in the Plan of Service and delivery of psychiatric evaluations was conducted and possible barriers were identified. Results were discussed with clinic supervisors, psychiatrists and support staff. Possible solutions were identified and are being implemented.

- **Goal 2: Improve client/patient outcomes through care coordination with primary care practices, i.e. FQHCs.**
Through its membership in the MI Connect Network (McLaren Hospital, Alcona Health Center, NW Health Department, and Sterling Health Center), NCCMH received grant funding to develop a care coordination model with Alcona Health Center (FQHC). NCCMH hired a consulting firm to assist with the data analytics and model development. It is anticipated that this model can be replicated with the other FQHCs and RHCs serving NCCMH consumers. Target date for completion is June 2016.
- **Goal 3: Ensure appropriate referrals for CMH services are made; to improve timely access to CMH services; strengthen collaborative relationships with stakeholders; and improve understanding of community partners and partnerships.**
NCCMH developed a brochure, "Making a Referral for Community Mental Health Services", which was sent to all referral sources and primary care practices in the six county catchment. Follow up phone calls and visits are in process.

A meeting with the four DHS Directors serving the catchment was held in October 2015 and opportunities for joint training were identified. Otsego County DHS office will place a worker in NCCMH's Gaylord office bi-monthly as a pilot for on-site collaboration.

In addition to membership in the MI Connect Network (see goal 2), NCCMH participates on the Char-Em (Charlevoix and Emmet county) Children and Youth Behavioral Health Committee. Two NCCMH staff were trained in MHFA and will partner with the NW Health Department in coordinating trainings throughout the service area.

CMHSP: Northern Lakes Community Mental Health Authority

Priority Issue	Reasons For Priority	CMHSP Plan
1. Integrated Health Care	Feedback in all counties from stakeholders and community partners. High need for children and adults	<p>Continue with all current Integrated health and health home efforts for both children and adults. This includes SAMHSA Grant, Health Home and MC3 (University of Michigan project)</p> <p>Update:</p> <p>NLCMH has extended the Traverse Health Clinic – Hall Street office to be available to youth from ages 5 up. In addition we have hired 1 FTE Nurse Care Manager, since our last submission, and 1 Peer Support Specialist and have contracted with a Nutritionist and a Dental Technician to assist our consumers along their path to wellness. We also offer a monthly wellness workshop which is facilitated by our Nurse Care Manager. Some of the topics covered are: Diabetes, High Blood Pressure, Health Eating, etc.</p> <p>MC3 (University of Michigan project)</p> <p>The MC3 Program provided Integrated Care for Children and young adults through age 26, as well as perinatal care for pregnant and postpartum mothers. A Behavioral Health Consultant was embedded in 6 different clinics, for a total of 24 hrs/week. Services included Motivational Interviewing, psycho-education, brief counseling, and assistance in securing community resources/referrals. Emphasis has also been placed on utilization of MCHAT screens for Autism, and PHQ-9 screen for depression.</p>
2. Autism Spectrum Services	High numbers of children being referred both within age parameter and older. Minimal appropriate living arrangements in the community for young adults.	<p>Expand contractual and internal service options and service volume. Also developing specialized living arrangements for youth with ASD moving into the adult service system.</p> <p>Update:</p> <p>Autism Service internally provided services and contractually provided services have been redesigned to provide all assessment and diagnostics Person (and family) Centered Treatment Planning and supportive services being provided directly by NLCMH. All ABA intervention determination and implementation is purchased contractually. Because of the challenges of families with extreme poverty living in rural areas, much of the service is provided in the child's home. In our largest community much of the service is provided at the physical location of the ABA provider.</p> <p>Youth Transition Services at NLCMH have been adapted to include work with the adult provider system and the NLCMH directly provided residential services to develop a specialized living arrangement for those youth/young adults with ASD who will need a living arrangement as they age into the adult service system.</p>
3. Psychiatry	Feedback from persons served, focus groups and community partners.	<p>Seeking collaborations with partners for both adult and child psychiatry, Use of tele-psychiatry; MC3.</p> <p>Update:</p> <p><u>Current partners</u> for Adult Psychiatry include Behavioral Medicine Associates and Michigan State University and Pine Rest Clinic – Traverse City for Child Adolescent Psychiatry.</p>

		<p>Actively recruiting potential future partners within the state of Michigan, including within Psychiatry Residency Training Programs and additional opportunities may present as a by-product of existing educational partnerships with various institutions (Central Michigan University, Michigan State University, University of Michigan).</p> <p>Intra-agency <u>Tele-psychiatry</u> is being used to support existing NLCMH persons served (adult and child) across all four office sites with future use expected to expand given favorable reviews from both providers and persons served.</p> <p>MC3 has enrolled over 80 providers from our region. This service provides same-day phone psychiatric consultation services for providers, utilizing a panel of Child Psychiatrists from the University of Michigan. 226 individuals/families benefited from this service, including 4 recipients of a full TelePsych Evaluation to assist the providers with diagnostics and medication recommendations. Provider feedback surveys have been very positive, continuing to note the lack of psychiatric services for children.</p>
4. Increase Community Knowledge of Mental illness and decrease stigma	Community survey identified need for schools, courts, law enforcement and other community partners to have greater understanding of mental illness and appropriate interventions.	<p>a) Mental Health First Aide training to target audiences b) Work with community partners regarding special populations c) Continue anti stigma campaigns</p> <p>Update:</p> <p>a) Mental Health First Aid trainings for adults and youth for community partners and citizens b) Work with local jails to complete trainings about mental illness and jail diversion c) Continue anti stigma campaigns in our region d) Provide training(s) on co-occurring mental illness and substance use</p> <p>Three Child and Adolescent Providers have been trained in Youth Mental Health First Aide. Four trainings have occurred targeting the community members from the System of Care for Children with IDD and their Families and Children with SED and their Families. 32 persons from SOC member organizations have been trained and the calendar for the next fiscal year is being developed.</p>
5. Persons with Mild to Moderate Mental Health Conditions.	Focus groups, survey responses and calls to our rural county offices consistently are seeking services for persons with mild to moderate conditions	<p>Community planning; discussion with MDCH.</p> <p>Update:</p> <p>a) Continue to plan with community partners to meet this need. b) Apply for the Certified Community Behavioral health Center grant c) Continue to work with MDHHS to plan and find solutions for this may serve population</p> <p>The NLCMH SOC Wraparound Facilitator who is placed in the 4 MDHHS Child Welfare offices across the 6 NLCMH counties and the MC3 Behavioral Health Care Consultant embedded in pediatric and primary care clinics are the point persons for community based consultation services for children with</p>

		mild to moderate mental health disorders. They monitor need and participate in NLCMH discussions about resources and referrals.
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CMHSP: Northpointe BHS

Priority Issue	Reasons For Priority	CMHSP Plan
1. Lack of services for mental health (non-CMH).	This appears on Northpointe surveys every year, people not qualified for community mental health (CMH) services and cannot afford private practice have nowhere to go OR their insurance does not cover mental health OR providers do not accept insurance.	<p>Northpointe will be a provider for the MI Health Link program effective March 1, 2015. Northpointe will assess the cost and capability of providing services to other populations.</p> <p><u>FY15 Update:</u></p> <p>Northpointe has been a provider for the MI Health Link program which allows for service provision to the dual eligible mild/moderate population. We continually assess the capability to provide services to other populations; however, budgetary restrictions prevent this.</p>
2. Family based services.	The surveys cited lack of services for parents and family members of children with mental illness.	<p>Northpointe will continue to collaborate and participate with community providers such as, Intermediate School District, Great Start Collaborative, Local Interagency Coordinating Council, community collaboratives, and schools.</p> <p><u>FY 15 Update:</u></p> <p>Northpointe has supported the hiring, training, and certification process of a Parent Support Partner to work directly with parents/caregivers of children with mental illness for support, education, and navigating the community systems. Northpointe continues to collaborate with community providers and has monthly meetings to discuss community service needs and service development.</p>
3. Lack of community psychiatric providers.	Based on our rural geography there is a lack of community based psychiatric providers.	<p>Northpointe psychiatric nurse practitioners are willing to provide supervision to nurse practitioner students who are working towards their clinical hours in order to obtain their license. The Northpointe psychiatric providers will offer case consultations to community providers on an as needed basis. Northpointe's medical director will offer education to hospital provider groups on the benefits and need of psychiatric telemedicine.</p> <p><u>FY15 Update:</u></p> <p>The above has been in place, ongoing, for the duration of the last year. In our Menominee catchment area, there was success advocating to have larger health systems out of Green Bay, begin to offer psychiatric services to mild/moderate population. They now offer services to our Menominee residents locally via telepsychiatry. Our psychiatric providers did provide case consultations and education on telemedicine to assist with this development.</p>
4. Community awareness and education of Northpointe and the public CMH system.	Due to the many changes in the past several years the community is unaware of Northpointe's role and function.	<p>Northpointe will continue to participate in community health education events. Northpointe will explore the most cost effective wide-spread avenue for educating the community. Northpointe will distribute brochures to local area medical providers regarding Northpointe access to services.</p> <p><u>FY15 Update:</u></p>

		In addition to the above, Northpointe is in process of redesigning our website to be more user friendly to community members in respect to learning about services offered. Anticipated launch of new site Spring 2016.
5. Substance Abuse	Lack of inpatient and outpatient substance abuse providers. Increase in Heroin and Methamphetamine problems in the areas.	<p>Northpointe will continue to be an active participant in the substance abuse community work groups. Northpointe will continue to ensure that Northpointe clinicians are trained in co-occurring services.</p> <p>FY15 Update:</p> <p>Staff have attended, and continue to attend trainings as they are available regionally regarding SA service provision. Collaborative Boards in each county discuss ongoing SA concerns and how each organization can contribute to supporting SA treatment.</p>

CMHSP: Oakland County CMH Authority

Priority Issue	Reasons For Priority	CMHSP Plan	FY 15 Progress Narrative
1. Ongoing implementation of integrated care practices	<p>1. FY '14 data prepared for the FY 15 Annual submission -Needs Assessment shows that 78% of persons served have a PCP. This is a decrease from 82.06% and 87.05% in the previous two years.</p> <p>2. At risk and underserved persons are most vulnerable to poor medical and clinical outcomes.</p>	<p>OCCMHA has purchased a population health management tool to support case managers in accessing healthcare data to ensure individuals served have coordinated care. This tool also provides aggregate healthcare data to OCCMHA and it's provider network related to health trends so that interventions can be targeted to the areas of the most need.</p> <p>OCCMHA has also engaged with one MHP in care coordination efforts for the most at risk shared individuals. OCCMHA is in the development stages of a similar initiative with a second MHP.</p>	<p>2. OCCMHA data reports show that 96% of individuals served in the OCCMHA network are identified as having a PCP. Additionally 92% of all individuals served in the OCCMHA network have healthcare needs and health goals in their plan of service.</p> <p>3. OCCMHA has engaged a second MHP in a care coordination effort. Additionally, OCCMHA has been working with each MHP and PIHP in the Metro Region to develop data sharing and patient stratification standards in order to identify shared members that are at a higher level of risk and coordinate care with all MHP's in the Region.</p>
4. Criminal Justice Initiatives	1. Jail Services - Many individuals in the jail were in need of therapeutic intervention but ended up in jail instead. Jail Services can help facilitate services for	These initiatives are currently in process. OCCMHA will continue current efforts to meet objectives.	<p>1. OCCMHA continues to support an Inmate Caseworker position at the Oakland County Jail . This position provides screening for mental health referrals, group work and assessments for persons currently in jail.</p> <p>In addition, clinical services are provided via contract for access to psychiatric</p>

	<p>inmates returning to the community</p> <ol style="list-style-type: none"> 2. Pre-booking Jail Diversion-Efforts to encourage officers to divert individuals from jail when appropriate 3. JAWS - a post-booking jail diversion program that enable inmates to get out of jail early if they complete coursework. Helps relieve jail overcrowding 4. Crisis Intervention Team (grant) - Individuals in contact with the police are more likely to be jailed unnecessarily or injured 5. Health Justice Learning Collaborative - Individuals being discharged from the jail are most vulnerable 		<p>2.Pre-booking Jail Diversion :</p> <p>The Jail Diversion Coordinator position was brought in-house to OCCMHA to allow for a broader implementation and systems work. Training and consultation is provided to all of the law enforcement agencies across Oakland County.</p> <p>3.OCCMHA continues to support the JAWS post-booking program.</p> <p>4.Full 40 hour CIT training was provided to 80 law enforcement officers via the CIT Grant from MDHHS in FY15. In addition, an abbreviated CIT training was provided to Dispatch Officers at the Oakland County Sheriff's Dept.</p> <p>5. Concluded work with the HJLC which resulted in improving methods for tracking persons who have been</p>
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			admitted to jail, alerting the OCCMHA providers to allow for improved coordination at release.
5. Continue to strengthen collaborative relationships: DHS and Medicaid Health Plans	1. Kids Count data shows a continuous decrease in out of home placements for years 2009 – 2012. (Kids Count data is not available for 2013 or 2014). This trend needs to continue.	Collaborative efforts are currently underway. OCCMHA will continue its efforts to meet objectives. Meetings with DHS and MHP staff occur to increase collaborative efforts.	<p>OCCMHA is participating with the Oakland DHS office in the Breakthrough Collaborative Series hosted by Western Michigan University. This program is designed to bring trauma informed awareness and treatment to children in the DHS system.</p> <p>OCCMHA is also partnering with the Oakland DHS on the Parenting Through Change – Reunification therapy. This is an evidence based practice designed to support parents during the reunification process and after children are returned to the home.</p>
6. Improve employment outcomes for persons served.	1. Local and national data show that people with disabilities suffer from high unemployment and many are paid a sub-minimum wage.	<ol style="list-style-type: none"> 1. OCCMHA has three providers that have an evidenced based supported employment program. OCCMHA is working closely with these providers to help them achieve a high level of fidelity and improve their programs. The goal is to have all of the programs improve their previous fidelity scores by the end of FY15. If the scores improve, OCCMHA expects to see competitive employment outcomes improve as well. 2. OCCMHA is revisiting its data collection methods. We plan to look for new and innovative ways to capture employment data to better measure progress and areas in need of improvement. 3. Identify opportunities for collaboration between individuals and organizations providing employment services. Some of these opportunities may include participating in public employment events, attending group employment meetings, hosting employment related presentations and/or trainings. 	<p>The three providers that have the supported employment evidenced based practice have increased their scores. One provider increased to Good Fidelity. The other two providers brought their scores in line with Fair Fidelity.</p> <p>OCCMHA has developed Employment Dashboards which capture current employment data and help to identify trends and areas of improvement.</p> <p>OCCMHA has completed multiple trainings over the course of the fiscal year on job development, job coaching, and has re-engaged in regular meetings with Michigan Rehabilitation Services and the local school district.</p> <p>OCCMHA is working with ODEP on a rate restructuring project and technical assistance. There are plans for ongoing training.</p>

<p>7. Expand Services for children</p>	<p>1. Autism Benefit supports</p>	<p>1. Currently OCCMHA has three providers who offer Autism Benefit supports. The Autism Benefit continues to grow and OCCMHA will look to offer an array of options to receive Autism Benefit supports.</p>	<p>OCCMHA continues to have three Core Provider Agencies who offer Autism Benefit services. There has been an increase in direct service providers of ABA services available. OCCMHA has changed the diagnostic process to assure one on-site Diagnostician is completing the assessments and making referrals for services. Capacity for ABA both in house and clinic based has increased.</p>
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CMHSP: Ottawa County

Priority Issue	Reasons For Priority	CMHSP Plan
Continual decline of funding resulting in the reduction of services	This issue was prominent in the responses of the advocates and providers in Ottawa County in the 2015 Stakeholder Survey. Over this past year, due to the substantial budgetary issues, changes in Medicaid funding, and inadequate general fund dollars	<p>Ottawa CMHSP has had to initiate and plan for a reduction of services. Ottawa CMHSP has hosted several community forums to discuss the funding situation and its impact on services to educate the community. In response to these cuts, Ottawa CMHSP has worked diligently to develop plans to provide the most effective services, given the funding constraints, based on need. Assessment tools, such as CAFAS, and SIS, have been utilized to identify service options that are of medical necessity. Ottawa CMHSP is working on developing cost effective lower intensity level of care options, streamlining the eligibility screening process to be more accurate and efficient for all populations, consolidating services, and utilizing contract agencies to reduce costs. CMHSP plans to use data analytics to demonstrate effectiveness and cost efficiencies and to assist programs in making budgetary decisions based on data and identified trends.</p> <p>Leadership had been meeting regularly with key officials from the local legislature, the LRP, and the Michigan Department of Community Health on the impact of budget reduction on service delivery. Ottawa CMHSP will seek grant opportunities that will fund creative and innovative partnerships with the community and continue to advocate with MDCH for additional general fund dollars, in hopes that this will allow more consumers to receive and maintain services.</p> <p>Update:</p> <p>The first priority issue recognized was the continual decline of funding resulting in the reduction of services for consumers receiving services and individuals requesting services. This issue was prominent in the responses of the advocates and providers in Ottawa County in the 2015 Stakeholder Survey. Over this past year, due to the substantial budgetary issues, changes in Medicaid funding, and inadequate general fund dollars, Ottawa CMHSP has had to initiate and plan for a reduction of services. Ottawa CMHSP has hosted several community forums to discuss the funding situation and its impact on services to educate the community. In response to these cuts, Ottawa CMHSP has worked diligently to develop plans to provide the most effective services, given the funding constraints, based on need. In addition to the Person Centered Process, assessment tools, such as CAFAS, PECFAS and SIS, have been used to assist in identifying service needs aligned with medical necessity. Ottawa CMHSP has developed cost effective level of care options and has streamlined the eligibility screening process which is more accurate and efficient for all populations. Ottawa CMHSP has also consolidated services and utilized contract agencies to seek alternative resources, and at the same time, not compromising the quality of services. CMHSP has used and will continue to use data analytics to demonstrate effectiveness and cost efficiencies, and to assist programs in making budgetary decisions based on data and identified trends. Ottawa CMHSP advocated with MDHHS for additional general fund dollars, in hopes that this would allow more consumers to receive services. This has resulted in MDHHS reviewing funding equity throughout the state of Michigan and an increase in General Fund Dollars for Ottawa CMHSP. Ottawa CMHSP also in response to funding issues and revenue loss has initiated a Mental Health Millage on the ballot for March 2016. The passage of the Mental Health Millage will result in an increase in service options for individuals receiving and requesting services.</p>

<p>Increased need for mental health services for individuals not severe enough to meet Ottawa CMHSP eligibility criteria</p>		<p>To help combat this need, Ottawa County CMHSP continues to maintain strong relationships with private and public mental health providers for planning and procuring service options. Ottawa CMHSP has been and will be meeting with agencies in the community to look at expanding their services to include community based and case management services. Ottawa CMHSP has recognized the need for coordination of care/integrated health activities and shared treatment to provide for the mental health needs of the population. CMHSP will continue to provide assistance to anyone not meeting eligibility criteria in finding appropriate community services and providing technical support in completing Medicaid/Healthy Michigan applications. It is believed that Medicaid expansion will result in better health for individuals with mental illness while delivering dramatic cost savings due to improved coordination of care. The Health Michigan Plan has allowed Ottawa CMHSP to serve more individuals who previously did not qualify for Medicaid. Again, as mentioned previously, Ottawa CMHSP will continue to advocate with MDCH for additional general fund dollars, in hopes that this will allow more consumers to receive services.</p> <p><u>Update:</u></p> <p>The second priority issue identified was the increased need for mental health services for individuals not severe enough to meet Ottawa CMHSP eligibility criteria. To help address this need, Ottawa County CMHSP has and continues to maintain strong relationships with private and public mental health providers for planning and procuring service options. Ottawa CMHSP continues to meet with agencies in the community to look at expanding their services to include community based and case management services. Anyone not meeting eligibility criteria for CMHSP services is assisted in finding appropriate community services and support and is also provided assistance with Medicaid applications. Through the Health Michigan Plan Ottawa CMHSP has been able to serve more individuals who previously did not qualify for Medicaid. The increase in General Fund Dollars through funding equity and the passage of the Mental Health Millage will result in an increase in service options for individuals who do not qualify for Medicaid and who are not severe enough to meet Ottawa CMHSP eligibility criteria.</p>
<p>Need to maintain adequate options for employment/day programming.</p>		<p>Due to decrease in funding and budget cuts, Ottawa CMHSP has been and will be challenged in continuing to provide options for employment and day programming for individuals. To meet this challenge, Ottawa CMHSP will look at the consolidation of services and utilizing contract agencies to provide new options for services. Along with maintaining strong relationships with community partners for planning and procuring service options, Ottawa CMHSP will explore alternatives to the traditional day programming. Assessment tools, such as the SIS, will assist in the person centered planning process in identifying service options that meet medical necessity and meet individual need.</p> <p><u>Update:</u></p> <p>The third priority identified in by multiple stakeholders was the need to maintain adequate options for employment and day programming for individuals with disabilities. Due to decrease in funding, Ottawa CMHSP has been and will be challenged in continuing to provide options for employment and day programming. To meet this challenge, Ottawa CMHSP has completed an extension review of all</p>

		<p>services provided and has consolidated services as well as utilized contract agencies to provide new options for services. Along with maintaining strong relationships with community partners for planning and procuring service options, Ottawa CMHSP has implemented alternatives to the traditional day programming. Ottawa CMHSP put out an RFP in August 2015 due to the closure of Kandu, a contracted skill building service, and CBS programs, the in-house day programs, to increase the amount and diversity of quality skill building, CLS, and Supported Employment opportunities available for CMHOC consumers. This resulted in increased options for all aforementioned services. The passage of the Mental Health Millage will allow for skill building, supported, and employment for adults and youth with mental illness and developmental disabilities to improve and enhance employment options as well as other beneficial services. Increased coordination for consumers and their families to help link them to opportunities will continue to be a goal of the agency. Ottawa CMHSP also uses a variety of standardized assessment and diagnostic tools, including functional tools (LOCUS, CAFAS, and PECFAS) to identify necessary and appropriate service levels for the individual. Assessment tools have assisted in the person centered planning process in identifying service options that meet medical necessity and meet individual need.</p>
Increased demand for services for individuals with substance abuse issues.		<p>Ottawa CMHSP has continued to expand in its role in meeting the increased demands for services for individuals with substance abuse issues. CMHSP has worked with a variety of substance abuse providers to procure services for treatment including Outpatient Therapy (Individual or Group), Intensive Outpatient Therapy, Sub Acute Detox Services, Short-Term Residential Treatment, and Long-Term Residential Treatment. It continues to work on the coordination of SUD services into the CMH system and authorization functions into the Access Center.</p> <p>Update:</p> <p>The fourth priority issue identified was the increased demand for services for individuals with substance abuse issues. Ottawa CMHSP has continued to expand in its role in meeting the increased demands for services for individuals with substance abuse issues. CMHSP has worked with a variety of substance abuse providers to procure services for treatment including Outpatient Therapy (Individual or Group), Intensive Outpatient Therapy, Sub Acute Detox Services, Short-Term Residential Treatment, and Long-Term Residential Treatment. SUD services have been integrated with the coordination of SUD services into the CMH system, and access and authorization functions into the Access Center.</p>
The continued community problem with stigmatizing individuals with mental illness and developmental disabilities.		<p>To help reduce stigma associated with mental illness and developmental disabilities, the Customer Services Department continues to regularly communicate to consumers, stakeholders, and the community on positive attitudes toward persons with mental illness. This will continue to be accomplished by writing and distributing newsletters to consumers, stakeholders, and staff. Ottawa CMHSP will continue to participate in events increasing the awareness and promoting education of community members on mental illness and developmental disability.</p> <p>Update:</p>

		<p>The last priority issue recognized was the continued community problem with stigmatizing individuals with mental illness and developmental disabilities. To help reduce stigma associated with mental illness and developmental disabilities, the Customer Services Department continues to regularly communicate to consumers, stakeholders, and the community on positive attitudes toward persons with mental illness. This is accomplished by writing and distributing newsletters to consumers, stakeholders, and staff. Ottawa CMHSP participates in annual events increasing the awareness and promoting education of community members on mental illness and developmental disability. One of the events Ottawa CMHSP is very involved in is the Recovery Fest. This is an annual event that Ottawa CMHSP partners with several community agencies to celebrate recovery from mental illness and substance use disorders. Another event Ottawa CMHSP is involved in is the Walk a Mile Rally which happens annually on the Capitol Lawn in Lansing. The purpose of this event is to reduce stigma about mental illness and developmental disabilities. Ottawa CMHSP regularly participates with the Michigan Association of CMH Boards to develop campaigns and programs that will reduce stigma throughout the State. Ottawa CMHSP provides Mental Health First Aid trainings to people in the community. This 8 hour certification course gives people from other agencies, churches, and community members the tools to respond to someone who is facing a mental health crisis or is suicidal. Ottawa CMHSP will continue to participate in events increasing the awareness and promoting education of community members on mental health.</p>

CMHSP: Pathways CMHSP

Priority Issue	Reasons For Priority	CMHSP Plan – Update
1. Lack of public education regarding mental health and Pathways' services.	Identified by survey last year. This was identified by multiple stakeholders.	Communication with the community remains an important area of focus. In the past year, Pathways has refocused on staff participation in community work groups, to build relationships and increase overall communication. In preparation for establishing a local Clubhouse, education opportunities have been offered to community partners, with more education activities planned in the coming months.
2. Establish partnership with schools to define prevention, early intervention and treatment in a coordinated manner.	Identified by survey last year. This was identified by multiple stakeholders.	Pathways does work closely with local school districts and ISDs. Pathways personnel participate in Early-On and when invited IEPs and other meetings at the school. Related to issue #1, the community may not know the extent of coordination that occurs. Within the last year, several Pathways staff have been asked and have provided training for school personnel specifically related to the impact of trauma on children.
3. Funding cuts and waiting lists for services.	Identified by survey last year. This was identified by multiple stakeholders.	In addition to attempts to provide education to consumers and community members, Pathways has worked to closely manage costs in order to positively impact on the ability to provide services. Increased focus and training of staff on Medical Necessity, and the importance of only providing those services that are Medically Necessary have allowed Pathways to continue to lower costs. This has allowed for Pathways to begin plans to move towards the removal of a Waiting List for consumers whose services are effected by General Fund dollars. This continues to be an area that is monitored daily.
4. Substance Abuse including alcohol, drugs and prescription drugs.	Identified by survey last year. This was identified by multiple stakeholders.	In the past year, Pathways has assessed the level of expertise within the organization for the delivery of Co-occurring services. There has been support for staff to attend training, and Pathways is currently considering how to best assist staff in seeking a professional substance abuse credential. Within the past year, two additional staff have earned a CAADC. This helps not only with direct expertise, and peer support/coaching, but community impression on the ability of Pathways clinical staff to address substance abuse concerns.
5. Reopen Alger county group homes. Need for CMH operated homes that include standards for care, med management and behavioral programs.	Identified by survey last year. This was identified by multiple stakeholders.	This continues to be an area of concern. Pathways is actively working with its partners to look at how to best build a system of living options for consumers, which allow for the greatest choice in independence while maintaining good care and safety.

CMHSP: Pines Behavioral Health

Priority Issue	Reasons For Priority	CMHSP Plan	Progress Report
1. Increase access for substance use services	Substance use was identified as a significant issue in the community by respondents of the community needs assessment survey	Outreach will occur and include screening for behavioral health concerns. In addition, PCPs will be encouraged to screen using SBIRT if they are not already.	Several physicians across the community, including the local psychiatric unit have been provided the NIDA Quick Screen to screen for SUD. With consent, these screens are then forwarded to determine eligibility for SUD prevention or treatment services.
2. Increase access to services for teens	Increased teen behavioral health issues were identified as a significant issue in the community by respondents of the community needs assessment survey	Pines will work with community partners to identify the behavioral health needs of teens and explore CMHSP and community resources to meet these needs.	There has been identified the need for an increase in intensive teen services. As a result, home based services have been expanded, as has family services for SUD teens. Respite and crisis intervention services have also been expanded across the PIHP region.
3. Lacking psychiatric services in the community	Psychiatric availability was identified as a significant issue in the community by respondents of the community needs assessment survey	Pines is no longer able to offer psychiatric services to persons who are commercially insured and do not meet the CMHSP priority population. It is planned to better assist the community to understand the rationale and help the individual connect to the resources available through their insurance plan.	Information has been provided to both consumers entering services as community referral sources. Customer services have offered support in helping individual's access network providers covered by a person's insurance.
4. Increase community resources and supports	Lack of support groups were identified as a significant issue in the community by respondents of the community needs assessment survey	Pines will partner with community agencies and the Drop In Center to coordinate the support groups that do exist and identify any others needed and how those can be created.	The Drop In Center has increased its social support, and is applying for additional funding through the Block Grant to be able to further increase its offerings, especially to indigent persons.
5. Increased innovative services are needed to meet the needs of the community.	Lacking access to innovative services were identified as a significant issue in the community by respondents of the community needs assessment survey	The services offered by Pines will be regularly assessed to determine if the type of intervention and the location of where that intervention occurs is meeting the current needs of the community.	Based on a recent evaluation of our crisis data, it was determined that increased services that support the acuity of symptoms and needs in an intensive modality were needed. As a result, certain services (home based, ACT, etc.) were increased.

CMHSP: Saginaw

Priority Issue	Reasons For Priority	CMHSP Plan
1. Health Access	SCCMHA has identified health access as a priority for overall improvement of the system of care. This priority improves outcomes for people currently served as well as persons not served.	<p>SCCMHA is implementing a system wide health access plan including strategies to address process improvement and expanded capacity.</p> <ul style="list-style-type: none"> • Opening of new service area for central access 5.13.15 • Completion of planning grant for CHAP Children's Health Access 12.30.15 <p>Update: Improved Health Access</p> <ul style="list-style-type: none"> ✓ The Central Access and Intake Unit opened in a newly renovated space at the Hancock Mental Health Center location. This unit is designed to provide a "Living Room" model of ✓ Co-located primary health services are also provided at the Hancock Center location. Renovations for building beginning in fall of FY 2016 will be completed in March, offering a full array of services at one location including, pharmacy, lab and primary care. The new Wellness Center at Hancock also relocates our BH psychiatry, nursing, and enhanced health services to that area in order to optimize provider networking. ✓ The PBHCI Grant was in Year 2 with health integration transformations occurring throughout the service delivery network. ✓ SCCMHA was chosen by the community for the implementation of a Children's Health Access Program (CHAP.) the grant is from the Michigan Health Endowment Fund through the Michigan Association of United Ways. The model provides community health workers in pediatric practices using the Pathways to Better Health model developed by the Dr.s Marc and Sarah Redding. There is a focus on Asthma outcomes in this project and SCCMHA is linking the CHAP services to the SAMHSA System of Care expansion grant to assist families who are struggling with social determinants of health to achieve better engagement with their primary health care provider. ✓ SCCMHA has begun active utilization of the MSHN Zenith Data Analytics program as well as CC360 and are using these tools to identify at risk groups as well as at risk individuals.
2. Quality of Life	SCCMHA consumers identified numerous quality of life concerns including poverty, community safety, access to entitlements, housing, transportation and community integration. These concerns are expressed in the greatest frequency in survey responses.	<p>SCCMHA is using the HCBW final rule as a opportunity to examine to quality of life for all SCCMHA consumers and will developing plan to determine how we can impact basic quality of life concerns.</p> <ul style="list-style-type: none"> • Housing Resource Center Healthy Homes Program Coordinator position to be filled 6.1.15 • HCBW Final Rule implementation plan 10.1.15 <p>Update:</p>

		<p>Increased Quality of Life</p> <ul style="list-style-type: none"> ✓ The Healthy Homes program was initiated in FY 2015. Consumers were assessed for housing assistance needs to ensure that their households were adequately appointed for basic adult daily living included the ability to cook, launder, adequate bedding, and similar cleaning and environmental concerns. A focus on pest management and indoor air quality were included in the initial year of services.
3. Mental Health Awareness	Survey responses from diverse stakeholders point to the importance of raising the overall level of awareness/knowledge of mental illness and how/when to access services.	<p>SCCMHA has conducted focus groups for a targeted public information campaign with electronic media. Mental Health First Aid, Trauma informed practices, cultural competency, motivational interviewing across groups and collaborative partners.</p> <ul style="list-style-type: none"> • Media campaign to launch 8.1.15 <p>Update:</p> <p>Mental Health Awareness</p> <ul style="list-style-type: none"> ✓ SCCMHA implemented an anti-stigma campaign in FY 2015 which has since received an ADDY award as Best of Show for a Public Service Campaign at the Great Lakes Bay Advertising Federation Awards event. Produced by AMPM Inc., the judges commented that “This campaign jumped off the judging table and screen. It grabs difficult subject matter and presents it in a very accessible way. The bright contemporary approach begs the reader to engage. It takes all those clichés about mental illness and shows us that they just are not true. A beautiful finely crafted campaign that should move the needle too; really nice typography; clean, simple, powerful and a straight forward call to action. Three cheers to the creative geniuses behind this campaign.
4. Support services for children, youth and families	Stakeholders responding to the survey mentioned an array of special needs for children, youth and families. Additionally LGBTQ youth and children of Vets are at risk groups identified both by stakeholders and SCCMHA in the SAMHSA System of Care expansion grant.	<p>SCCMHA will work with the System of Care advisory to implement a deeper needs assessment and examine ways the Supports and Specialty Benefit can be applied to meet these needs.</p> <ul style="list-style-type: none"> • SOC Expansion Services to start 7.1.15 <p>Update:</p> <p>Support Services for children, youth and families</p> <ul style="list-style-type: none"> ○ SCCMHA was awarded a SAMHSA expansion grant which will cover the cost of behavioral health consultation in primary care. An additional focus of the grant is on the needs of the LGBTQ population.
5. Substance Use Disorder prevention and intervention	Substance use problems are a concern throughout the stakeholder groups, especially complex comorbid conditions in both youth and adults. Integrated care for these conditions as well as improved overall access to care for all quadrants is an expressed need.	<p>SCCMHA will work with local health partners and MidState Health Network to analyze utilization and community access concerns.</p> <ul style="list-style-type: none"> • County Health Improvement Plan (CHIP) Behavioral Health workgroup will examine unmet needs including adequacy of provider network. 8.1.15 <p>Update:</p>

		<p>Improved access and coordination with Substance Use Disorder prevention and intervention</p> <ul style="list-style-type: none">✓ SCCMHA implemented a co-located screening service under the MidState Health Network Coordinating Agency. Staff of the Crisis Service and Central Access Service can now directly refer into the CA network and log those referrals into the CareNet system.✓ SCCMHA continues to provide leadership in the Saginaw County Health Improvement Plan Behavioral Health Workgroup. SCCMHA added an administrative leadership position of SUD Coordinator to ensure maximization of opportunities to integrate services and to ensure close linkages with the MSHN CA.✓ SCCMHA requested approval and was awarded PA2 funds for the expansion of prevention funding with the Parents as Teachers home visiting model. This evidence based model of primary prevention is integrative in outcomes and approaches.
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CMHSP: Sanilac CMH

Priority Issue	Reasons for Priority	CMHSP Plan 2014	CMHSP Progress 2015
1. Mental Health First Aid Training to School Personnel and Law Enforcement Personnel	Overwhelming responses from the Community Needs Assessment survey stated the need for some basic understanding of mental health issues and intervention was suggested by several community partners.	Having 2 individuals trained in YMHFA has been completed. Sanilac CMH intends to offer YMHFA and MHFA trainings on an ongoing basis. We plan to schedule at least 2 YMHFA trainings per year or more if warranted and 2 MHFA trainings per year.	Sanilac CMH has accomplished our goal for FY 2014 regarding MHFA and YMHFA trainings. We continue to offer at least 4 trainings a year and most likely more.
2. Education of/collaboration with community agencies (school, law enforcement, etc.).	Due to the needs assessment survey, several community agencies have stated the desire to improve collaboration and education between agencies and CMH.	Sanilac CMH will participate with the Community Collaborative including sharing information on CMH supports and services available to the community and/or arrange/offer agency presentations regarding Sanilac CMH services to our community partners as requested.	Sanilac CMH has provided community presentations for information to several local agencies/groups including local school districts, DHHS, law enforcement and hospitals. Sanilac CMH will continue to offer education/collaboration opportunities with community agencies through the coming year.
3. Education of youth/parents/guardians on mental illness and treatment.	Due to the needs assessment several schools have stated the desire to increase education of school personnel and youth/parents/guardians on mental illness and treatment.	Sanilac CMH will develop/implement a survey to schools and our individuals to identify topics they would like educational information on.	We have provided education and completed informal surveys with school personnel on key mental health conditions. Sanilac CMH will continue to monitor/assess the need for a more formal survey.
4. Continued collaboration with schools in treatment of youth	Due to the needs assessment survey, several schools are asking for increased collaboration.	Sanilac CMH is going to continue outreach with the schools and attempt to schedule bi-monthly/quarterly meetings between the Children's Services Supervisor and ISD administration.	Sanilac CMH continues to schedule or attempt to schedule meetings between the ISD administration and the Children's Supervisor. We continue to receive positive comments from the ISD on this collaboration.
5. Budget cuts to General Fund budget	The community needs assessment survey expresses frustration by the community with the cuts Sanilac CMH has experienced in their General Funds budget.	Sanilac CMH will continue to advocate at the state level the need for the increase to general fund dollars to serve our population. We will continue to monitor our current general fund package to make adjustments as funds become available.	This review is ongoing and Sanilac CMH will continue to monitor our current general fund resources.

CMHSP: Shiawassee County Community Mental Health Authority

Priority Issue	Reasons For Priority	CMHSP Plan	Status and Activity Update
1. Integrated Care/Chronic Disease Management	This issue has a direct impact on the Triple AIM by positively affecting a number of our most vulnerable consumers. Additionally, this issue reinforces collaboration with local physicians.	In conjunction with our PIHP PIP along with the availability of Care Connect 360 data SCCMHA intends to demonstrate improvement in both outcome and process measures for one chronic disease identified as a HEDIS measure.	Continue to work with the PIHP on the HSAG developed PIP r/t monitoring of A1C for individuals prescribed anti-psychotic medications. Additionally, our IT Department is working in collaboration with the local hospital and EMR vendor to support HL7 electronic transfer/upload capabilities for all laboratory and test results. This functionality is currently in place with Quest Labs.
2. Treatment for individuals with a SUD/Co-occurring disorder.	Frequently identified in stakeholder feedback. Subsequently data collected by our QI submission suggests that over 20% consumers served through SCCMHA have a co-occurring/SUD.	Using both process and outcome measures SCCMHA will improve quality of services for consumers with a SUD/Co-occurring disorder. This initiative ties in with increased emphasis with recovery oriented system of care.	Passed our SUD/LARA licensing inspection for both outpatient and IDDT services. Additionally, MSHN has redesigned the Coordinating Agency configuration through the elimination of the Regional Sub-Entities. As a result of this change, the CMHSP Access Centers have become key in the screening and referral process for individuals seeking SUD services. This has solidified provider network relations with the SUD providers in Shiawassee County.
3. Identify alternatives to inpatient psychiatric services	Inpatient hospitalization is a limited resource. Due in part to cost but also due to the difficulty of locating providers to meet the need. Inpatient placement can be a traumatic event and frequently results in higher cost and more intensive, more restrictive services post discharge. Several stakeholders have indicated that there needs to be more alternatives available.	Define, explore and pursue alternatives for inpatient psychiatric services for children, adults and individuals with high behavioral needs. While this could be viewed from the prospective of post exacerbation of symptoms, consideration will be given to more aggressively identifying prodromal symptoms that without intervention could lead to hospitalization. This exploration may also lead and/or include options for out of home respite services.	On October 1, 2015 SCCMHA implemented "Same Day Access" in our Access/ES Dept. This philosophical and process change supports timelier follow-up with hospital discharges. Preliminary data suggests a slight reduction in post hospital recidivism. Additionally, our EMR vendor (PCE) is part of the MiHIN network of providers. Preliminary efforts with the PIHP Data Analytics suggests a correlation between chronic physical health concerns and inpatient psychiatric admissions. Working with MiHIN and adopting health information uploads could have significant implications in reducing inpatient psychiatric admission. Finally, MSHN is moving towards contracting with local inpatient facilities that are currently contracted with affiliate CMHSP's. Not only would increase the network of available inpatient facilities to the CMHSPs, but inherently afford possible cost savings.

<p>4. Education of community based resources, increased awareness of services by the CMHSP.</p>	<p>Based results of the survey as well as review of call center activity there is a need to increase awareness of existing community based resources. Additionally, there is a perception that CMHSP provide all levels of service for individuals with MH and DD needs.</p>	<p>Working within community based forums and collaboration, SCCMHA will work with providers to identify the behavioral health services we provide, and the service criteria. We will work with providers and stakeholders to target alternative interventions to meet needs within the community. Additionally, SCCMHA will explore options within social media to make community resource information readily available.</p>	<p>SCCMHA current position of "Public Relations and Prevention Specialist" has been redesigned to better support this effort. The position has been reassigned to Strategic Services. A Public Relations, Outreach and Prevention Plan is being developed which will more closely align with the organizations Strategic Plan.</p>
<p>5. Expansion to serve those individuals with Mild/Moderate Mental Health needs. Those consumers with Mental Health needs that have difficulty accessing services due to the limited number of MHP providers in our rural county as well as those that fall through coverage "cracks".</p>	<p>Based on results of the community needs assessment there a number of respondents who suggested that this group along with those individuals who were in the 200% above poverty level were being underserve</p>	<p>SCCMHA will evaluate based on emerging changes at the state level the feasibility to provide services to this population of individuals. Realignment of DCH could change the landscape on how and to whom services are provide, e.g. children, seniors, etc.</p>	<p>Due to the complexity of this subject and in part due to the fragmentation between the coverage of the PIHP and the Prosperity Zone that SCCMHA is a member requires careful calculation. SCCMHA waited until the MHP's were identified within the Region 6 Prosperity Zone before initiating outreach. At this point we have had contact with 2 of the 6 MHP. Additionally, we have been collaborating with the Saginaw VA to address ways the two organizations can partner in services that can benefit veterans in Shiawassee County. This is consistent with the published VA Strategic Plan.</p>

CMHSP : St. Clair County Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Funding	Due to the General Fund cuts we are unable to provide services to individuals who do not qualify for Healthy Michigan, Medicaid or a Medicaid spend-down.	Continue to advocate with the State for increased general funds.
Action Taken in FY2015:		
SCCCMH DD Advisory Committee established a workgroup first quarter of FY 15. This work group's mission was to advocate for the financial challenges of dual eligible individuals. SCCCMMH also had a representative of the local advocacy group sit on the State-wide work group. The state-wide workgroup has advocated for regulatory change. A letter of support was sent to MSA signed by SCCCMMH in support of regulatory change.		
2.Substance Use	There has been an increase in Heroin and Methamphetamine in our community. This is affecting the family structure and children.	Establish an Evidence Based Practice treatment protocol for children and families. Expand SUD services to include individuals with mild co-occurring disorders.
Action Taken in FY2015:		
Through the support of the St. Clair County Community Services Coordinating Body, the St. Clair County Health Department applied for and received prevention dollars from Region 10 in FY 16. These prevention dollars were provided to establish a work group aimed at the Substance Abuse problem in St. Clair County. The first meeting of this committee is January 25, 2016. St. Clair County Community Mental Health has researched various Evidence Based Practice Interventions for children with SUD and is adapting the Integrated Dual Disorders model at the St. Clair County Intervention Center to address this need area. SCCCMMH provided twelve co-occurring trainings this year to direct care staff.		
3. Crisis beds for children with challenging behaviors.	There are no in-county resources for children with challenging behaviors needing residential supports.	Create a workgroup to explore options other than residential placement to work with challenging behaviors for children in St. Clair County.

Action Taken in FY2015:		
SCCCMH Children's Advisory Committee has addressed the needs of children's challenging behaviors by increasing Community Living Supports and Respite in the family home. This need area will continue to be explored in FY 16 with the expansion of the autism benefit and the needs that continue to arise with this population.		
4. Residential options for individuals with co-occurring disorders.	There are individuals in the community with severe co-occurring disorders, or felonies who are not accepted into emergency housing options due to their SUD.	Expand programming to increase residential options for those with SUD.
Action Taken in FY2015:		
This past year we have utilized general fund dollars to house individuals with CSC charges or felons who have severe co-occurring disorders. SCCCMH participates in the Region 10 Workgroup which works on housing concerns for the Region.		
5. Transportation	Many communities in St. Clair County have limited public transportation or no transportation at all. This deficiency impacts an individual's ability to receive necessary services, unless transportation is provided by CMH staff.	Advocate with DHS and Health Benefit Plans to provide transportation to individuals in need. Meet with Blue Water Area Transportation to advocate for County- wide transportation.
Action Taken in FY2015 :		
SCCCMH has contacted the Health Care Plans offered in St. Clair County to discuss their responsibility in regards to transporting needs of the persons we serve. Primary care holders have been educated in the coverage of the health benefit plan and referral process for transportation. A reference document was also created for the recipients, families and caregivers.		

CMHSP: Community Mental Health & Substance Abuse Services of St. Joseph County

The priority for St. Joseph County is mental behavioral health access for the uninsured. As a small rural county there is a lack of psychiatric services as well as therapist for individuals who are not in the priority population served by CMHSAS. The county has been identified as under severe by federal government for mental health professionals.

CMHSAS continues to work in partnership with the community collaborative body, Human Services Commission work group and access to health care. It has been this work group that led to the first county wide health assessment. The access to health care work group has agreed to focus on the Governor's 4X4 plan, known for healthy measures and practices for healthy behaviors. In addition it was agreed to focus develop a county wide effort, St. Joseph County Step Up. This effort is designed to emphasize improved health for citizens of the county.

A second priority area will be serving children who have SUD. CMHSAS is a substance abuse agency and has focused significant time and energy in services for adults. In response to juvenile court and education agencies will be emphasizing its ability to serve children.

The below with the list of identified concerns from the stakeholder.

- Stigma is still there surrounding mental health.
- Accessibility of mental health services (qualifying); unable to find and access services unless you fit in the "correct box" to receive services.
- Affordability (uninsured or no Medicaid)
- Unable to access/afford medication even with a diagnosis.
- Non-insured may have a longer process to get started in treatment and limited number of visits covered with a calendar year.
- In the juvenile court system juvenile substance abuse treatment is needed.

CMHSP: Summit Pointe

Priority	Priority Issue	Reasons For Priority	CMHSP Plan	FY 2015 Update on Efforts to address identified issues.
1.	Housing/ Employment/ Poverty Issues	Homelessness and inadequate housing, along with economic issues, stress, and lack of employment opportunities were mentioned several times in stakeholder surveys as top issues in the community. This is consistent with current community efforts. Housing and employment/economic issues are basic needs that must be addressed if individuals are to be successful in improving their overall health.	<ol style="list-style-type: none"> 1. Summit Pointe will continue to work closely with Calhoun County COC (Continuum of Care) and assist them in reaching their 10 year plan to end homelessness. 2. Act as Calhoun County HARA to provide community resources for all housing needs including, but not limited to, providing grant assistance for those in need of immediate housing and for those at risk of becoming homeless. 3. Continue to provide safe and affordable housing options within our community. 4. Participate in HUD and MSHDA grants providing resources to eliminate homelessness. 5. Work in conjunction with Michigan Works, participating in job fairs and ready now program. 6. Assigned Summit Pointe staff to provide case coordination enhance the welcoming environment and conduct skill building groups on site at Michigan Works. 7. Continue to work collaboratively with community employers and create innovative business opportunities to employee customers successfully. 8. Continue working with the City of Battle Creek and their Land Bank to provide housing opportunities for homeless families within our community. 	<p>Summit Pointe continues to work with the Calhoun County Continuum of Care to assist them achieve their 10 year plan to end homelessness.</p> <p>Summit Pointe acts as the Calhoun County HARA to provider community resources for all housing needs. We have been able to provide grant assistance for those in need of immediate housing and people at risk of becoming homeless.</p> <p>Summit Pointe continues to assist with provision of safe and affordable housing options within our community.</p> <p>Summit Pointe continues to work with HUD and MSHDA grants to provide resources in our community to help eliminate homelessness.</p> <p>Summit Pointe continues to work collaboratively with community employers to create innovative opportunities to employ our customers- which enable them to find housing.</p> <p>Summit Pointe continues to work with the City of Battle Creek and the Land Bank to develop housing opportunities for homeless families.</p> <p>Additionally, we have begun meeting and working with community landlords to ensure awareness of the opportunities available in working with our customers and our community's homeless population.</p>
2.	Trauma Informed Care	This was noted as a high priority by multiple stakeholders and included comments about Trauma Informed services being able to prevent many of the issues that are currently being addressed in our community.	<ol style="list-style-type: none"> 1. An assessment of Trauma informed care readiness was conducted during FY 2014 throughout the organization to examine current practices and to aid in the develop of practical 	<p>The assessment of Trauma informed readiness was completed in FY 2014 in order to aid us in furthering Trauma Informed Care / Services.</p> <p>Summit Pointe provided a 1 day training: "Trauma-Informed Care" training with William Steele, PsyD, MSW offered on</p>

		<p>Research suggests that Trauma informed services have better outcomes for customers. Studies indicate that 98% of behavioral healthcare customers have experienced trauma. Creating a treatment environment that presumes customers we serve have experienced trauma we will be able to exercise universal precaution in order to prevent further traumatization in the treatment process.</p>	<p>steps to become trauma informed</p> <ol style="list-style-type: none"> 2. Summit Pointe has begun to implement a training process for staff members leading to provision of Trauma informed care. 3. An initial training of all staff members occurred in FY 2014 ensuring awareness of trauma and its impact. 4. On-going training will occur throughout the Summit Pointe continuum of care to ensure commitment to provision of trauma informed services. 5. Training will include our external providers in the Summit Pointe Youth Continuum of Care. 	<p>October 7, 18, and 30, 2014 for all staff with direct client interaction.</p> <p>Summit Pointe provided a series of Trauma Trainings for all staff with direct client interaction in 2015:</p> <ul style="list-style-type: none"> • Children of Trauma: January 30, February 6, 13, 21, 30 and March 21 2015 • Structured Sensory Integration: March 20, 27, 28 2015 <p>Additional Trauma trainings were offered for clinical staff:</p> <ul style="list-style-type: none"> • Advanced Structured Sensory Integration: April 10, April 25 2015 • Trauma Informed Assessment: April 23 & May 16 2015 • Trauma Informed Expressive Arts: June 26 2015 • Putting it all Together: June 27 2015
3.	Communication/Stigma and awareness of mental health issues and treatment	<p>This issue has continued to be identified by multiple stakeholders. Concern that people are either afraid to seek treatment due to stigma surrounding mental illness, and/or people who seek mental health treatment are often misunderstood in the community and within their own family and social groups. Community understanding and support of mental health needs is critical to an individual's recovery as well as the overall health of a community.</p>	<ol style="list-style-type: none"> 1. Provide Mental Health First Aid training for community and family members 2. Support the establishment of NAMI chapter in Calhoun County 3. Continue anti-stigma marketing campaign that includes various billboards throughout the community 4. Continue to provide community based prevention and education services within schools and court system. 5. Continue to provide Family Psycho-Education (FPE) groups 	<p>Summit Pointe continues to provide Mental Health First Aid training in our community.</p> <p>The NAMI chapter is active in Calhoun County. They hold meetings in two locations within the County. Summit Pointe continues to be supportive to provide support to this new program. NAMI has presented to the Summit Pointe all staff meeting and provided information and pamphlets for staff to use with families of our customers.</p> <p>Summit Pointe continues to post various billboards in the community directed at combating stigma.</p> <p>Summit Pointe is providing continued prevention / education services within the schools and court.</p> <p>Additionally, Summit pointe has worked closely in the development of a Mental Health Court that is now active in Calhoun County.</p> <p>Summit Pointe continues to provide Family Psycho-Education groups in order to help aid in reduction of stigma.</p>

4.	Access to Care and awareness of available services within the community	<p>This issue was consistent with multiple stakeholder and survey replies. It has been identified as an issue for both behavioral and physical healthcare. We continue to see an increase in cancellations/no shows due to lack of transportation. Stakeholders reported a lack of awareness of services for adults /children and adolescents in the community. We have seen a great impact with Healthy Michigan – people having coverage or obtaining coverage quickly.</p>	<ol style="list-style-type: none"> 1. Peer Support Specialists will implement an educational group focused on transportation hints/tips. 2. Peer Support Specialists will work directly with individuals training them on use of the public transportation available within our community. 3. Continue to contract with on-site DHS worker to assist customers in applying for Medicaid on-site. 4. Increase availability of therapists. 5. Staff trained in SOAR will provide training for other staff. 6. Continue to work closely with community resources to assist customers with obtaining medications, medical equipment, and health services as needed 7. Implement the use of Parent Support partners to aid parents of DD and SED children in navigation of the system and help them become aware of the various service options. 	<p>Summit Pointe has brought the Peer Support Specialist function in house vs. contracting this function out. The Peers are embedded in the various Summit Pointe teams and are working with our customers on a variety of skills to aid in their recovery, including aiding them in accessing public transportation and learning skills to access services</p> <p>We continue to contract with DHS to ensure a worker is on site to aid customers and staff with Medicaid applications and issues.</p> <p>We are working closely with the schools and developing school based services in several districts to aid in improving community access to CMH services.</p> <p>Staff continue to provide SOAR training.</p> <p>Summit Pointe staff continue to work with community resources to assist our customers in obtaining needed services/equipment.</p> <p>Summit Pointe continues to contract for Parent Support partner services who aid parents of children to navigate the healthcare system and understand their treatment and community options.</p>
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5.	Substance Abuse	Stakeholders continue to mention substance abuse as an issue in the community. Misuse of prescription drugs was also mentioned as a particular concern.	<ol style="list-style-type: none">1. Substance abuse treatment license has been obtained for the Summit Pointe location. As we ensure quality services are being provided, plans are to add Substance abuse treatment services to our BHR and Albion locations.2. Utilization of Evidence Based Practices in the SUD services provided at Summit Pointe.3. SHARE Center to continue to offer 12 step groups on site at Drop In Center4. SHARE Center to add Recovery Coaching Services a peer to peer aid in support of individual recovery.5. Continue to offer IDDT groups for specific stages of change. These groups are co-facilitated with a certified peer support specialist.	<p>Summit Pointe has continued to expand our SUD services in the community by adding licensed locations in both Albion and Lakeview. Additionally, we received funding from SWMBH to provide SUD services in the Calhoun County Jail.</p> <p>Summit Pointe has implemented SUD services that utilize evidence based practices to ensure that the SWMBH required standard of 85% of SUD services will be evidence based.</p> <p>The Share Center continues to offer 12 Step groups at their site.</p> <p>Summit Pointe has added Recovery Coach Services as a peer to peer support to aid customers in their recovery.</p> <p>Summit Pointe continues to provide IDDT groups for customers. These groups are focused on specific stages of change.</p> <p>Our medical team and nursing teams have been trained in use of Naloxone kits. In the event that there is a need in our facility this life saving drug can be administered. Summit Pointe has these kits on site in all three SUD locations.</p>
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CMHSP: Tuscola Behavioral Health Systems

Priority Issue	Reasons For Priority	CMHSP Plan
1. Community education/prevention activities/community outreach	TBHS had identified this as a priority issues as did the community focus groups	<p>This issue has been included in the TBHS Strategic Plan. TBHS plans and participates in as many community events as possible throughout the year. Additionally, TBHS has four staff trained in Mental Health First Aid, two of these staff trained in Mental Health First Aid youth and all four trained in Mental Health First Aid law enforcement. Trainings have been offered throughout the county throughout FY 14.</p> <p>FY 15 Progress:</p> <p>One additional staff received certification for MHFA – Youth. Sessions continue to be offered to the community free of charge, unfortunately, community response is minimal. One hundred and ten individuals were trained during the year from two MHFA – Youth, two MHFA- Adult and two MHFA Law Enforcement classes that were held.</p> <p>Mark Sanders did presentations to both TBHS staff as well as a community presentation on Compassion Fatigue. Twenty seven individuals from the community attended the training.</p>
2. Integrated Healthcare.	TBHS has identified this as a priority as did the needs assessment.	<p>This issue has been included in the TBHS Strategic Plan. Renovations have been completed at the clinic building and a primary care physician has staff on site. TBHS is looking to expand these services during FY 15. TBHS staff continue to receive education on primary health care issues. TBHS has a staff trained as a behavioral health consultant.</p> <p>FY 15 Progress:</p> <p>TBHS continued to focus on the importance of healthcare integration during FY 15, specifically integrating primary healthcare and behavioral healthcare for recipients of mental health services. TBHS ensured the continued availability of primary healthcare services via an onsite Integrated Healthcare Clinic at TBHS facilities. Clinic services continued to be offered on a weekly basis, addressing both primary and behavioral healthcare needs in a collaborative, coordinated manner. TBHS also sponsored wellness initiatives for service recipients aimed at improving overall health via grant funding during the last year. At this time, TBHS plans to expand these services in FY 16 to include the availability of additional healthcare providers onsite, to offer behavioral healthcare consultation services at primary healthcare locations, and to expand health related initiatives and activities for individuals served.</p>
3. System of care for children.	The focus groups identified a variety of needs related to the mental health care needs of children in Tuscola	<p>TBHS leads the System of Care group for the county. There is still considerable work to be done related to services for children within the county. Staff are extremely involved in a variety of boards, councils, etc., related to children's services.</p> <p>FY 15 Progress:</p>

	County including the need for prevention services.	<p>TBHS no longer leads the System of Care for the county. At this time, we continue to be part of multiple systems and boards which include service provision for children in Tuscola County. In addition, we are actively participating in a prevention group called Start Now which primarily focuses on providing services to children and families despite eligibility criteria, as well as looking at trauma informed work force.</p>
4.Services to the elderly	The focus groups identified concerns about the growing number of elderly within the county and the issues that they are faced with.	<p>TBHS will spend time in this fiscal year looking into the areas of concern expressed by the focus groups related to services to the elderly.</p> <p>FY 15 Progress:</p> <p>There was not additional work done in this area in FY 14. Internally at TBHS we had not identified this as an area of special concern, however, we will look into service needs of this population during FY 16 since it had been identified by the focus group.</p>
4. Education to local organizations, schools, etc. about the role and responsibility of TBHS.	Focus group expressed that there is always confusion about where responsibility for certain functions falls among the various organizations within the county.	<p>Presentations will continue and cooperative work will continue with other human services organizations within the county to make ease of access to information and services as simple as possible.</p> <p>FY 15 Progress:</p> <p>Presentations were done within the county. We continue to be present and collaborate with DHHS, courts and local schools. In collaborating with them, we provide ongoing education about our role within the services we provide. In being part of multiple boards and committees, we also utilize that opportunity to talk with county members about the services we provide. In the past year, some of the things that we have done include:</p> <ul style="list-style-type: none"> • Truancy prevention at TTC with court officials, DHHS and School board members. Presented on the efficacy of Home Based Services as a truancy prevention measure by collaborating with family, schools and courts. • Presentation with Health Dept. staff on PPD/Mood disorder, social emotional development, and provided information on our services for MOPS. • Staff attended the suicide prevention presentation at Caro High School and assisted/engaged with the kids at the end. Discussion about how to access ES line and services available to children.

CMHSP: Van Buren Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. The mental health needs of adolescents	<ul style="list-style-type: none"> • Top rated need in community needs survey of stakeholders • Improving outcomes for children is strategic priority of Michigan's Department of Community Health (DCH) 	<ul style="list-style-type: none"> • Implement Michigan Collaborative Care (MC3) project in partnership with the University of Michigan to provide consultation and education to physicians serving adolescents to increase early intervention for mental health issues and assist in making appropriate referrals to other services • Complete training for 3 additional clinicians in Trauma Focused-Cognitive Behavioral Therapy, an evidenced based treatment model that serves youth • Continue working with schools to provide screening for youth and referral to earlier intervention services as needed • Implement Autism services to youth older than age 6 in conjunction with state Medicaid benefit expansion in FY 16 • Continue to sponsor school based health center in Bangor middle and high school; assist and partner to offer increased school based services within the county • Continue facilitation of Suicide Prevention Coalition to decrease youth suicide in Van Buren County • Continue to provide training to other child serving agencies on impact of trauma and other requested topics • Increase utilization of services provided by Parent Support Partner to empower parents of adolescents with serious emotional disturbance and/or developmental disabilities • Continuing planning and begin implementation of mental health court that includes serving juveniles • Facilitate implementation of support group for parents of youth with mental health and behavioral challenges providing information and empowering parents

Status Update for FY 2015:

- Have implemented Michigan Child Collaborative Care (MC3) project beginning in May 2015 🍏
- Additional 2 clinicians completed TF CBT in 2015 🍏
- Continued working with schools to provide screening for youth and referral to earlier intervention services as needed. Van Buren ISD continues in FY 16 as a funding partner for the hundreds of screenings that are provided at their site 🍏
- Implemented Autism services to youth older than age 6 in conjunction with state Medicaid benefit expansion in January 2016 🍏
- Continued to sponsor school based health center in Bangor middle and high school, expanded to 4 days per week providing mental health services, hired new Nurse Practitioner 🍏
- Continued facilitation throughout the year of Suicide Prevention Coalition to decrease youth suicide in Van Buren County 🍏
- Continued to provide training to other child serving agencies on impact of trauma and other requested topics. Trainings provided to local DHHS foster care and child protective services staff (both on secondary traumatic stress and more general topics in partnership with Breakthrough Series Collaborative,) Juvenile court services staff, VBISD Great Start Readiness Program preschool teachers and Family Links educators 🍏
- Increased utilization of services provided by Parent Support Partner to empower parents of adolescents with serious emotional disturbance and/or developmental disabilities was occurring but the certified PSP resigned in Sept 2015. A new PSP was hired and has just completed training. 🍏
- Began implementation of mental health court with first youth enrolled in September. New grant funding the court was obtained. Clinical liaison for court hired. Target is 10 youth enrolled 🍏
- Support group for parents of youth with mental health and behavioral challenges providing information and empowering parents was facilitated by previous Parent Support Partner (PSP) and is continuing with new PSP 🍏

<p>2. Facilitate greater awareness of mental health services in the community and educate the community on the importance of mental health and lessening stigma</p>	<ul style="list-style-type: none"> • Highly rated need in community needs survey of stakeholders • Included as strategy under DCH's strategic priority of promote and protect health, wellness and safety • Educate the public is included as one of the federal agency SAMHSA's five point plan to improve the mental health of the nation 	<ul style="list-style-type: none"> • Implement MC3 project to provide consultation and education to physicians serving youth and pregnant women to increase their understanding and confidence in treating mental health issues, and assist in making appropriate referrals to other services • Promote and hold awareness event related to VBCMh 45th anniversary • Plan and begin implementation of Mental Health court including education of justice system stakeholders and improved access to needed services for justice involved residents • Continue to provide Gatekeeper "Question Persuade Refer" trainings and Parent Resource trainings to community groups • Seek funding for increased community education regarding mental health and available services • Continue participation of VBCMh staff in wide variety of community groups, and events providing information on importance of mental health and services available • Facilitate implementation of support group for parents of youth with mental health and behavioral challenges providing information on both importance of mental health and awareness of services
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Update:

- **Implemented MC3 project in May 2015 which provides consultation and education to physicians serving youth and pregnant women to increase their understanding and confidence in treating mental health issues, and our assigned MC3 Behavioral Health Consultant also assists in making appropriate referrals to other services. 🍏**
- **Held awareness event related to VBCMh 45th anniversary in May 2015. Approximately 300 community residents attended 🍏**
- **Implementation of Mental Health Court for both adults and youth began enrolling participants in September. Monthly meetings to plan court with justice system stakeholders occurred monthly. 3 visits to other mental health courts occurred. Several meetings and trainings were attended by members of the planning committee. Grant was obtained that will assist in funding mental health services when other funding sources are not available. Clinical liaison for MH court hired who will also assist with insuring access to needed services for justice involved residents 🍏**
- **Continued to provide Gatekeeper "Question Persuade Refer" trainings and Parent Resource trainings to community groups 🍏**
- **Obtained funding to have VBCMh staff member trained to provide Mental Health First Aid (trained in September. She is beginning to provide this training) Local mini grant funds have been awarded to support Trauma Informed Parenting groups.(Previously called Parent Resource Training) 🍏**
- **Continued participation of VBCMh staff in wide variety of community groups, and events providing information on importance of mental health and services available 🍏**

<ul style="list-style-type: none"> Facilitated support group for parents of youth with mental health and behavioral challenges providing information on both importance of mental health and awareness of services through Parent Support Partner 🍏 		
3. Strengthen Mental health, and primary care integration; facilitate improved physical health care for persons with mental illness or developmental disabilities	<ul style="list-style-type: none"> Highly rated need in community needs survey of stakeholders Included as strategy under DCH's strategic priority of transform healthcare system 	<ul style="list-style-type: none"> Implement MC3 to provide consultation and education to physicians serving youth and pregnant women to increase improved integrated care Implement use of integrated health data tools (CC360 and CMT Pro Act) to assist CMH staff and customers including: Develop processes to support CMH providers discussing with their customers data from CC360; Provide data to CMH medical staff to improve care; and Discuss where appropriate releases in place, with external providers useful information Participate as key provider in implementation of MI Health Link demonstration project providing integrated care to adults with Medicare and Medicaid Implement region wide performance improvement projects focused on diabetes and medication including: Improve accuracy of data collection; Monitor and intervene in high risk cases; and follow up with customers that appear to have gaps in care. Continue to implement trauma informed care throughout Van Buren county as trauma increases risk for both mental health and physical health issues Facilitate customer participation in regional wellness screening and coaching project Participate in collaborative projects to improve overall health of community
Update: <ul style="list-style-type: none"> As previously noted implement MC3 to provide consultation and education to physicians serving youth and pregnant women to increase improved integrated care 🍏 Implemented use of integrated health data tools (CC360 and CMT Pro Act) to assist CMH staff and customers including: Developed processes to support CMH providers discussing with their customers data from CC360; Provided data to CMH medical staff to improve care; and Discussed where appropriate releases in place, with external providers useful information. We continue to expand use and refine processes 🍏 Participated as key provider in implementation of MI Health Link demonstration project with PIHP, SWMBH, providing integrated care to adults with Medicare and Medicaid. Currently 46% of eligible persons are enrolled in the demonstration project. 🍏 Implemented with SWMBH region wide performance improvement projects focused on diabetes and medication including: Improved accuracy of data collection; Monitored and intervened in high risk cases; and followed up with customers that appear to have gaps in care. Demonstrated improvement in percentage of customers with diabetes who received care for diabetes 🍏 Continued to implement trauma informed care throughout VBCMh through regional training and improvement project. Additionally VBCMh is partner with Western Michigan University Children's Trauma Assessment Center bringing trauma informed care practices to the VBISD Behavioral Education Center and to primary care practices 🍏 Facilitated customer participation in regional wellness screening and coaching project through SWMBH. Customers served at the HOPE Center participated in the SWMBH sponsored project. 🍏 		
4. Continue to expand and improve employment and housing supports and choices for persons with	<ul style="list-style-type: none"> Highly rated need in community needs survey of stakeholders Increase in recovery services of 	<ul style="list-style-type: none"> Increase fidelity to evidenced based practice supported employment through continued training and monitoring. Expand competitive employment supports and address integrated employment issues related to the new federal rules (Home and Community Based Services, HCBS) Increase housing options and adherence to evolving federal rules (HCBS) regarding choice of roommates, access to/selection of food, privacy, etc. Participate in regional request for proposal process to develop alternative residential treatment options for residents still served at KPH.

disabilities caused by mental illness and developmental disabilities	supported employment and housing and peer services included in SAMHSA's national plan	
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Update:

- Continued fidelity to evidenced based practice supported employment through training and monitoring. 🍏
- Expanded competitive employment supports in preparation to meet new federal rules (Home and Community Based Services, HCBS) Supported an all time high of 116 customers in employment in the community 🍏
- Increased housing options and adherence to evolving federal rules (HCBS) regarding choice of roommates, access to/selection of food, privacy, etc. Developed new supported option for 2 customers who have long histories of hospitalization at state institutions 🍏
- Participated in regional request for proposal to develop alternative residential treatment options for residents still served at KPH. Got KPH census to 0. 🍏

5. The mental health needs of young children and their parents	<ul style="list-style-type: none"> • Highly rated need in community needs survey of stakeholders • Improving outcomes for children is strategic priority of DCH 	<ul style="list-style-type: none"> • Implement MC3 project to provide consultation and education to physicians serving young children and pregnant women to increase early intervention for mental health issues and assist in making appropriate referrals to other services • Continue support of activities of Great Start Collaborative • Continue participation in community events for families of young children and provide resources to foster and promote social and emotional health • Increase families served through infant mental health services and young families assisted through parent support partner services • Facilitate implementation of support group for parents of youth with mental health and behavioral challenges providing information on both importance of mental health and awareness of services • Increase use of parent support services for young families
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Update:

- As previously reported implemented MC3 project beginning in May to provide consultation and education to physicians serving young children and pregnant women to increase early intervention for mental health issues and assist in making appropriate referrals to other services 🍏
- Continued support of activities of Great Start Collaborative. Key VBCMh staff serve as Chairperson, Immediate Past Chairperson, and Chairperson of sub Committee on Social Emotional Development 🍏
- Continued participation in a variety of community events for families of young children and provided resources to foster and promote social and emotional health 🍏
- Increased families served through infant mental health services and young families assisted through parent support partner services 🍏

- Facilitated support group through Parent Support Partner for parents of youth with mental health and behavioral challenges providing information on both importance of mental health and awareness of services 🍏👍
- Increased use of parent support services for young families 🍏👍

CMHSP: Washtenaw Community Health Organization

Priority Issue	Reasons For Priority	CMHSP Plan
1. Affordable housing	Fundamental need	Review housing availability within the County to secure housing opportunities
2. Continuity of Care	Impact the quality of care provided	Continue support of integrated care efforts and communication between CMH and service providers in the community
3. Education on behavioral health	Reduction of stigma and discrimination	Community participation and empowerment on educational series related to behavioral and integrated health
4. Decreasing the number of community members utilizing ER for health issues	High utilization of people using ER in place of community clinics	Educating the community on access/crisis services and partnering with community clinics to serve in the community rather than the ER
5. Continue Evidence Based Practices(EBPs) to improve care delivery	Focus on trauma informed care and suicide assessments	Train and support the continued use of EBPs to provide care specific to trauma and suicide needs

CMHSP: West Michigan Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan	Status Update:
1. Support Community solutions to identified gap areas	Several of the gap areas identified in the needs assessment are areas that are not necessarily code-defined responsibility areas of CMH. That said, we agree that the priority area is critical and that engaging and supporting community efforts will help meet the needs of the people we serve.	Facilitate and/or participate in community work groups already started or just beginning in the areas of: <ul style="list-style-type: none"> Improved access to food resources Community Schools Initiative Shelby Adolescent Health Clinic Trauma Informed Community 	<p><u>April 2015 Update:</u> From Faith:</p> <ul style="list-style-type: none"> <u>Community Schools Initiative:</u> Currently advertising for 3, .5 FTE MA therapists. Karen Goodman participated in the interview process to hire the program coordinator. <u>Shelby Clinic:</u> the behavioral health portion of the clinic opened April 1. Lisa Hotovy sits on the board of directors. WMCMH has been asked to arrange a coordination contact between Walkerville Schools and the health clinic. <u>Trauma Informed:</u> This initiative is tied to the SAMHSA grant application as a prevention project. <p>From Michele: Service Enhancement and United Way staff are currently co-facilitating a “Food Resource Coordination” workgroup. Approximately 30 community members (representing local churches and human service agencies currently coordinating a food resource in Mason County) have come together to develop a plan for a centralized, coordinated and accessible food pantry in Mason County. The workgroup is making steady and exciting progress. Once developed and implemented, this new food pantry arrangement will better meet the food resource needs in our community and may eliminate the need in Mason County for a number of the existing individual food pantries -- many of which are similar to the one coordinated by WMCMH. The workgroup will meet again in mid to late April.</p> <p><u>July Update:</u> From Faith <u>Community Schools Initiative:</u> WMCMH is currently advertising for 1 FTE and 1, .5 FTE MA therapists to be employed by WMCMH via UW of Mason County funds. Karen Goodman will provide supervision. <u>Shelby Adolescent Health Clinic:</u> Karen G and Faith N met with Kendra Masunas, the SW for the clinic. The eligibility, referral process and service provision for both agencies was reviewed. We will meet again in August, prior to the start of school to coordinate further. <u>Trauma Informed Care:</u> This initiative is tied to the SAMHSA grant application as a prevention project.</p> <p>From Michele: Several months ago, SET and United Way staff began co-facilitating a “Food Resource Coordination” workgroup. The goal of the workgroup was to develop a plan for a centralized, coordinated and accessible food pantry in Mason County. Steady and exciting progress has been made:</p> <ul style="list-style-type: none"> Facilitation of the workgroup has moved to staff from the “Pennies From Heaven Foundation” – who will be contributing significant funding for this project. A building has been secured (920 E. Tinkham Avenue, Ludington) and renovations are about to begin.

Priority Issue	Reasons For Priority	CMHSP Plan	Status Update:
			<ul style="list-style-type: none"> The building will be called the “Lakeshore Resource Network” and will be much more than a food pantry – a community resource center. Hopeful for a January/February 2016 opening of the Lakeshore Resource Network. <p><u>October Update:</u> From Faith <u>Community Schools Initiative:</u> Two MA level clinicians (1.5 FTE) have been hired and are working in the Mason County schools. Ellen Plummer is supervising. So far, the initiative is meeting the desired outcomes. <u>Shelby Adolescent Health Clinic:</u> Coordination of care between the SAHC and CMH has begun for the current school year. Shannon Snider is coordinating to arrange MHFA training for the SAHC staff. Kendra M, clinician is attending the children’s team meeting October 28, 2015. <u>Trauma Informed Care:</u> This initiative is tied to the SAMHSA grant application as a prevention project.</p> <p>From Michele: Several months ago, SET and United Way staff began co-facilitating a “Food Resource Coordination” workgroup. The goal of the workgroup was to develop a plan for a centralized, coordinated and accessible food pantry in Mason County. Steady and exciting progress has been made:</p> <ul style="list-style-type: none"> Facilitation of the workgroup has moved to staff from the “Pennies From Heaven Foundation” – who will be contributing significant funding for this project. A building has been secured (920 E. Tinkham Avenue, Ludington) and renovations are about to begin. The building will be called the “Lakeshore Resource Network” and will be much more than a food pantry – a community resource center. <p>Hopeful for a January/February 2016 opening of the Lakeshore Resource Network.</p> <p><u>January 2016 Update:</u> From Faith: <u>Community Schools Initiative:</u> Two MA level clinicians (1.5 FTE), Beth Gunsell and Sara Syrek are working in Mason County schools. Ellen Plummer is supervising. All parties are pleased with the outcomes. <u>Shelby Adolescent Health Clinic:</u> Kendra Masunas and CMH staff have connected. Shannon Snider and Ellen Plummer are the contacts. Attendance at team meetings and MHFA trainings are being coordinated. <u>Trauma Informed Community:</u> This initiative is tied to the SAMHSA grant, which WMCMH was not awarded. As a result trauma is being incorporated in the MIA team as a treatment consideration along with other best practice approaches. Michele: Due to some delays, the timeframe for opening the community food pantry has been moved to May/June 2016. Due to some unforeseen circumstances this timeframe may move again – we will know more later this month. We will continue to coordinate/ support the WM Mobile Food Pantry until the community pantry opens.</p>

Priority Issue	Reasons For Priority	CMHSP Plan	Status Update:
2. Increase community access to and understanding of behavioral health services offered through CMH and other community agencies	Community partners have felt the impact of funding reductions to our CMH over the past several years. Although our service array has not changed dramatically, our community partners always struggle with understanding the complexities of our system; who we serve, who other community partners serve, etc.	<p>Continue community outreach efforts.</p> <p>Implement Option 2 solution for persons with SPMI with private insurance and no other access to mental health services (this is a continuation of services for these individuals, under a slightly different care model).</p> <p>Implement Universal Release to support maximum coordination of services and benefits to individuals we serve.</p> <p>Expand service array to underserved populations utilizing grant dollars from SAMHSA Integrated Healthcare Grant (application submitted February 27, 2015).</p> <p>Evaluate implementation of Mental Health First Aid Programming across our 3 counties.</p>	<p><u>April 2015 Update:</u> From Faith:</p> <ul style="list-style-type: none"> • Option 2: Option 2 has work plan developed; with implementation to begin in next few weeks related to PIT (private insurance track), Meds only level of care, quarterly review of non-Medicaid consumers; and coordination with VA. • SAMHSA grant application submitted Feb 27, 2015, earliest expected response date is June 2015, most likely August 2015 or later. • West MI CMH has two staff persons who are slated to be trained as trainers in Mental Health First Aid for adults and children. The plan is to arrange MHFA training for our community partners. • Lisa Hotovy is the co-chair at the MACMHBs, working with MDCH to move forward with the grant application for Excellence in Mental Health. <p>From Michele: WMCMMH is currently accepting the new MDCH approved Universal Release. Staff is in the process of making process and policy changes and training staff and consumers in order to not only accept, but also implement, this Universal Release at WMCMMH. Full implementation of the new Universal Release is planned by 5/1/15.</p> <p><u>July Update:</u> From Faith <u>Option 2:</u> The Private Insurance Track is implemented and going well. The Meds only level of care met the transition goal for May. The June goal was not met as the Great Lakes clinic closed its doors and was no longer a provider option. MIA and SE are working at finding other local providers. Reimbursement is providing teams with quarterly updates regarding active Medicaid enrollment. The coordination with the VA has not been implemented due to time constraints. <u>SAMHSA Grant Application:</u> There has been no response from SAMHSA regarding our application. We are hoping for an August 2015 response. <u>CCBHC:</u> Lisa Hotovy is a co-author of the grant. It is due the 2nd week of August. The first draft is written and will be reviewed by the workgroup on Friday, July 10, 2015.</p> <p>From Michele: Full implementation of the Universal release began June 2015.</p> <p><u>October Update</u> From Faith <u>Option 2:</u> The Private Insurance Track has been revisited by Service Entry and affected teams. Some minor process changes were made and we are back on track. The meds only work group is meeting weekly to keep the project on track. 58 consumers were in Meds only, currently there are 16 consumers left. Of the 16, 3 have requested extensions until February</p>

Priority Issue	Reasons For Priority	CMHSP Plan	Status Update:
		Support state policy efforts towards application for Excellence In Mental Health Act Planning grant and Pilot status.	<p>2016 and 2 had recent med changes for they will be open for 90 more days; leaving 11 individuals we are helping find a PCP. Reimbursement is providing teams with quarterly updates regarding active Medicaid enrollment. The coordination with the VA has not been implemented due to time constraints.</p> <p><u>SAMHSA Grant Application:</u> No information was received from SAMHSA regarding the WMCMH grant application. This may mean that our application is being held for consideration next year.</p> <p><u>CCBHC:</u> The federal government should be announcing the states who have been awarded grant opportunities any day now.</p> <p>From Michele: Full implementation of the Universal release began June 2015.</p> <p><u>January 2016 Update:</u> From Faith: <u>Option 2:</u> The Private Insurance Track continues to be reviewed by teams affected on a regular basis so that we prevent “drift” from the model. The meds only work group meets regularly. There were 13 individuals remaining in this level of care, from the 70 or so at the start. Five individuals have been transitioned to their primary care physician, three persons have returned to care management, three will be transitioned to primary care by April, one is on hold due to an OBRA screen and one is at risk due to not keeping appointments with re-engagement occurring. Reimbursement is providing teams with monthly updates regarding active Medicaid enrollment. The challenge to this is having timely information on when consumer’s insurance has lapsed or changed. The coordination with the VA has not been implemented due to time constraints.</p> <p><u>SAMHSA Grant Application:</u> WMCMH was not awarded the SAMSHA grant.</p> <p><u>CCBHC:</u> Michigan was one of the states invited to submit an application for the CCBHC. WMCMH has completed the self-study and aggregated the data. Lisa Hotovy is strongly advocating at the state level to move CCBHC forward.</p> <p>MHFA: MHFA trainings for Adults and Children are scheduled on a regular basis in our 3 county area. The trainings include internal and external staff. The requests for training from outside agencies is on the rise. Marie Jensen and Angie Snyder were successful in obtaining Social Work CEUs for the Adult training. Shannon is pursuing the same for the Children’s training. The demand for training is increasing.</p> <p>Michele: Full implementation of the Universal release began June 2015.</p>
3. Implement wraparound model within	Wraparound services are currently offered in our communities	Train full WMCMH wraparound team.	<p><u>April 2015 Update:</u> We have met with the community team and have secured approval to collaborate with the existing community teams in Mason, Lake and Oceana Counties.</p>

Priority Issue	Reasons For Priority	CMHSP Plan	Status Update:
CMH services	through another community service provider. Nonetheless, WMCMH has consistently participated in community teams across our 3 counties and continues to support this model of service provision to our kids and families with complex behavioral health and social care issues.	<p>Work with existing community teams to coordinate meetings and maximize capacity of human service community partners. Maximize value of existing community teams.</p> <p>Utilize SED waiver opportunity (in county where this is an option) to maximize service benefits to kids and families with highest level need.</p>	<p>A part-time staff person has been hired and will attend training this spring when available. Currently we have a Supervisor identified, and trained in WRAP</p> <p>At this time we have not implemented SED Waiver program.</p> <p><u>July Update:</u> WRAP services has two participants currently with at least one other referral being considered. The Supervisor and WRAP facilitator will be attending annual training next month.</p> <p>The SED Waiver program is operating in Ocean County. We are currently waiting our first referral.</p> <p>Community partners have been informed of the WRAP program and SED Waiver.</p> <p><u>October Update:</u> WRAP services has had up to five WRAPS open and are now back at two. The Supervisor and WRAP facilitator are attending trainings as required.</p> <p>The SED Waiver program is operating in Ocean County. We are currently waiting our first referral.</p> <p>Community partners have been informed of the WRAP program and SED Waiver.</p> <p><u>January 2016 Update:</u> WRAP services are being provided to five cases, which is the maximum capacity at this time.</p> <p>The SED Waiver program has received its first referral and we currently have a consumer residing in Oceana County that is receiving services through the SED Waiver.</p> <p>We continue to provide updates and information to our community partners regarding the WRAP program and SED Waiver.</p>
4. Fully integrate SUD services across our 3 counties.	With the consolidating of coordinating agencies into PIHPs in October, 2014, WMCMH has taken on the majority of the access and network responsibilities for	Continue integration of SUD assessment into our Service Entry process, including assuring appropriate administration and utilization management	<p><u>April 2015 Update:</u> SE is managing duties of assessing as SUD Provider as well as the new duties of managing authorization of services to other providers and to higher LOC such as detox, Methadone Treatment, and Residential. Use of ASAM for eligibility and LOC determination continues to be used.</p>

Priority Issue	Reasons For Priority	CMHSP Plan	Status Update:
	substance abuse services within our 3 counties.	<p>of medical necessity criteria.</p> <p>Educate community about our role as SUD access point, including support in finding appropriate referrals and most appropriate services to meet need.</p> <p>Support continued staff development around integration of SUD services into existing care for consumers with COD.</p> <p>In conjunction with LRP, fully assess adequacy of network for all critical substance abuse service.</p> <p>Identify service gaps and develop creative, ideally regional solutions.</p> <p>Expand service array to underserved populations utilizing grant dollars from SAMHSA Integrated Healthcare Grant (application submitted February 27, 2015).</p>	<p>Community appears to be fully aware of transition from NMSAS to WMCMH as evidenced by many calls from community members seeking to access services. Radio spots seemed to have been effective method for this.</p> <p>Josh and Jane are attending the regional SUD Developmental group and are addressing adequacy of services in the network and also helping to prioritize regional issues that need addressing. Steps are being taken to improve service array and service quality in our regional network.</p> <p>The WMCMH SUD Workgroup has reconvened and expanded in order to establish/refine internal processes for managing CA functions.</p> <p>Claims processing is catching up after initial significant program issues.</p> <p><u>July Update:</u> SE continues to manage the duties of assessing as SUD Provider as well as the new duties of managing authorizations of services to other providers and to higher LOC such as detox, Methadone Treatment, and Residential. Use of ASAM for eligibility and LOC determination continues to be used.</p> <p>Community continues to be aware of transition from NMSAS to WMCMH as evidenced by many calls from community members seeking to access services. Radio spots seemed to have been effective method for this.</p> <p>Josh attending the regional SUD Developmental Group where regional items are addressed. A large workplan to continue moving forward with SUD goals/requirements has been made and is being used to guide efforts.</p> <p>The WMCMH SUD Workgroup has reconvened and expanded in order to establish/refine internal processes for managing CA functions. Much progress has been made on organizing Site Visits. Also, planning for use of excess block grant funds is occurring.</p> <p><u>October Update:</u> SE continues to function as Access into SUD services into the WM SUD Treatment Program and into the greater SUD Provider Network available to the publically funded residents of our 3 counties. The use of ASAM for eligibility and LOC determination continues to be used.</p> <p>Several staff members of WMCMH are attending the various ROATs and workgroup established to coordinate the delegated SUD CA functions into all 5 CMH's consistently. The</p>

Priority Issue	Reasons For Priority	CMHSP Plan	Status Update:
			<p>WM Work plan to continue moving forward with CA SUD goals/requirements has been completed, with some goals being refined and further developed.</p> <p><u>January 2016 Update:</u> The annual SUD provider site visits that WM is responsible for have been conducted and/or collected from the home PIHP of the out of region provider.</p> <p>With both Chris E and Courtney G leaving the agency, WM is contracting with Andrea Rosema of Healthwest to review/approve the SUD authorization requests that come in via ProviderConnect from our provider network. Will transition back a SE duty once capacity for this is established in SE again.</p> <p>Several staff members of WCMCMH continue to attend the various ROATs and workgroup established to coordinate the delegated SUD CA functions into all 5 CMHs consistently.</p> <p>Josh and Faith continue to interview candidates for the open Jail Liaison position, which has proven difficult to fill so far.</p>
5. Improve coordination of services for Veterans	Mental Health services for veterans in our 3 counties are particularly challenging as we have no VA clinics in our area and the closest available clinic is at least an hour away and has only outpatient services.	<p>Continue relationships with VA organizations to allow WM to provide mental health services for veterans in need in our communities.</p> <p>Make efforts to formalize those relationships based upon recent successes.</p> <p>Continue to make appropriate referrals to veterans and their families who do not meet SPMI criteria but need supports and services.</p>	<p><u>April 2015 Update:</u> Coordination of VA Services is a component of Option 2. This component has not yet been implemented but is scheduled to begin in the next month. This will involve the coordination of benefit via the reimbursement department. SE continues to refer to and coordinate with VA services whenever appropriate.</p> <p><u>July Update:</u> Coordination of VA Services: Option 2 has not specifically addressed the VA component due to time constraints. The workgroup is hopeful to implement this option in the next two months. . SE continues to refer to and coordinate with VA services whenever appropriate.</p> <p><u>October Update:</u> Coordination of VA Services: Option 2 has not specifically addressed the VA component due to time constraints. The workgroup is hopeful to implement this option in the next two months. . SE continues to refer to and coordinate with VA services whenever appropriate.</p> <p><u>January 2016 Update:</u> Coordination of VA Services: Option 2 has not specifically addressed the VA component due to time constraints. The workgroup is hopeful to implement this option. SE continues to refer to and coordinate with VA services whenever appropriate</p>

CMHSP – Woodlands (Cass Co. CMH)

Priority Issue	Reasons For Priority	CMHSP Plan
1. Access to services (psychiatry)	CMH system provides majority of psychiatric care for county, with one part-time provider for Medicaid HMO. This results in individuals who do not qualify for CMH having excessive wait times or not receiving psychiatric care.	<p>Woodlands BHN has added additional hours for child psychiatry, via contract provider. Cass County will be participating in the MC3 project, via University of Michigan, to provide consultation to primary care providers. Woodlands BHN is working with community partners via a rural health initiative at Borgess Lee Hospital to collaboratively identify means to increase psychiatry in Cass County.</p> <p>Update:</p> <p>Woodlands BHN has added a Child Psychiatrist, one day per month. This, in addition to the expansion of the MC3 project, via University of Michigan, has helped to decrease demand for CMHSP psychiatry with children. An additional child psychiatry option has been added for the local pediatric office through a partnership with Delano clinic, out of Borgess Medical Center. Timely access to psychiatry remains a challenge, despite these additional services. Woodlands BHN is currently working with our Medical Director regarding development of Medication Assisted Treatment and additional psychiatry hours. Included in the work plan discussion is the use of a mid level practitioner.</p>
2. Services to students	Local schools report significant need for behavioral health services, especially related to children with ADHD diagnoses. Investigations by CMH staff show that many families referred to CMH do not follow through with suggested appointments.	<p>Woodlands will work with all school districts to review array of services available in Cass County, including Medicaid HMO providers and CMH. Woodlands will work to educate stakeholders/staff and families as to means to access assistance with transportation, scheduling and service options in effort to meet demand. Woodlands will work with schools to facilitate education and training options.</p> <p>Update:</p> <p>Woodlands BHN has worked to better inform schools and parents regarding the resources available to students in our county, including CMH and other providers. We have provided additional training to local school personnel on program information and eligibility (i.e. what is Wraparound, who can be served, referral processes) as well as autism waiver and expansion activities. In addition, there have been a number of sessions offered of Mental Health First Aid – Youth version. These have been very positively received by the community, especially school staff. Additional trauma initiatives have also been implemented in the county, most notably TARGET training, provided at the ISD.</p>
3. Community Education related to mental illness, substance use disorders and trauma.	Primary care providers (MD, PA, and RNP) are often resistant to working with CMH population due to discomfort/lack of knowledge related to mental illness and/or substance use disorders.	<p>Woodlands will continue current efforts toward primary care education, via local system of care grants, MC3 projects and clinical staff participation in medical staff meetings. Woodlands will continue to partner with local system of care related to development of a trauma informed community.</p> <p>Update:</p> <p>Woodlands BHN has significantly increased education and consultation to the community over the past year. Efforts include participation at Medical Staff meetings at the local FQHC, planning and</p>

		<p>participation in collaborative trainings regarding Substance Abuse prevention, presentations on service arrays to multi-agency collaborative groups. Specific education regarding Substance Use Disorders and Mental Health has been provided to law enforcement and members of multiple court treatment teams.</p>
<p>4. Increase in substance use, especially heroin, in Cass County</p>	<p>Community stakeholders, including school personnel, have noted an increase in the level of substance use in families. Of particular concern are the increase in heroin and other opiates in the local community.</p>	<p>Woodlands will increase community education and outreach regarding substance use disorders, treatment options, recovery and current drug trends via community meetings, community task force and web postings.</p> <p>Update:</p> <p>A number of collaborative events have occurred over the past year, addressing the increase in opiate and heroin use in our local community. Woodlands, in partnership with the community coalition has sponsored Trainings on Prescription Drug Abuse, accessed Red Boxes for medication disposal for placements in 4 sites across the community. Woodlands SA Prevention staff continues to work with law enforcement to coordinate DEA Medication Disposal campaigns. Presentations on Opiate and Heroin abuse have been made to a number of community meetings, including Rotary, Human Services Collaborative and School Superintendents. Social Media campaigns have also addressed this growing problem in our communities.</p> <p>In addition, Woodlands has worked with our Coordinating Agency to promote and sponsor trainings for First Responders related to Narcan. We are working closely with local treatment courts to identify and coordinate access to Vivitrol for eligible customers. In regards to treatment, additional groups have been added to better ensure full array of SUD services, including Early Intervention and Family Psychoeducation.</p>
<p>5. Services to the aging.</p>	<p>County statistics show that the elderly are the fastest growing population subgroup in the county. Community stakeholders have identified the need for education to medical providers and care givers related to dementia and other aging related issues.</p>	<p>Woodlands will work with the local Council on Aging, Area Agency on Aging and medical providers to identify topics for training and skill development by CMH and other medical staff. Woodlands will identify internal staff training needs to further facilitate staff competencies related to dementia and other age related mental health concerns.</p> <p>Update:</p> <p>Woodlands BHN continues to partner with our local Council on Aging for community events such as Memory Screening, Depression Screening and Health Fairs. Woodlands is an active participant of the Vulnerable Adult Network, working with Adult Protective Services to ensure the safety of our most vulnerable citizens. Woodlands has also established a closer working relationship with our Area Agency on Aging, to ensure staff and individuals served have knowledge and access to the services and programs available to them in our county.</p>

SECTION 904 (2) (f)
SECOND OPINIONS
FY 2015

Number of Second Opinions Requested Resulting in Delivery of Services

	October 1, 2014 - December 31, 2014		January 1, 2015 - March 31, 2015		April 1, 2015 - June 30, 2015		July 1, 2015 - September 30, 2015	
	Number of Requests for Second Opinions	Number of Persons that Received Services After Request for Second Opinion	Number of Requests for Second Opinions	Number of Persons that Received Services After Request for Second Opinion	Number of Requests for Second Opinions	Number of Persons that Received Services After Request for Second Opinion	Number of Requests for Second Opinions	Number of Persons that Received Services After Request for Second Opinion
CMHSP								
Allegan	2	0	0	0	0	0	0	0
AuSable	0	0	1	0	0	0	1	0
Barry	0	0	0	0	0	0	0	0
Bay-Arenac	0	0	0	0	0	0	0	0
Berrien	.	.	0	0	1	0	0	0
CEI	1	0	1	0	0	0	1	1
CMH Central MI	0	0	0	0	2	1	1	0
Copper	0	0	1	0	0	0	0	0
Detroit-Wayne	0	0	0	0	0	0	0	0
Genesee	15	3	11	1	8	1	8	1
Gogebic	0	0	0	0	0	0	1	0
Gratiot	0	0	0	0	0	0	0	0
Hiawatha	0	0	1	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0
Kalamazoo	2	0	2	0	2	0	3	0
Lapeer	0	0	0	0	0	0	0	0
Lenawee	1	1	0	0	0	0	0	0
LifeWays	0	0	1	0	2	0	2	2
Livingston	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0
Centra Wellness (Manistee-Benzie)	1	1	0	0	1	0	0	0
Monroe	3	0	3	0	0	0	2	0
Montcalm	1	1	0	0	0	0	0	0
HealthWest (Muskegon)	0	0	0	0	0	0	0	0
network180	9	1	8	2	8	3	4	0
Newaygo	0	0	0	0	0	0	0	0
North Country	2	1	1	0	1	0	0	0
Northeast	0	0	0	0	1	0	0	0
Northern Lakes	2	0	5	2	4	2	5	3
Northpointe	1	0	0	0	0	0	0	0
Oakland	11	6	8	6	11	5	4	1
Ottawa	1	0	1	0	1	1	5	0
Pathways	1	1	0	0	0	0	1	0
Pines	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	1	0	1	1
Sanilac	0	0	0	0	0	0	0	0
Shiawassee	.	.	.	.	.	.	0	0
St. Clair	1	0	2	1	2	0	2	0
St. Joseph	0	0	0	0	0	0	0	0
Summit Pointe	.	.	.	.	.	.	.	.
Tuscola	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0
Washtenaw	0	0	1	0	1	0	1	0
West Michigan	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0
Total	54	15	47	12	46	13	42	9

Source: Performance Indicator Report

SECTION 904 (2) (h)
LAPSES AND CARRYFORWARDS
FY 2015

FY 2015 CMHSP FINAL REPORT ANALYSIS - UNAUDITED CMHSP FY 15 REPORTS AS OF 3/8/16

New PIHP Region#	Region Name	"OLD" PIHP	CMHSP	GF Carryforward	GF Oper Lapse	GF Categ. Lapse	WCHO Lapse	Total Lapse	GF on Medicaid	CMHSP GF Risk (Deficit)
1	Northcare Network	North Care	Copper Country	-	-	-	-	-	-	(103,199)
1	Northcare Network	North Care	Gogebic	-	-	-	-	-	-	(20,249)
1	Northcare Network	North Care	Hiawatha	56,209	128,749	-	-	128,749	-	-
1	Northcare Network	North Care	Northpointe	-	-	-	-	-	-	(39,315)
1	Northcare Network	North Care	Pathways	-	-	-	-	-	-	(157,752)
	Northcare Network Total			56,209	128,749	-	-	128,749	-	(320,515)
2	Northern MI	Northern Affiliation	Ausable Valley	34,420	30,064	-	-	30,064	-	-
2	Northern MI	CMH Affiliation of Mid-MI	Manistee-Benzie	19,030	42,691	-	-	42,691	-	-
2	Northern MI	Northern Affiliation	North Country	25,081	-	-	-	-	-	-
2	Northern MI	Northern Affiliation	Northeast	22,026	-	-	-	-	-	-
2	Northern MI	Northwest CMH Affiliation	Northern Lakes	105,009	-	-	-	-	-	-
	Northern MI Total			205,566	72,755	-	-	72,755	-	-
3	Lakeshore	Southwest Affiliation	Allegan	-	-	-	-	-	-	(68,768)
3	Lakeshore	Network 180	Kent - Network 180	362,682	124,931	42,240	-	167,171	-	-
3	Lakeshore	Lakeshore Behavioral Health Alliance	Muskegon	-	-	-	-	-	-	(319,138)
3	Lakeshore	Lakeshore Behavioral Health Alliance	Ottawa	14,207	-	-	-	-	-	-
3	Lakeshore	Northwest CMH Affiliation	West Michigan	17,382	-	-	-	-	-	-
	Lakeshore Total			394,271	124,931	42,240	-	167,171	-	(387,906)
4	Southwest MI Behavioral Health	Venture Behavioral Health	Barry	-	-	-	-	-	-	(118,665)
4	Southwest MI Behavioral Health	Venture Behavioral Health	Berrien	-	-	-	-	-	-	(1,201,740)
4	Southwest MI Behavioral Health	Southwest Affiliation	Kalamazoo	267,558	536,393	-	-	536,393	-	-
4	Southwest MI Behavioral Health	Venture Behavioral Health	Pines Behavioral	14,380	-	-	-	-	-	-
4	Southwest MI Behavioral Health	Southwest Affiliation	St. Joseph	55,837	-	-	-	-	-	-
4	Southwest MI Behavioral Health	Venture Behavioral Health	Summit Pointe	-	-	-	-	-	-	(1,588,700)
4	Southwest MI Behavioral Health	Venture Behavioral Health	Van Buren	-	-	-	-	-	-	(323,231)
4	Southwest MI Behavioral Health	Southwest Affiliation	Woodlands	-	-	-	-	-	-	(98,237)
	Southwest MI Behavioral Health Total			337,775	536,393	-	-	536,393	-	(3,330,573)
5	Mid-State Health Network	Access Alliance of MI	Bay Arenac	43,932	-	1,856	-	1,856	-	-
5	Mid-State Health Network	CMH Affiliation of Mid-MI	Clinton-Eaton-Ingham	-	-	-	-	-	-	(3,163,173)
5	Mid-State Health Network	CMH Central MI	CMH for Central Michigan	-	-	-	-	-	-	(442,687)
5	Mid-State Health Network	CMH Affiliation of Mid-MI	Gratiot	-	-	-	-	-	-	(207,259)
5	Mid-State Health Network	Access Alliance of MI	Huron	-	-	-	-	-	-	(479,273)
5	Mid-State Health Network	CMH Affiliation of Mid-MI	Ionia	27,160	110,718	-	-	110,718	-	-
5	Mid-State Health Network	Lifeways	Lifeways	-	-	-	-	-	-	(448,173)
5	Mid-State Health Network	Access Alliance of MI	Montcalm	-	-	-	-	-	-	(10,954)
5	Mid-State Health Network	CMH Affiliation of Mid-MI	Newaygo	442	-	-	-	-	-	-
5	Mid-State Health Network	Saginaw Co CMH Authority	Saginaw	-	-	-	-	-	-	(678,845)
5	Mid-State Health Network	Access Alliance of MI	Shiawassee	-	-	-	-	-	-	(207,048)
5	Mid-State Health Network	Access Alliance of MI	Tuscola	-	-	80	-	80	-	(347,640)
	Mid-State Health Network Total			71,534	110,718	1,936	-	112,654	-	(5,985,052)
6	CMH Partnership of SE MI	CMH Partnership of Southeast MI	Lenawee	-	-	-	-	-	-	(49,728)
6	CMH Partnership of SE MI	CMH Partnership of Southeast MI	Livingston	-	-	-	-	-	-	(737,179)
6	CMH Partnership of SE MI	CMH Partnership of Southeast MI	Monroe	-	-	-	-	-	-	(714,653)
6	CMH Partnership of SE MI	CMH Partnership of Southeast MI	Washtenaw	-	-	-	-	-	-	(1,369,792)
	CMH Partnership of SE MI Total			-	-	-	-	-	-	(2,871,352)
7	Detroit-Wayne MHA	Detroit-Wayne Co CMH	Detroit-Wayne	3,247,683	-	-	-	-	-	-
	Detroit-Wayne MHA Total			3,247,683	-	-	-	-	-	-
8	Oakland Co CMHA	Oakland Co CMH Authority	Oakland	-	-	121,043	-	121,043	-	(3,424,008)
	Oakland Co CMHA Total			-	-	121,043	-	121,043	-	(3,424,008)
9	Macomb Co CMHS	Macomb Co CMH Services	Macomb	665,913	1,393,601	-	-	1,393,601	-	-
	Macomb Co CMHS Total			665,913	1,393,601	-	-	1,393,601	-	-
10	Region 10	Genesee Co CMH Services	Genesee	266,264	-	-	-	-	-	-
10	Region 10	Thumb Alliance PIHP	Lapeer	-	-	-	-	-	-	(137,183)
10	Region 10	Thumb Alliance PIHP	Sanilac	22,569	5,803	-	-	5,803	-	-
10	Region 10	Thumb Alliance PIHP	St. Clair	26,773	-	-	-	-	-	-
	Region 10 Total			315,606	5,803	-	-	5,803	-	(137,183)
	Grand Total			5,294,557	2,372,950	165,219	-	2,538,169	-	(16,456,589)

FOOTNOTES:

FY 2015 CMHSP / PIHP FINAL REPORT ANALYSIS - UNAUDITED CMHSP / PIHP FY 15 REPORTS AS OF 3/8/16

New PIHP Region#	Region Name	Med Savings	Med Lapse	PIHP MED Risk (Deficit)	MDCH MED Risk	Med ISF	HMP Savings	HMP Lapse	HMP (Deficit)	HMP ISF	PA2 Balance	SUD Comm Grant	Autism Med	Autism MIChild
1	Northcare Network					\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
1	Northcare Network					\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
1	Northcare Network					\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
1	Northcare Network					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1	Northcare Network					\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
1	Northcare Network	\$ 3,841,929	\$ 1,337,976			\$ 6,536,869	\$ 3,106,052	\$ 1,337,976	\$ -	\$ 411,111	\$ 2,605,898	\$ 452,782	\$ 164,176	\$ -
1	Northcare Network Total	\$ 3,841,929	\$ 1,337,976	\$ -	\$ -	\$ 6,536,869	\$ 3,106,052	\$ 1,337,976	\$ -	\$ 411,111	\$ 2,605,898	\$ 452,782	\$ 164,176	\$ -
2	Northern MI									\$ -	\$ -	\$ -	\$ -	\$ -
2	Northern MI									\$ -	\$ -	\$ -	\$ -	\$ -
2	Northern MI									\$ -	\$ -	\$ -	\$ -	\$ -
2	Northern MI									\$ -	\$ -	\$ -	\$ -	\$ -
2	Northern MI									\$ -	\$ -	\$ -	\$ -	\$ -
2	Northern MI	\$ -				\$ 6,659,677	\$ -			\$ 5,297,746	\$ 3,670,118	\$ 37,783	\$ 1,604,712	\$ 35,057
2	Northern MI Total	\$ -	\$ -	\$ -	\$ -	\$ 6,659,677	\$ -	\$ -	\$ -	\$ 5,297,746	\$ 3,670,118	\$ 37,783	\$ 1,604,712	\$ 35,057
3	Lakeshore	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
3	Lakeshore	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
3	Lakeshore	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
3	Lakeshore	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
3	Lakeshore	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
3	Lakeshore	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
3	Lakeshore	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -	\$ -
3	Lakeshore Total	\$ -	\$ -	\$ (4,932,256)	\$ -	\$ 8,099,832	\$ 12,273,067	\$ -	\$ -	\$ -	\$ 4,656,703	\$ 394,465	\$ 4,808,595	\$ 143,570
4	Southwest MI Behavioral Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	Southwest MI Behavioral Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	Southwest MI Behavioral Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	Southwest MI Behavioral Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	Southwest MI Behavioral Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	Southwest MI Behavioral Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	Southwest MI Behavioral Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	Southwest MI Behavioral Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	Southwest MI Behavioral Health	\$ 15,737,135	\$ 2,069,127	\$ -	\$ -	\$ 15,737,135	\$ 1,957,560	\$ 8,494,336	\$ -	\$ 1,957,561	\$ 4,342,601	\$ 1,786,378	\$ 2,509,205	\$ 49,719
4	Southwest MI Behavioral Health Total	\$ 15,737,135	\$ 2,069,127	\$ -	\$ -	\$ 15,737,135	\$ 1,957,560	\$ 8,494,336	\$ -	\$ 1,957,561	\$ 4,342,601	\$ 1,786,378	\$ 2,509,205	\$ 49,719
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	Mid-State Health Network	\$ 2,606,337	\$ -	\$ -	\$ -	\$ 23,807,243	\$ 20,064,120	\$ -	\$ -	\$ -	\$ 12,722,681	\$ 2,349,138	\$ 4,135,561	\$ 7,947
5	Mid-State Health Network Total	\$ 2,606,337	\$ -	\$ -	\$ -	\$ 23,807,243	\$ 20,064,120	\$ -	\$ -	\$ -	\$ 12,722,681	\$ 2,349,138	\$ 4,135,561	\$ 7,947
6	CMH Partnership of SE MI	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	CMH Partnership of SE MI	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	CMH Partnership of SE MI	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	CMH Partnership of SE MI	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	CMH Partnership of SE MI	\$ 1,473,549	\$ -	\$ -	\$ -	\$ 8,804,280	\$ 5,224,847	\$ -	\$ -	\$ -	\$ 6,196,234	\$ 1,219,157	\$ 1,054,800	\$ 84,525
6	CMH Partnership of SE MI Total	\$ 1,473,549	\$ -	\$ -	\$ -	\$ 8,804,280	\$ 5,224,847	\$ -	\$ -	\$ -	\$ 6,196,234	\$ 1,219,157	\$ 1,054,800	\$ 84,525
7	Detroit-Wayne MHA	\$ 9,269,672	\$ -	\$ -	\$ -	\$ 45,318,381	\$ 28,279,811	\$ 7,337,228	\$ -	\$ -	\$ 6,453,366	\$ 887,163	\$ 7,560,272	\$ 120,791
7	Detroit-Wayne MHA Total	\$ 9,269,672	\$ -	\$ -	\$ -	\$ 45,318,381	\$ 28,279,811	\$ 7,337,228	\$ -	\$ -	\$ 6,453,366	\$ 887,163	\$ 7,560,272	\$ 120,791
8	Oakland Co CMHA	\$ -	\$ -	\$ -	\$ -	\$ 16,276,175	\$ -	\$ -	\$ -	\$ 122,030	\$ 15,216,585	\$ 974,539	\$ 1,492,683	\$ 35,104
8	Oakland Co CMHA Total	\$ -	\$ -	\$ -	\$ -	\$ 16,276,175	\$ -	\$ -	\$ -	\$ 122,030	\$ 15,216,585	\$ 974,539	\$ 1,492,683	\$ 35,104
9	Macomb Co CMHS	\$ -	\$ -	\$ (1,644,466)	\$ -	\$ 11,833,876	\$ 8,734,297	\$ -	\$ -	\$ 3,484,130	\$ 7,873,163	\$ 837,830	\$ 1,696,150	\$ 8,995
9	Macomb Co CMHS Total	\$ -	\$ -	\$ (1,644,466)	\$ -	\$ 11,833,876	\$ 8,734,297	\$ -	\$ -	\$ 3,484,130	\$ 7,873,163	\$ 837,830	\$ 1,696,150	\$ 8,995
10	Region 10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	Region 10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	Region 10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	Region 10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	Region 10	\$ 12,989,937	\$ -	\$ -	\$ -	\$ 15,107,233	\$ 1,066,775	\$ 2,838,586	\$ -	\$ 1,719,955	\$ 3,623,653	\$ 811,308	\$ 4,116,423	\$ 58,791
10	Region 10 Total	\$ 12,989,937	\$ -	\$ -	\$ -	\$ 15,107,233	\$ 1,066,775	\$ 2,838,586	\$ -	\$ 1,719,955	\$ 3,623,653	\$ 811,308	\$ 4,116,423	\$ 58,791
Totals		\$ 45,918,559	\$ 3,407,103	\$ (6,576,722)	\$ -	\$ 158,180,701	\$ 80,706,529	\$ 20,008,126	\$ -	\$ 12,992,533	\$ 67,361,002	\$ 9,750,543	\$ 29,142,577	\$ 544,499

FOOTNOTES:

SECTION 904 (2) (i) (i, ii & iii)
CMHSP PROVIDER CONTRACTS
FY 2015

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

FY-15

Form 1 of 2

CONTRACT*15.XLS

STATEWIDE TOTALS

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	215		\$92,722,505.47
Intensive Interventions/Intensive Community Services	75		\$32,781,751.36
Clinic Services and/or Medication	492		\$61,983,386.75
Supports for Residential Living	898		\$114,750,183.67
Supports for Community Living	426		\$94,655,634.86
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	287		\$102,999,393.75
Intensive Interventions/Intensive Community Services	68		\$8,083,531.45
Clinic Services/Medication	499		\$29,450,390.14
Supports for Residential Living	1338		\$415,943,742.16
Supports for Community Living	1230		\$506,277,334.38
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	127		\$25,801,157.66
Intensive Interventions/Intensive Community Services	103		\$32,711,915.83
Clinic Services/Medication	357		\$31,373,593.79
Supports for Residential Living	38		\$8,174,030.42
Supports for Community Living	158		\$5,472,368.15

**Adults with Mental Illness
Targeted CSM/Supports Coordination**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	4	32.00 - 57.32	\$0
AuSable Valley	0	0	\$0
Barry	1	\$116 per 15 minutes	\$1,276
Bay Arenac	6	\$39.00 - \$65.76/unit	\$684,217
Berrien	1	30	\$3,076
CEI	1	\$476 per client/per month	\$33,796
Central MI	6	\$4.90 per 15 min. - \$94.38 per 15 min.	\$49,988
Copper Country	1	\$ 92.00 per unit	\$368
Detroit Wayne	52	16	\$38,559,878
Genesee	13	\$30 - \$347.44	\$7,519,921
Gogebic	2	0	\$2,226
Gratiot	0	0	\$0
Hiawatha	1	\$103.00 hr.	\$2,402
Huron	1	\$38.15 min unit	\$93,249
Ionia	0	0	\$0
Kalamazoo	7	T1017 \$28.42 per 15 min, T1017:HE \$28.42 per 15 min, T1017:HE:HM \$28.42 per 15 min	\$3,076,810
Lapeer	3	\$18.20 to \$37.00 per hour	\$132,995
Lenawee	0	0	\$0
Lifeways	14	\$28/unit (T1017) - \$96/unit T2017	\$1,978,206
Livingston	0	0	\$0
Macomb	24	47.53-123.32	\$3,927,709
Manistee Benzie	4	29.84-97.47	\$2,235
Monroe	0	0	\$0
Montcalm	1	\$87.50 per unit	\$6,771
Muskegon	0	0	\$0
Network180	7	\$28 - \$60 / 15 minutes, \$242 / case	\$6,849,185
Newaygo	0	0	\$0
North Country	1	\$170 encounter	\$50,718
Northeast	3	61.13 - 88.50 Unit	\$17,635
Northern Lakes	6	\$36.50 to \$112.85	\$165,410
Northpointe	3	\$39 - \$74.80	\$39,642
Oakland	4	Net Cost	\$20,663,179
Ottawa	9	\$43.78-\$47.97	\$34,318
Pathways	3	\$53.00 to \$63.00 / 15 minutes	\$40,074
Pines	0	0	\$0
Saginaw	14	\$40.59-\$496.80/15 min	\$4,286,256
Sanilac	0	0	\$0
Shiawassee	3	\$38.00 to \$94.01	\$76,474
St. Clair	2	\$19.88-\$65.76	\$66,604
St. Joseph	1	95	\$0
Summit Pointe	7	24.40 - 32.75 / per hour; 65.44 -106. per 15 minute unit of service	\$112,605
Tuscola	0	0	\$0
Van Buren	0	0	\$0
Washtenaw	4	\$32-\$179.61	\$4,182,282
West MI	2	\$39.50-\$43.50	\$9,700
Woodlands	4	32-90	\$53,300
Total	215		\$92,722,505

**Adults with Mental Illness
Intensive Interventions/Intensive Community**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	0	0	\$0
AuSable Valley	0	0	\$0
Barry	1	\$369.83 per diem	\$1,850
Bay Arenac	1	\$48.00 - \$144.00/event	\$99,818
Berrien	0	0	\$0
CEI	0	0	\$0
Central MI	0	0	\$0
Copper Country	0	0	\$0
Detroit Wayne	21	47.86	\$16,566,768
Genesee	4	\$2.63 - \$4124	\$2,089,917
Gogebic	0	0	\$0
Gratiot	0	0	\$0
Hiawatha	0	0	\$0
Huron	0	0	\$0
Ionia	0	0	\$0
Kalamazoo	2	H0039 \$26.40 per day: H2019 \$30.45 per 15 min: H2019:TT \$6.98 per 15 min	\$2,367,418
Lapeer	1	0	\$41,329
Lenawee	0	0	\$0
Lifeways	5	\$38 (H2011 LW Access)- \$350/unit (H0036)	\$2,929,002
Livingston	0	0	\$0
Macomb	3	3.22-125.00	\$241,306
Manistee Benzie	0	0	\$0
Monroe	0	0	\$0
Montcalm	0	0	\$0
Muskegon	0	0	\$0
Network180	5	\$34 - \$57 / 15 minutes	\$3,060,915
Newaygo	0	0	\$0
North Country	0	0	\$0
Northeast	0	0	\$0
Northern Lakes	8	\$44 TO \$395	\$100,398
Northpointe	4	\$200 - \$400/day or \$56 - \$95/unit	\$42,861
Oakland	4	Net Cost	\$2,295,269
Ottawa	1	398	\$6,993
Pathways	0	0	\$0
Pines	0	0	\$0
Saginaw	12	\$28.40/15 min- \$404.97/Encounter	\$1,565,922
Sanilac	0	0	\$0
Shiawassee	0	0	\$0
St. Clair	0	0	\$0
St. Joseph	0	0	\$0
Summit Pointe	1	They pay us	\$0
Tuscola	0	0	\$0
Van Buren	0	0	\$0
Washtenaw	1	\$62.64-\$78.16	\$1,365,693
West MI	0	0	\$0
Woodlands	1	28.31-28.60	\$6,292
Total	75		\$32,781,751

**Adults with Mental Illness
Clinic Services and/or Medication**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	5	41.49 - 225.95	\$0
AuSable Valley	4	\$22-\$260	\$325,971
Barry	3	\$50-\$267.92 per encounter	\$12,350
Bay Arenac	16	\$17.00 - \$195.00/event	\$1,660,096
Berrien	3	\$16.33-\$216.00	\$6,776
CEI	0	0	\$0
Central MI	25	\$48.33 per enc. - \$165 per enc.	\$1,287,686
Copper Country	4	\$30-\$80/day \$35- \$45 /hour when called out	\$8,131
Detroit Wayne	70	103.12	\$21,022,871
Genesee	12	\$4.41 - \$200	\$769,764
Gogebic	3	\$165.00/hour	\$138,173
Gratiot	2	\$154-160/hour	\$205,435
Hiawatha	4	\$65.00-178.50 hr	\$353,924
Huron	16	\$11 - \$165 hour	\$272,770
Ionia	0	0	\$0
Kalamazoo	15	H0031 \$152.25 per encounter; T1002 \$28.52 36.54 per 15 minute; 90791, \$152.55 per encounter, 90792 \$137.03 per encounter, 99214 \$68.51 per encounter 99201 \$68.51 per encounter, 99202 \$68.51 per encounter, 99203 \$68.51 per encounter, 99212 \$68.51 per encounter, 99213 \$68.51 per encounter; 96101 \$86.28 per event, 96102 \$69.02 per event, 96103 \$35.53 per event, S9445 \$88.81 per encounter	\$375,928
Lapeer	20	\$20.83 per unit to \$145.00 per hour	\$442,709
Lenawee	13	\$75-\$170 per hr	\$364,709
Lifeways	35	\$12.37/unit (90834) \$500 (ECT)	\$2,754,175
Livingston	12	55-125 per hour	\$741,334
Macomb	23	0.00-837.00	\$3,703,253
Manistee Benzie	13	14.44-220.95	\$12,465
Monroe	4	\$35.70-\$175.00 per encounter	\$3,385
Montcalm	2	\$155-\$170 per hour	\$28,357
Muskegon	4	\$35.88 - \$160.00	\$0
Network180	6	\$35 - \$230 / encounter	\$769,729
Newaygo	4	\$140 - \$175 per hour	\$178,266
North Country	12	\$30-\$170 hour, \$45-\$250 encounter	\$351,546
Northeast	7	38.50 - 425.79 Unit/Encounter	\$131,163
Northern Lakes	24	\$10 TO \$700	\$1,252,127
Northpointe	3	\$168 - \$240.53	\$186,550
Oakland	3	Net Cost	\$15,387,342
Ottawa	6	\$51.51-\$353.50	\$56,303
Pathways	5	\$20.60 to \$193.30 / encounter \$75 to \$100 / hour	\$5,472
Pines	4	30-165	\$6,800
Saginaw	36	\$4.31-\$1,131.46/Encounter	\$2,525,164
Sanilac	0	0	\$0
Shiawassee	3	\$25.21 to \$178.36	\$208,692
St. Clair	5	\$2.00-\$341.00	\$232,483
St. Joseph	0	130.00-135.00	\$237,458
Summit Pointe	48	\$18 -150 per hour: \$28 - \$167.45 per encounter	\$1,571,792
Tuscola	1	\$3.00 - \$215.90 Rx	\$8,162
Van Buren	0	0	\$0
Washtenaw	6	\$101.14-\$785.41 reporting unit varies	\$8,957,685
West MI	4	\$65-\$400	\$140,800
Woodlands	5	50.00-200.00	\$5,772
Total	490		\$66,703,568

**Adults with Mental Illness
Supports for Residential Living**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	48	15.00 - 475.00 per day	\$1,746,783
AuSable Valley	5	\$76-\$331	\$638,644
Barry	8	\$100-\$257.78 per diem	\$786,943
Bay Arenac	9	\$54.00 - \$346.00/day	\$2,254,655
Berrien	23	\$9.00-\$724.75	\$2,785,635
CEI	36	\$19.53 - \$156.00 per diem	\$3,085,578
Central MI	53	\$1.97 per day - \$440.79 per day	\$5,026,006
Copper Country	1	\$ 40.65- \$ 46.97 per day	\$95,100
Detroit Wayne	246	27.42	\$31,070,898
Genesee	61	\$12.48 - \$2856	\$6,011,962
Gogebic	2	\$190.00/day	\$30,554
Gratiot	3	\$25-165/hour	\$124,816
Hiawatha	2	\$160.00-168.95 hr	\$669,532
Huron	1	\$310 day	\$9,195
Ionia	4	146.58 - 298.40	\$225,534
Kalamazoo	20	T2033 \$43.65-\$331.00 per day; T1020 \$14.66-\$240.53 per day; H2016 \$70.37-\$413.71 per day; H0018 -\$309.58 per day	\$8,260,085
Lapeer	10	\$22.21 to \$455.00 per day	\$924,486
Lenawee	3	\$190 - \$235 per day	\$1,114,685
Lifeways	14	\$16.70/day (T1020) - \$976.65/day (H2016)	\$3,681,490
Livingston	4	35 - 199 per diem	\$439,385
Macomb	25	16.55-414.06	\$6,138,779
Manistee Benzie	0	included below with I/DD total	\$0
Monroe	4	\$39.91-\$211.83	\$668,100
Montcalm	6	\$50-\$275 per day	\$854,419
Muskegon	16	\$136.90 - \$398.00	\$0
Network180	3	\$124 - \$351 / day	\$10,605,689
Newaygo	6	\$25 - \$298.13 per day	\$234,384
North Country	14	\$50-\$331 day	\$1,219,027
Northeast	12	40.00 - 289.00 Per Diem	\$826,536
Northern Lakes	25	\$6 TO \$356	\$2,912,960
Northpointe	6	\$8 - \$300.00/day	\$464,486
Oakland	3	Net Cost	\$111,028
Ottawa	12	\$49.45-\$650.00	\$699,598
Pathways	9	\$38.04 to \$400 / day	\$2,134,274
Pines	6	10.50 - 181.15	\$318,168
Saginaw	19	\$59.00-\$310/Day	\$4,626,457
Sanilac	13	\$16.80 - \$465.60/day	\$0
Shiawassee	8	\$6.06 to \$279.00	\$671,389
St. Clair	11	\$2.26-\$317.29	\$1,545,364
St. Joseph	15	58.62-650.52	\$2,874,581
Summit Pointe	70	\$127.36 - \$642.00 per day	\$2,395,150
Tuscola	4	\$111.42 - \$338.00	\$347,273
Van Buren	27	\$6.25 - \$312.61	\$504,370
Washtenaw	5	\$67-\$270.27	\$2,685,681
West MI	14	\$32-\$416	\$1,737,000
Woodlands	12	81.00-529.00	\$1,193,504
Total	898		\$114,750,184

**Adults with Mental Illness
Supports for Community Living**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	15	3.75 - 4.71 per 15 minutes	\$208,575
AuSable Valley	1	20	\$0
Barry	3		
Bay Arenac	4	4	\$4
Berrien	15	\$3.03-\$228.61	\$1,181,889
CEI	0	0	\$0
Central MI	41	\$.81 per 15 min. - \$6.00 per 15 min.	\$2,287,424
Copper Country	1	4.68	\$46,164
Detroit Wayne	72	9.69	\$11,913,866
Genesee	22	\$2.21 - \$428.16	\$1,325,372
Gogebic	0	0	\$0
Gratiot	0	0	\$0
Hiawatha	1	0	\$72,883
Huron	0	0	\$0
Ionia	3	\$13.59 - 18.40	\$24,750
Kalamazoo	8	H0043 \$8.12-\$630.90 per day; H2014:TT \$2.03 per 15 min, H2014:TF:TT \$4.06 per 15 min, H2014:TT:HE \$2.03 per 15 min, H2014:TF:TT:HE \$4.06 per 15 min, H2014:TG:TT \$5.08 per 15 min, H2014:TG:TT:HE \$5.08 per 15 min ; H2015 \$4.30 per 15 min, H2015:TT \$2.42 per 15 min, H2015:TF:TT \$4.20 per 15 min; H2023:TG \$24.36 per 15 min, H2023:TF:TG \$12.69 per 15 min ; H2030 \$50.26 per day, H0032-\$76.13 per event.	\$1,404,560
Lapeer	6	\$2.87 per unit to \$65,000 per year	\$67,581
Lenawee	4	\$2.51 & \$3.85 per 15 min	\$511,358
Lifeways	14	\$4.3 (H2015) - \$700 (T2038)	\$1,261,178
Livingston	5	15.40 per hour	\$327,638
Macomb	31	1.73-295.22	\$26,502,581
Manistee Benzie	0	included below with I/DD total	\$0
Monroe	11	\$3.13-\$3.85	\$673,838
Montcalm	2	CLS \$4.30- \$5.30 Skill Bld \$4.50 SE \$2.55-\$6.51	\$119,256
Muskegon	3	\$7.64 - \$20.24	\$0
Network180	6	\$3 - \$23 / 15 minutes	\$1,360,766
Newaygo	2	\$2.08 per 15 min. unit - \$315.63 per day	\$69,239
North Country	3	\$95-\$125 day, \$6.25-11.75 unit	\$368,346
Northeast	4	3.75 - 41.58 Unit	\$102,692
Northern Lakes	19	2.38 TO \$125	\$192,542
Northpointe	4	\$8.50 - \$51.26	\$420,868
Oakland	3	Net Cost	\$31,214,270
Ottawa	19	\$1.94-\$5.18	\$687,601
Pathways	6	\$8.00 to \$24.84 / hour \$104.78 to \$163.42 / day	\$347,722
Pines	3	2.30 - 282	\$297,403
Saginaw	22	\$1.55-\$250.84/15 min	\$2,030,545
Sanilac	2	\$2.50 - \$4.26/unit	\$0
Shiawassee	10	\$1.46 to \$160.00	\$391,714
St. Clair	17	\$1.24-\$351.32	\$817,378
St. Joseph	2	2.50-4.39	\$947,127
Summit Pointe	2	\$14.00-\$15.44 per hour \$35,000 per month	\$982,140
Tuscola	1	190.54	\$73,456
Van Buren	2	\$50.00 - \$270.00	\$190,567
Washtenaw	18	\$2.57-\$539.324	\$4,087,284
West MI	4	\$3.75-\$5.75	\$19,900
Woodlands	3	2.96 -10.00	\$4,973
Total	414		\$92,535,450

**Persons with Developmental Disabilities
Targeted CSM/Supports Coordination**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	2	32.00 - 57.32	\$0
AuSable Valley	0	0	\$0
Barry	1	\$116-\$144 per 15 minutes	\$1,268
Bay Arenac	5	\$39.00 - \$94.71/unit	\$68,949
Berrien	2	\$43.09-\$96.00	\$7,991
CEI	3	\$39.50 per 15 minutes - \$476 per client/ per month	\$24,399
Central MI	16	\$4 per 15 min. - \$112.85 per 15 min.	\$390,368
Copper Country	2	\$ 53- \$ 95.77 unit	\$12,472
Detroit Wayne	105	5.88	\$67,962,522
Genesee	18	\$41.0167 - \$304.01	\$1,698,564
Gogebic	2	0	\$11,906
Gratiot	0	0	\$0
Hiawatha	1	\$103.00 hr	\$2,402
Huron	3	\$32 - \$100 15 min unit	\$92,782
Ionia	0	0	\$0
Kalamazoo	4	T1016 \$31.47-36.54 per 15 min, T1016:HE \$36.54 per 15 min	\$469,667
Lapeer	0	0	\$0
Lenawee	0	0	\$0
Lifeways	14	\$28/unit (T1017) - \$291.57/encounter (T2023)	\$1,459,087
Livingston	1	92.40 per 15 minutes	\$7,014
Macomb	9	47.53-123.32	\$5,594,482
Manistee Benzie	5	50.71-86.67	\$16,594
Monroe	2	\$32-\$61.41	\$3,062
Montcalm	4	\$74-\$92.45 per unit	\$13,061
Muskegon	0	0	\$0
Network180	9	\$53.55/15 min - \$420/case	\$6,439,930
Newaygo	0	0	\$0
North Country	2	\$37 day, \$56.50-\$282.15 encounter	\$14,596
Northeast	5	43.08 - 112.85 Unit	\$13,583
Northern Lakes	15	\$36 TO \$104	\$61,597
Northpointe	2	\$39 - \$74.80	\$18,642
Oakland	2	Net Cost	\$13,443,523
Ottawa	7	\$43.78-\$47.97	\$34,383
Pathways	4	\$158 to \$386.16 / hour	\$16,267
Pines	2	78.00 - 125	\$4,150
Saginaw	13	\$41.20-\$324.59/15 min	\$1,353,111
Sanilac	0	0	\$0
Shiawassee	4	\$36.00 to \$134.38	\$18,294
St. Clair	8	\$19.88-\$350.00	\$47,012
St. Joseph	1	95	\$68,115
Summit Pointe	6	\$15.00 - \$106.00 per 15 minutes: \$24.40 per hour	\$232,451
Tuscola	0	0	\$0
Van Buren	0	0	\$0
Washtenaw	5	\$39.07-\$576.36	\$3,383,285
West MI	0	0	\$0
Woodlands	3	43.50 - 137.00	\$14,090
Total	287		\$102,999,618

**Persons with Developmental Disabilities
Intensive Interventions/Intensive Community Services**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	0	0	\$0
AuSable Valley	0	0	\$0
Barry	1	\$95-\$420 per encounter	\$2,725
Bay Arenac	0	0	\$0
Berrien	3	\$18.75-\$20.21	\$890,871
CEI	0	0	\$0
Central MI	0	0	\$0
Copper Country	0	0	\$0
Detroit Wayne	15	62.63	\$929,626
Genesee	2	\$4 - \$173.25	\$50,447
Gogebic	0	0	\$0
Gratiot	0	0	\$0
Hiawatha	0	0	\$0
Huron	0	0	\$0
Ionia	0	0	\$0
Kalamazoo	3	H0039 \$26.40 per day; H2019 \$30.45 per 15 min; H2019:TT \$6.98 per 15 mi	\$113,528
Lapeer	0	0	\$0
Lenawee	0	0	\$0
Lifeways	4	\$28.50/unit (H0039) - \$289/day (H2022)	\$781,086
Livingston	5	12.00 - 19.00 per hour	\$720,151
Macomb	2	3.22-125.00	\$1,386
Manistee Benzie	0	0	\$0
Monroe	0	0	\$0
Montcalm	0	NA	\$0
Muskegon	1	100	\$19,634
Network180	2	\$2/15 min-\$600/day-\$1,500/encounter	\$466,400
Newaygo	0	0	\$0
North Country	0	0	\$0
Northeast	0	0	\$0
Northern Lakes	7	\$12.50 TO \$500	\$544,330
Northpointe	0	0	\$0
Oakland	2	Net Cost	\$6,948
Ottawa	0	0	\$0
Pathways	0	0	\$0
Pines	1	15.00 - 411.85	\$105,405
Saginaw	8	\$17.07-\$286.26/15 min	\$2,800,417
Sanilac	0	0	\$0
Shiawassee	0	0	\$0
St. Clair	4	\$14.32-\$113.33	\$48,364
St. Joseph	0	0	\$0
Summit Pointe	3	\$32.00 per 15 minutes	\$120,686
Tuscola	0	0	\$0
Van Buren	0	0	\$0
Washtenaw	5	\$12.50-\$78.16	\$481,527
West MI	0	0	\$0
Woodlands	0	0	\$0
Total	68		\$8,083,531

**Persons with Developmental Disabilities
Clinic Services/Medication**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	4	41.49 - 225.95	\$0
AuSable Valley	8	\$20-\$750	\$206,657
Barry	4	\$50-\$450 per encounter	\$2,495
Bay Arenac	17	\$35.00 - \$818.00/event	\$521,443
Berrien	8	\$5.83-\$2,250.00	\$498,819
CEI	0	0	\$0
Central MI	29	\$4.80 per 15 min. - \$400 per enc.	\$901,453
Copper Country	6	\$ 20.60-\$ 323.00/encounter \$30-\$80/day; \$35-\$45 hour when called out	\$12,750
Detroit Wayne	71	71.95	\$8,590,276
Genesee	13	\$8.35 - \$200	\$144,986
Gogebic	1	160	\$33,280
Gratiot	1	\$154-160/hour	\$16,629
Hiawatha	4	\$65.00-178.50 hr	\$353,924
Huron	6	\$50 - \$155 hour	\$46,023
Ionia	0	0	\$0
		96101 \$86.28 per event, 96102 \$69.02 per event, 96103 \$35.53 per event, T1002 \$28.42-36.54 per 15 minute; 90791, \$152.55 per encounter, 90792 \$137.03 per encounter, 99214 \$68.51 per encounter 99201 \$68.51 per encounter, 99202 \$68.51 per encounter, 99203 \$68.51 per encounter, 99212 \$68.51 per encounter, 99213 \$68.51 per encounter; 97001 \$125.86 per event; 97002- \$62.93 per event, 97003- \$125.86 per event, 97004- \$62.93 per event, 97110:GO- \$18.93 per event, 97112:GO- \$16.83 per 15 min., 97113:GO- \$18.36 per 15 min., 97116:GO- 14.20 per 15 min., 97124:GO- \$12.89 per 15 min., 97140:GO- \$15.08 per 15 min., 97530:GO- \$16.83 per 15 min, 97532:GO- 14.20 per 15 min., 97533:GO- \$15.08 per 15 min., 97535:GO- \$17.27 per 15 min., 97537:GO- \$15.73 per 15 min., 97542:GO- \$16.17 per 15 min., 97110:GP- \$16.17 per 15 min., 97112:GP- \$16.83 per 15 min., 97113:GP- \$18.36 per 15 min., 97116:GP- \$14.20 per 15 min., 97140:GP- \$15.08 per 15 min., 97530:GP- \$16.61-19.58 per 15 min., 97532:GP- \$14.20 per 15 min., 97533:GP- \$15.08 per 15 min., 97535:GP- \$17.27 per 15 min., 97537:GP- \$15.73 per 15 min., 97542:GP- \$16.17 per 15 min., H2019:U5- \$118.75 per 15 minutes, H2019:U5:TF- \$22.50 per 15 minutes, H2019:U5:TT- \$12.00 per 15 minutes	
Kalamazoo	0		\$808,459
Lapeer	0	0	\$0
Lenawee	12	\$30 - \$170 per hr	\$407,610
Lifeways	40	\$18/unit (H0031) \$900/encounter (ECT)	\$1,971,496
Livingston	16	43 -155 per hour	\$495,047
Macomb	7	0.00-837.00	\$1,603,767
Manistee Benzie	11	2.74-168.00	\$35,458
Monroe	4	\$35.70-\$175.00 per encounter	\$295,589
Montcalm	2	\$155-\$170 per hour	\$82,151
Muskegon	11	\$31.68 - \$160.00	\$271,142
Network180	10	\$11-\$420 / 15 min/encounter \$4/unit (item) - \$19.593/env mod	\$3,862,314
Newaygo	4	\$140 - \$175 per hour	\$54,494
North Country	13	\$30-\$170 hour, \$96.10-\$110.00 encounter	\$193,801
Northeast	11	66.98-1140 Unit/Encounter	\$162,902
Northern Lakes	38	\$4.50 TO \$870	\$389,821
Northpointe	4	\$23 - \$240.53	\$67,872
Oakland	2	Net Cost	\$3,654,268
Ottawa	18	\$51.51-\$353.50	\$83,882
Pathways	9	\$46.00 to \$400.00 / hour \$77.75 to \$550.48 / encounter	\$89,686
Pines	5	3.93 - 160	\$9,150
Saginaw	31	\$1.93-\$1,131.46/Encounter	\$1,145,856
Sanilac	0	0	\$0
Shiawassee	9	\$6.52 to \$1,500.00	\$60,281
St. Clair	11	\$9.93-\$300.00	\$49,200
St. Joseph	0	0	\$0
Summit Pointe	32	\$55.00-\$150. per encounter: \$50.00-\$112 per hour; \$10.18-\$16.25 per 15 minute unit of service	\$763,960
Tuscola	0	0	\$0
Van Buren	0	0	\$0
Washtenaw	16	\$2.82-\$702.48	\$1,512,716
West MI	5	\$117-\$400	\$31,800
Woodlands	6	77.75-2250.00	\$18,931
Total	499		\$29,450,390

**Persons with Developmental Disabilities
Supports for Residential Living**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	112	20.00 - 658.00 per day	\$5,330,273
AuSable Valley	5	\$76-\$931.81	\$500,461
Barry	12	\$74.95-\$774.50 per diem	\$1,618,146
Bay Arenac	11	\$54.00 - \$257.64/day	\$6,365,269
Berrien	25	\$9.00-\$1026.30	\$5,057,441
CEI	57	\$19.53 - \$306.00 per diem	\$12,805,233
Central MI	103	\$.76 per day - \$390.82 per day	\$18,184,363
Copper Country	4	\$23.78- 270.54/ per day	\$296,067
Detroit Wayne	153	16.56	\$130,266,455
Genesee	119	\$14.76 - \$702	\$21,676,440
Gogebic	2	\$129.05/\$215.10/\$204.50/day	\$155,811
Gratiot	1	\$122-170/hour	\$2,247,122
Hiawatha	7	\$35.00-226.00 a day	\$2,961,309
Huron	7	\$16 - \$286 day	\$467,407
Ionia	31	48.00 - 765.00	\$2,032,734
Kalamazoo	21	T2033 \$43.65-\$331.00 per day; T1020 \$14.66-\$240.53 per day; H2016 \$70.37-\$413.71 per day	\$12,118,234
Lapeer	18	\$22.21 to \$455.00 per day	\$4,521,794
Lenawee	3	\$95 - \$750 per day	\$3,344,056
Lifeways	25	\$24.40/day (H2016) - \$1026/day (H2016) -	\$10,807,632
Livingston	10	112 -232 per diem	\$741,295
Macomb	25	16.55-414.06	\$5,505,552
Manistee Benzie	31	13.54 - 158.96	\$1,659,942
Monroe	9	\$86.27-\$94.86	\$3,751,583
Montcalm	15	\$36-\$351 per day	\$2,157,863
Muskegon	18	\$33.26 - \$550.00	\$16,910,177
Network180	8	\$7.07 - 531 / day	\$31,232,803
Newaygo	11	\$25 - \$298.13 per day	\$823,287
North Country	34	\$18.90-\$429.00 day	\$9,651,474
Northeast	24	25.00 - 429.00 Per Diem	\$1,923,975
Northern Lakes	56	\$3.25 TO \$750	\$11,125,011
Northpointe	9	\$20 - \$300.00/day	\$1,246,840
Oakland	2	Net Cost	\$5,301,419
Ottawa	35	\$15.60-\$991.91	\$9,901,595
Pathways	18	\$38.52 to \$400 / day	\$9,231,364
Pines	6	8.85 - 219.46	\$27,561,510
Saginaw	19	\$59.00-\$515.35/Day	\$3,988,299
Sanilac	31	\$16.80 - \$465.60/day	\$0
Shiawassee	12	\$5.97 to \$600.00	\$1,457,856
St. Clair	19	\$2.20-\$765.00	\$8,313,449
St. Joseph	15	58.62-650.52	\$1,789,342
Summit Pointe	113	\$41.63 - \$524.11 per day	\$4,719,646
Tuscola	13	\$16.73 - \$173.03	\$2,278,273
Van Buren	53	\$1.65 - \$272.35	\$1,222,235
Washtenaw	16	\$45.55-\$550	\$4,821,691
West MI	15	\$6.30-\$370	\$3,931,400
Woodlands	5	81.00-274.00	\$3,939,615
Total	1338		\$415,943,742

**Persons with Developmental Disabilities
Supports for Community Living**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	15	1.89 - 4.71 per 15 minutes	\$2,253,058
AuSable Valley	1	20	\$12,595
Barry	14	\$1.81-\$54.47 per 15 minutes	\$205,330
Bay Arenac	21	\$2.00/unit - \$128.77/day	\$5,027,603
Berrien	39	\$2.80-\$296.00	\$9,379,399
CEI	43	\$3.61 - \$4.11/per 15 minunites	\$6,702,381
Central MI	53	\$.81 per 15 min. - \$5.75 per 15 min. \$ 2.12- \$ 10.42/unit \$ 75.00/ per day	\$16,911,707
Copper Country	0	6.91	\$348,915
Detroit Wayne	113	\$1 - \$40	\$130,448,129
Genesee	28	\$2.17/unit, \$11.00/hour	\$10,143,410
Gogebic	2	0	\$192,750
Gratiot	0		\$0
Hiawatha	3	\$11.00 hr - \$43.00 day	\$311,709
Huron	3	\$6 unit - \$125 day	\$1,753,321
Ionia	7	\$13.59 - 19.80	\$502,422
		H0043 \$11.17-\$630.90 per day; H2015 \$4.26-\$5.93 per 15 min., H2015:TT \$2.65-\$2.76 per 15 min, H2015:TF:TT \$4.20 per 15 min; H2014:TT \$2.03 per 15 min, H2014:TT:HE \$2.03 per 15 min, H2014:TF:TT \$4.06 per 15 min, H2014:TF:TT:HE \$4.06 per 15 min, H2014:TG:TT \$5.08 per 15 min ;T1005 \$4.28 per 15 min; T1005:TT-\$2.62 per 15 min., H0045 \$204.00 per day; H2023 \$24.36 per 15 min, H2023:TF \$12.69-24.36 per 15 min, H2030 \$50.26 per day, H0032-\$62.93-\$76.13 per event.	
Kalamazoo	11		\$11,831,393
Lapeer	11	\$2.96 per unit to \$163.11 per day	\$1,830,924
Lenawee	7	\$2.51 - \$3.85 per 15 min	\$2,603,655
Lifeways	30	\$1.75/unit (T1005) - \$1145 (T2038)	\$5,336,980
Livingston	19	15.40 per hour	\$6,387,058
Macomb	31	1.73-295.22	\$54,933,156
Manistee Benzie	72	2.25 - 147.83	\$3,405,177
Monroe	12	\$3.13-\$3.85	\$8,696,648
Montcalm	3	CLS \$4.30- \$12.04 Respite \$4.28 Skill Bld \$4.50-\$9.03 SE \$2.55-\$6.51 per unit	\$1,190,839
Muskegon	17	\$3.88 - \$47.04	\$5,340,214
Network180	12	\$1.92-\$6.75/15 min - \$5,570/month	\$16,754,213
Newaygo	2	\$2.08 per unit - \$315.63 per day	\$539,123
North Country	95	\$95-\$721.60 day, \$11-\$47 hour	\$9,313,138
Northeast	181	2.00 - 8.87 Unit	\$992,894
Northern Lakes	57	\$6 TO \$523	\$8,094,514
Northpointe	7	\$8 - \$51.26	\$1,187,568
Oakland	2	Net Cost	\$121,993,606
Ottawa	38	\$1.94-\$25.00	\$5,823,184
Pathways	13	\$78.09 to \$719.52 / day \$14.36 to \$51.80 / hour	\$4,106,582
Pines	7	2.29 - 211	\$1,455,971
Saginaw	31	\$1.21-\$262.42/15 min	\$5,935,431
Sanilac	6	\$1.31 - \$6.25/unit	\$0
Shiawassee	17	\$1.70 to \$538.67	\$2,504,672
St. Clair	81	\$1.24-\$470.41	\$8,392,637
St. Joseph	2	2.50-4.39	\$0
Summit Pointe	28	\$29.70 - \$1,051.20 per day; \$14-16 per hour; \$61.00 per encounter; \$1.21 - \$9.66 per 15 minute unit of service	\$6,612,355
Tuscola	6	\$131.34 - \$379.88	\$1,207,688
Van Buren	35	\$50.00 - \$528.00	\$1,735,346
Washtenaw	37	\$2.57\$432	\$22,799,594
West MI	10	\$2.10-\$10.50	\$437,900
Woodlands	8	2.96-4.85	\$642,148
Total	1230		\$506,277,334

**Children with Serious Emotional Disturbance
Targeted CSM**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	0	0	\$0
AuSable Valley	0	0	\$0
Barry	1	\$105.19 per 15	\$1,893
Bay Arenac	1	\$45.00/unit	\$271,705
Berrien	1	44.22	\$354
CEI	0	0	\$0
Central MI	2	\$55.10 per 15 min - \$76 per 15 min.	\$4,565
Copper Country	0	0	\$0
Detroit Wayne	48	70.06	\$16,851,461
Genesee	12	\$39.087 - \$347.44	\$1,370,660
Gogebic	2	0	\$4,180
Gratiot	0	0	\$0
Hiawatha	0	0	\$0
Huron	3	\$88 - \$100 15 min unit	\$5,153
Ionia	0	0	\$0
Kalamazoo	3	T1017: TG- \$9.79 per diem, T1017- \$9.79 per diem	\$265,715
Lapeer	1	\$18.53 per hour	\$28,906
Lenawee	0	0	\$0
Lifeways	5	\$36/unit (T1017) - \$97.47/unit (T1017)	\$19,477
Livingston	0	0	\$0
Macomb	2	47.53-123.32	\$2,216
Manistee Benzie	3	50	\$750
Monroe	0	0	\$0
Montcalm	2	\$17.25-\$92.45 per unit	\$679
Muskegon	0	0	\$0
Network180	5	\$30 - \$50 /15 min	\$4,430,400
Newaygo	0	0	\$0
North Country	0	0	\$0
Northeast	2	60.00 - 74.55 Unit	\$3,482
Northern Lakes	4	\$50 TO \$71.63	\$116,458
Northpointe	2	\$39 - \$74.80	\$10,674
Oakland	2	Net Cost	\$1,739,179
Ottawa	5	43.78	\$30,718
Pathways	0	0	\$0
Pines	0	0	\$0
Saginaw	7	\$47.91-\$102.23/15 min	\$392,525
Sanilac	0	0	\$0
Shiawassee	1	65.76	\$5,227
St. Clair	2	\$19.88-\$66.05	\$24,826
St. Joseph	0	0	\$0
Summit Pointe	3	\$50.00 per 15 minutes	\$197,387
Tuscola	0	0	\$0
Van Buren	0	0	\$0
Washtenaw	2	\$67.51-\$179.61	\$2,193
West MI	0	0	\$0
Woodlands	6	42.45-478.00	\$20,375
Total	127		\$25,801,158

**Children with Serious Emotional Disturbance
Intensive Interventions/Intensive Community Services**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	0	0	\$0
AuSable Valley	0	0	\$0
Barry	3	\$36-\$105 per 15 min	\$16,270
Bay Arenac	2	\$58.31 - \$136.88/event	\$22,645
Berrien	6	\$22.50-\$105.00	\$77,152
CEI	0	0	\$0
Central MI	0	0	\$0
Copper Country	0	0	\$0
Detroit Wayne	21	63.03	\$17,715,337
Genesee	2	\$3.57 - \$173.25	\$979,631
Gogebic	0	0	\$0
Gratiot	0	0	\$0
Hiawatha	0	0	\$0
Huron	0	0	\$0
Ionia	0	0	\$0
Kalamazoo	3	H0036- \$18.28 per 15 minute unit, H0036:TF- \$36.56 per 15 minute unit, H0036:TG- \$36.56 per 15 minute unit, H0036:ST - \$36.65 per 15 minute unit, H0036:HA- \$36.56 per 15 minute unit, 90834- \$76.13 per session, 90853- \$30.45 per session, 90837- \$76.13 per session, 90832- \$38.06 per session, 90847- \$76.13 per session,	\$1,368,887
Lapeer	0	0	\$0
Lenawee	1	\$25.90/15 mins	\$200,855
Lifeways	6	\$30 (H0036) - \$289/day (H2022)	\$3,241,354
Livingston	0	0	\$0
Macomb	2	66.74	\$159,894
Manistee Benzie	0	0	\$0
Monroe	0	0	\$0
Montcalm	6	Home Based \$4.28 - \$42.00 per unit	\$23,528
Muskegon	1	100	\$0
Network180	5	\$28 - \$70 /15 min	\$4,163,400
Newaygo	0	0	\$0
North Country	1	\$3,570 & \$7,140 case	\$542,785
Northeast	2	42.00 - 68.00 Unit	\$8,764
Northern Lakes	9	\$15 TO \$165	\$1,146,081
Northpointe	0	0	\$0
Oakland	2	Net Cost	\$304,955
Ottawa	1	\$308.58-\$407.59	\$13,770
Pathways	0	0	\$0
Pines	2	8.00 - 45.00	\$3,280
Saginaw	8	\$18.77/15 min-\$404.97/Encounter	\$272,322
Sanilac	0	0	\$0
Shiawassee	1	64.3	\$10,746
St. Clair	4	\$23.38-\$80.14	\$668,902
St. Joseph	0	0	\$0
Summit Pointe	6	\$25.21 - \$34.00 per 15 minutes	\$1,649,847
Tuscola	0	0	\$0
Van Buren	0	0	\$0
Washtenaw	4	\$28.80-\$78.16	\$90,532
West MI	0	0	\$0
Woodlands	5	25.00-68.00	\$30,979
Total	103		\$32,711,916

**Children with Serious Emotional Disturbance
Clinic Services/Medication**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	0	0	\$0
AuSable Valley	4	\$20-\$650	\$588,375
Barry	3	\$36-\$105 per 15 min	\$16,270
Bay Arenac	10	\$30.00 - \$1,176.00/event	\$784,898
Berrien	11	\$11.98-\$886.00	\$22,874
CEI	0	0	\$0
Central MI	14	\$4.80 per 15 min. - \$311.50 per enc.	\$397,177
Copper Country	1	\$57.80/ unit - \$ 527.50/ encounter	\$907
Detroit Wayne	51	152.77	\$16,190,987
Genesee	15	\$0.73 - \$270	\$325,626
Gogebic	2	\$165.00/hour	\$95,076
Gratiot	3	\$154-160/hour	\$95,650
Hiawatha	1	\$178.50 hr	\$97,127
Huron	0	0	\$0
Ionia	0	0	\$0
		97124:GP- \$12.89 per 15 min., 97140:GP- \$15.08 per 15 min., 97530:GP- \$16.83 per 15 min., 97532:GP- \$14.20 per 15 min., 97533:GP- \$15.08 per 15 min., 97535:GP- \$17.27 per 15 min., 97537:GP- \$15.73 per 15 min., 97542:GP- \$15.74-16.17 per 15 min., H0031- \$152.55 per event, H0031:TG 371.76; 96101- \$86.28 per hour, 96102- \$69.02 per hour, 90853:HA- \$30.45 per event, 90846:HA- \$76.13 per event, 90847:HA- \$76.13 per event., 92507-\$62.93 per event, 92508-\$25.17 per event, H0031:U5- \$297.75 per encounter, H0031:U5:TF- \$411.85 per encounter, H0031:U5:TG, \$589.30 per encounter, S5108:U5- \$45.00 per 15 minutes, H0032- \$76.13 per event, H0032:TS, \$75.00-\$700.00 per event.	\$211,798
Kalamazoo	0		
Lapeer	3	\$28.60 per hour to \$480.00 per unit	\$214,877
Lenawee	7	\$75 - \$170 per hr	\$227,048
Lifeways	24	\$18/encounter (H0031) - \$487/encounter (H0031)	\$694,406
Livingston	6	75- 155 per hour	\$205,725
Macomb	15	49.50-313.47	\$2,229
Manistee Benzie	13	24.38-276.13	\$35,361
Monroe	6	\$35.70-\$175.00 per encounter	\$46,082
		Psychiatric \$155-\$170 per hour Autism \$75-\$125 per hour Outpatient \$145-\$248.31 per session	\$120,239
Montcalm	9	\$15.00 - \$123.00	\$0
Muskegon	4	\$40 - \$300 /encounter	\$757,700
Network180	2	\$140 - \$175 per hour	\$155,275
Newaygo	5	\$85-\$170 hour, \$100 encounter	\$192,248
North Country	10	45.00 - 425.92 Unit/Encounter	\$90,561
Northeast	15	\$35.75 TO \$700	\$610,875
Northern Lakes	4	\$168.0 \$240.00	\$101,531
Northpointe	2	Net Cost	\$5,773,757
Oakland	8	\$51.51-\$353.50	\$248,954
Ottawa		\$75 / hour	
		\$65.89 to \$200 / encounter	
Pathways	3	\$488.18 / open case	\$19,769
Pines	4	50 - 320	\$69,250
Saginaw	29	\$2.87/15 min-\$899.67/Encounter	\$1,630,228
Sanilac	0	0	\$0
Shiawassee	3	\$40.00 to \$845.76	\$122,788
St. Clair	7	\$8.58-\$313.47	\$266,335
St. Joseph	1	120.00-140.00	\$42,440
		\$35.00 - \$563.00 per encounter; \$26 - \$112 per hour	\$865,068
Summit Pointe	39		\$0
Tuscola	0	0	\$0
Van Buren	0	0	\$0
Washtenaw	2	\$29.72-\$362.11	\$3,324
West MI	2	\$135-\$198	\$27,800
Woodlands	11	50.00-316.00	\$26,788
Total	355		\$31,377,424

**Children with Serious Emotional Disturbance
Supports for Residential Living**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	0	0	\$0
AuSable Valley	0	0	\$0
Barry	0	0	\$0
Bay Arenac	0	0	\$0
Berrien	0	0	\$0
CEI	1	\$258.63/per client/day	\$566,400
Central MI	0	0	\$0
Copper Country	1	\$ 184/ day	\$5,704
Detroit Wayne	16	31.88	\$1,288,943
Genesee	0	0	\$0
Gogebic	0	0	\$0
Gratiot	0	0	\$0
Hiawatha	0	0	\$0
Huron	0	0	\$0
Ionia	0	0	\$0
Kalamazoo	1	H0018- \$309.58 per day.	\$22,852
Lapeer	0	0	\$0
Lenawee	0	0	\$0
Lifeways	2	\$342/day (H2016)	\$219,222
Livingston	0	0	\$0
Macomb	0	0	\$0
Manistee Benzie	0	0	\$0
Monroe	0	0	\$0
Montcalm	1	\$413.87 per day	\$16,135
Muskegon	3	\$200.91 - \$550.00	\$0
Network180	1	\$277 - \$392 /day	\$234,000
Newaygo	0	0	\$0
North Country	3	\$69.90-\$322.78 day (CCI)	\$280,339
Northeast	1	75.00 Per Diem	\$18,225
Northern Lakes	1	\$17.50 TO \$27.50	\$450
Northpointe	0	0	\$0
Oakland	2	Net Cost	\$5,310,501
Ottawa	1	407.59	\$22,943
Pathways	2	\$115 to \$188 / day	\$72,012
Pines	0	0	\$0
Saginaw	0	0	\$0
Sanilac	0	0	\$0
Shiawassee	0	0	\$0
St. Clair	2	\$0.19-\$309.01	\$116,306
St. Joseph	0	0	\$0
Summit Pointe	0	0	\$0
Tuscola	0	0	\$0
Van Buren	0	0	\$0
Washtenaw	0	NA	\$0
West MI	0	0	\$0
Woodlands	0	0	\$0
Total	38		\$8,174,030

**Children with Serious Emotional Disturbance
Supports for Community Living**

CMHSP	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
Allegan	0	0	\$0
AuSable Valley	1	20	\$59,125
Barry	2	\$3.10-\$4 per 15 minutes	\$26,896
Bay Arenac	3	\$5.29/unit	\$121,493
Berrien	6	\$2.46-\$200.52	\$57,538
CEI	0	0	\$0
Central MI	6	\$4.07 per 15 min. - \$5.29 per 15 min.	\$18,514
Copper Country	0	0	\$0
Detroit Wayne	15	7.03	\$633,163
Genesee	5	\$2.7 - \$107.95	\$1,282,081
Gogebic	0	0	\$0
Gratiot	0	0	\$0
Hiawatha	0	0	\$0
Huron	0	0	\$0
Ionia	2	\$13.59 - 18.40	\$37,610
Kalamazoo	4	H2015- \$3.77-4.30 per 15 min., H2015:TG- \$6.22 per 15 min., H2015:TF- \$4.30-5.60 per 15 min., H2015:TT- \$2.42-2.76 per 15 min., H2015:TF:TT- \$4.20-4.51 per 15 min., T1005- \$4.28per 15 min., T1005:TT- \$2.62 per 15 minute, H0045- \$204.00 per day, H0032- \$62.93 per event.	\$537,719
Lapeer	3	\$2.96 per hour to \$600.00 per session	\$40
Lenawee	3	\$3.85/15 min	\$61,712
Lifeways	4	\$40/day (S5151) - \$203/day (S5151)	\$87,665
Livingston	0	0	\$0
Macomb	9	4.80-9.60	\$385,276
Manistee Benzie	12	2.25 to 1,260.00	\$299,799
Monroe	3	\$3.13-\$3.85	\$4,828
Montcalm	2	CLS \$4.39-\$4.90/ Respite \$4.28 per unit \$200 per day	\$64,333
Muskegon	4	\$1.90 - \$329.87	\$0
Network180	5	\$3.70 - \$6.75 /15 min	\$830,400
Newaygo	0	\$4.57 per 15 minute unit	\$14,713
North Country	0	0	\$0
Northeast	31	4.40 - 7.00 Unit	\$25,128
Northern Lakes	7	\$2.94 TO \$4.63	\$32,903
Northpointe	3	\$8.50 - \$15.00/hr	\$26,151
Oakland	2	Net Cost	\$341,148
Ottawa	4	\$1.94-\$4.71	\$26,232
Pathways	2	\$2.95 / 15 minutes \$75 to \$244.34 / day	\$26,248
Pines	2	2.25 - 8.01	\$35,677
Saginaw	4	\$3.91/up to 15 min-\$7.77/15 min	\$283,857
Sanilac	1	\$2.93 - \$4.26/unit	\$0
Shiawassee	2	\$3.25 to \$3.75	\$4,996
St. Clair	3	\$2.65-\$6.74	\$93,735
St. Joseph	0	0	\$0
Summit Pointe	6	\$2.44 - \$6.25 per 15 minutes; \$240.00 per day; \$61.00 - \$62.00 per encounter	\$51,525
Tuscola	0	0	\$0
Van Buren	0	0	\$0
Washtenaw	0	NA	\$0
West MI	0	0	\$0
Woodlands	2	2.96-6.00	\$1,862
Total	158		\$5,472,368

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Allegan CMH

Contact name/e mail: gsmith@accmhs.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination	4	32.00 - 57.32	
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication	5	41.49 - 225.95	
Supports for Residential Living	48	15.00 - 475.00 per day	1746783
Supports for Community Living	15	3.75 - 4.71 per 15 minutes	208575
Please list, as applicable, additional program types below			

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination	2	32.00 - 57.32	
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	4	41.49 - 225.95	
Supports for Residential Living	112	20.00 - 658.00 per day	5330273
Supports for Community Living	15	1.89 - 4.71 per 15 minutes	2253058
Please list, as applicable, additional program types below			

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living			
Supports for Community Living			
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: AuSable Valley CMH

Contact name/e mail: Glenn Gray: glenn.gray@avcmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication	4	\$22-\$260	\$325,971
Supports for Residential Living	5	\$76-\$331	\$638,644
Supports for Community Living	1	\$20	0
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	8	\$20-\$750	\$206,657
Supports for Residential Living	5	\$76-\$931.81	\$500,461
Supports for Community Living	1	\$20	\$12,595
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	4	\$20-\$650	\$588,375
Supports for Residential Living			
Supports for Community Living	1	\$20	\$59,125
Please list, as applicable, additional program types below			
Autism Supervision	3	\$100-\$125	\$8,990

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Barry County Community Mental Health Authority
 Contact name/e mail: Kelly Jenkins/kejenkins@bccmha.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	1	\$116 per 15 minutes	1276
Intensive Interventions/Intensive Community Services	1	\$369.83 per diem	1849.5
Clinic Services and/or Medication	3	\$50-\$267.92 per encounter	12350.23
Supports for Residential Living	8	\$100-\$257.78 per diem	786943.08
Supports for Community Living	3	\$3.75-\$4.75 per 15 minutes	10334.95
Please list, as applicable, additional program types below			
Transportation	1	\$87.92 per round trip	263.79
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	1	\$116-\$144 per 15 minutes	1268
Intensive Interventions/Intensive Community Services	1	\$95-\$420 per encounter	2725
Clinic Services/Medication	4	\$50-\$450 per encounter	2494.87
Supports for Residential Living	12	\$74.95-\$774.50 per diem	1618146.3
Supports for Community Living	14	\$1.81-\$54.47 per 15 minutes	205329.56
Please list, as applicable, additional program types below			
Transportation	2	\$11.44 per round trip-\$65 per month	101928.92
Fiscal Intermediary	1	\$125 per month	2125
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	1	\$105.19 per 15	1893.42
Intensive Interventions/Intensive Community Services	3	\$36-\$105 per 15 min	16270.11
Clinic Services/Medication	5	\$50-\$883.37 per encounter	12440.21
Supports for Residential Living	0	0	0
Supports for Community Living	2	\$3.10-\$4 per 15 minutes	26895.5
Please list, as applicable, additional program types below			
Prevention	1	\$150 per 15 minutes	5500

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Bay-Arenac Behavioral Health Authority

Contact name/e mail: Erin Lewis elewis@babha.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	6	\$39.00 - \$65.76/unit	684,217
Intensive Interventions/Intensive Community Services	1	\$48.00 - \$144.00/event	99,818
Clinic Services and/or Medication	16	\$17.00 - \$195.00/event	1,660,096
Supports for Residential Living	9	\$54.00 - \$346.00/day	2,254,655
Supports for Community Living	16	\$0.81/unit - \$381.47/day	2,109,854
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	5	\$39.00 - \$94.71/unit	68,949
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	17	\$35.00 - \$818.00/event	521,443
Supports for Residential Living	11	\$54.00 - \$257.64/day	6,365,269
Supports for Community Living	21	\$2.00/unit - \$128.77/day	5,027,603
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	1	\$45.00/unit	271,705
Intensive Interventions/Intensive Community Services	2	\$58.31 - \$136.88/event	22,645
Clinic Services/Medication	10	\$30.00 - \$1,176.00/event	784,898
Supports for Residential Living			
Supports for Community Living	3	\$5.29/unit	121,493
Please list, as applicable, additional program types below			
Autism Services	3	\$9.45/unit - \$480.00/event	305,138

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Berrien Mental Health Authority
Contact name/e mail: Jennifer Poole jhp@riverwoodcenter.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	1	\$30.48	\$3,076.48
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services and/or Medication	3	\$16.33-\$216.00	\$6,776.25
Supports for Residential Living	23	\$9.00-\$724.75	\$2,785,634.63
Supports for Community Living	15	\$3.03-\$228.61	\$1,181,889.09
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	2	\$43.08-\$150.00	\$7,766.89
Intensive Interventions/Intensive Community Services	3	\$18.75-\$20.21	\$890,871.34
Clinic Services/Medication	8	\$5.83-\$2,250.00	\$498,819.14
Supports for Residential Living	25	\$9.00-\$1026.30	\$5,057,440.95
Supports for Community Living	39	\$2.80-\$296.00	\$9,379,398.97
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	1	\$44.22	\$353.63
Intensive Interventions/Intensive Community Services	6	\$22.50-\$105.00	\$77,151.55
Clinic Services/Medication	11	\$11.98-\$886.00	\$22,873.96
Supports for Residential Living	0	0	0
Supports for Community Living	6	\$2.46-\$200.52	57,538.43
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Community Mental Health Authority of Clinton, Eaton and Ingham Counties
 Contact name/e mail: Karmen Katzinger, Contract Administrator katzingk@ceicmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination	1	\$476 per client/per month	33,796
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication			
Supports for Residential Living	36	\$19.53 - \$156.00 per diem	\$3,085,578
Supports for Community Living			
Please list, as applicable, additional program types below			

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination	3	\$39.50 per 15 minutes - \$476 per client/ per month	\$24,399
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living	57	\$19.53 - \$306.00 per diem	\$12,805,233
Supports for Community Living	43	\$3.61 - \$4.11/per 15 minunites	\$6,702,381
Please list, as applicable, additional program types below			

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living	1	\$258.63/per client/day	\$566,399.70
Supports for Community Living			
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Centra Wellness Network
 Contact name/e mail: Amy Taylor ataylor@centrawellness.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	4	29.84-97.47	2,235.07
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services and/or Medication	13	14.44-220.95	12,465.36
Supports for Residential Living		included below with I/DD total	
Supports for Community Living		included below with I/DD total	
Please list, as applicable, additional program types below			
Prevention/Older adult Outreach	1	7	22,500.00
After hours crisis line	1	2,100 per month	25,200.00
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	5	50.71-86.67	16,593.75
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	11	2.74-168.00	35,458.08
Supports for Residential Living	31	13.54 - 158.96	1,659,941.91
Supports for Community Living	72	2.25 - 147.83	3,405,176.79
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	3	50	\$750.00
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	13	24.38-276.13	35,361.34
Supports for Residential Living	0	0	0
Supports for Community Living	12	2.25 to 1,260.00	299,799.42
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY
****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****
Form 1 of 2

 CMHSP: **CMHCM**

 Contact name/e mail: **Tonya Lawrence Tlawrence@cmhcm.org**

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination	6	\$4.90 per 15 min. - \$94.38 per 15 min.	\$49,988
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services and/or Medication	25	\$48.33 per enc. - \$165 per enc.	\$1,287,686
Supports for Residential Living	53	\$1.97 per day - \$440.79 per day	\$5,026,006
Supports for Community Living	41	\$0.81 per 15 min. - \$6.00 per 15 min.	\$2,287,424
Please list, as applicable, additional program types below			
Skill Building	5	\$1.83 per 15 min. - \$4.26 per 15 min.	\$305,073
Supported Employment	6	\$1.85 per 15 min. - \$6.25 per 15 min.	\$247,857

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination	16	\$4 per 15 min. - \$112.85 per 15 min.	\$390,368
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	29	\$4.80 per 15 min. - \$400 per enc.	\$901,453
Supports for Residential Living	103	\$0.76 per day - \$390.82 per day	\$18,184,363
Supports for Community Living	53	\$0.81 per 15 min. - \$5.75 per 15 min.	\$16,911,707
Please list, as applicable, additional program types below			
Skill Building	13	\$0.59 per 15 min. - \$15.50 per 15 min.	\$2,628,404
Supported Employment	12	\$1.85 per 15 min. - \$7.25 per 15 min.	\$1,248,278

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination	2	\$55.10 per 15 min - \$76 per 15 min.	\$4,565
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	14	\$4.80 per 15 min. - \$311.50 per enc.	\$397,177
Supports for Residential Living	0	0	0
Supports for Community Living	6	\$4.07 per 15 min. - \$5.29 per 15 min.	\$18,514
Please list, as applicable, additional program types below			
Skill Building	3	\$4.95 per 15 min. - \$8.75 per 15	\$14,879

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Copper Country CMH
Contact name/e mail: Susan Serafini sserafini@cccmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	1	\$ 92.00 per unit	\$368
Intensive Interventions/Intensive Community Services	0		0
Clinic Services and/or Medication	4	\$30-\$80/day \$35- \$45 /hour when called out	\$8,131
Supports for Residential Living	1	\$ 40.65- \$ 46.97 per day	\$95,100
Supports for Community Living	1	\$4.68	\$46,164
Please list, as applicable, additional program types below			
Emergency Services	6	\$ 35-\$100/day; \$45/hour for assessments \$ 5.63/per call	\$59,718
Drop- In	1	\$ 4,250 per month	\$51,000
Telepsychiatry	2	\$ 175 per hour	\$65,878
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	2	\$ 53- \$ 95.77 unit	\$12,472
Intensive Interventions/Intensive Community Services	0		0
Clinic Services/Medication	6	\$ 20.60-\$ 323.00/encounter \$30- \$80/day; \$35-\$45 hour when called out	\$12,750
Supports for Residential Living	4	\$23.78- 270.54/ per day	\$296,067
Supports for Community Living		\$ 2.12- \$ 10.42/unit \$ 75.00/ per day	\$348,915
Please list, as applicable, additional program types below			
Self- Determination Services	2	\$ 7.00- \$100.00/month \$ 2.25- \$3.15/unit	\$134,390
Transportation to Skill Building	1	\$60 per one way trip w/20 clients \$3 per individual added trip	\$28,998
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	1	\$57.80/ unit - \$ 527.50/ encounter	\$907.00
Supports for Residential Living	1	\$ 184/ day	\$5,704.00
Supports for Community Living			
Please list, as applicable, additional program types below			
Self- Determination Services	1	\$7.00/month; \$2.47/unit \$ 75.00 per day	\$277.00

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY
****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****
Form 1 of 2

 CMHSP: **CMHCM**

 Contact name/e mail: **Tonya Lawrence Tlawrence@cmhcm.org**

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination	6	\$4.90 per 15 min. - \$94.38 per 15 min.	\$49,988
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services and/or Medication	25	\$48.33 per enc. - \$165 per enc.	\$1,287,686
Supports for Residential Living	53	\$1.97 per day - \$440.79 per day	\$5,026,006
Supports for Community Living	41	\$.81 per 15 min. - \$6.00 per 15 min.	\$2,287,424
Please list, as applicable, additional program types below			
Skill Building	5	\$1.83 per 15 min. - \$4.26 per 15 min.	\$305,073
Supported Employment	6	\$1.85 per 15 min. - \$6.25 per 15 min.	\$247,857

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination	16	\$4 per 15 min. - \$112.85 per 15 min.	\$390,368
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	29	\$4.80 per 15 min. - \$400 per enc.	\$901,453
Supports for Residential Living	103	\$.76 per day - \$390.82 per day	\$18,184,363
Supports for Community Living	53	\$.81 per 15 min. - \$5.75 per 15 min.	\$16,911,707
Please list, as applicable, additional program types below			
Skill Building	13	\$.59 per 15 min. - \$15.50 per 15 min.	\$2,628,404
Supported Employment	12	\$1.85 per 15 min. - \$7.25 per 15 min.	\$1,248,278

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination	2	\$55.10 per 15 min - \$76 per 15 min.	\$4,565
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	14	\$4.80 per 15 min. - \$311.50 per enc.	\$397,177
Supports for Residential Living	0	0	0
Supports for Community Living	6	\$4.07 per 15 min. - \$5.29 per 15 min.	\$18,514
Please list, as applicable, additional program types below			
Skill Building	3	\$4.95 per 15 min. - \$8.75 per 15	\$14,879

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Copper Country CMH
Contact name/e mail: Susan Serafini sserafini@cccmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	1	\$ 92.00 per unit	\$368
Intensive Interventions/Intensive Community Services	0		0
Clinic Services and/or Medication	4	\$30-\$80/day \$35- \$45 /hour when called out	\$8,131
Supports for Residential Living	1	\$ 40.65- \$ 46.97 per day	\$95,100
Supports for Community Living	1	\$4.68	\$46,164
Please list, as applicable, additional program types below			
Emergency Services	6	\$ 35-\$100/day; \$45/hour for assessments \$ 5.63/per call	\$59,718
Drop- In	1	\$ 4,250 per month	\$51,000
Telepsychiatry	2	\$ 175 per hour	\$65,878
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	2	\$ 53- \$ 95.77 unit	\$12,472
Intensive Interventions/Intensive Community Services	0		0
Clinic Services/Medication	6	\$ 20.60-\$ 323.00/encounter \$30- \$80/day; \$35-\$45 hour when called out	\$12,750
Supports for Residential Living	4	\$23.78- 270.54/ per day	\$296,067
Supports for Community Living		\$ 2.12- \$ 10.42/unit \$ 75.00/ per day	\$348,915
Please list, as applicable, additional program types below			
Self- Determination Services	2	\$ 7.00- \$100.00/month \$ 2.25- \$3.15/unit	\$134,390
Transportation to Skill Building	1	\$60 per one way trip w/20 clients \$3 per individual added trip	\$28,998
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	1	\$57.80/ unit - \$ 527.50/ encounter	\$907.00
Supports for Residential Living	1	\$ 184/ day	\$5,704.00
Supports for Community Living			
Please list, as applicable, additional program types below			
Self- Determination Services	1	\$7.00/month; \$2.47/unit \$ 75.00 per day	\$277.00

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Detroit Wayne Mental Health Authority
 Contact name/e mail: Ron Hocking / rhocking@dwmha.com

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	52	15.55	38559878
Intensive Interventions/Intensive Community Services	21	47.86	16566768
Clinic Services and/or Medication	70	103.12	21022871
Supports for Residential Living	246	27.42	31070898
Supports for Community Living	72	9.69	11913866
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	105	5.88	67962522
Intensive Interventions/Intensive Community Services	15	62.63	929626
Clinic Services/Medication	71	71.95	8590276
Supports for Residential Living	153	16.56	130266455
Supports for Community Living	113	6.91	130448129
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	48	70.06	16851461
Intensive Interventions/Intensive Community Services	21	63.03	17715337
Clinic Services/Medication	51	152.77	16190987
Supports for Residential Living	16	31.88	1288943
Supports for Community Living	15	7.03	633163
Please list, as applicable, additional program types below			

Regarding "Rate paid per unit of service": DWMHA has provided the average cost per unit as paid to the direct provider by the MCPN. Due to the many procedure codes, with their various state defined units (per 15 minutes, per hour, per day, etc) that are rolled up into Program Type groupings listed above, the rates in this column are really meaningless. Within the constraints of this report perhaps cost per person, per Program Type, would be more useful.

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Genesee Health System
Contact name/e mail: Jon Nigrine, jnigrine@genhs.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	13	\$30 - \$347.44	7519921.15
Intensive Interventions/Intensive Community Services	4	\$2.63 - \$4124	2089916.87
Clinic Services and/or Medication	12	\$4.41 - \$200	769763.56
Supports for Residential Living	61	\$12.48 - \$2856	6011962
Supports for Community Living	22	\$2.21 - \$428.16	1325371.78
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	18	\$41.0167 - \$304.01	1698563.58
Intensive Interventions/Intensive Community Services	2	\$4 - \$173.25	50447.39
Clinic Services/Medication	13	\$8.35 - \$200	144986.27
Supports for Residential Living	119	\$14.76 - \$702	21676439.76
Supports for Community Living	28	\$1 - \$40	10143409.54
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	12	\$39.087 - \$347.44	1370659.95
Intensive Interventions/Intensive Community Services	2	\$3.57 - \$173.25	979630.68
Clinic Services/Medication	15	\$0.73 - \$270	325625.51
Supports for Residential Living	0	0	0
Supports for Community Living	5	\$2.7 - \$107.95	1282081.1
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Gogebic County CMHSP

Contact name/e mail: Julie Hautala, CEO/jhautala@gccmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	2		\$2,226.00
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication	3	\$165.00/hour	\$138,173.48
Supports for Residential Living	2	\$190.00/day	\$30,553.50
Supports for Community Living			
Please list, as applicable, additional program types below			
Crisis/Crisis Residential/Emergency Services	3	\$450.00/day, \$5.63/call	\$14,734.41
Centralized Access	1	\$147.94/screen	\$8,062.08
Behavior Management/ABA/Supervision	3	\$75.00/\$100.00/\$50.00/hour	\$12,935.00
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	2		\$11,906.23
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	1	\$160.00	\$33,280.00
Supports for Residential Living	2	\$129.05/\$215.10/\$204.50/day	\$155,810.78
Supports for Community Living	2	\$2.17/unit, \$11.00/hour	\$192,749.75
Please list, as applicable, additional program types below			
Respite/Fiscal Intermediary	1	\$11.00/hour	\$67,003.99
Centralized Access	1	\$147.94/screen	\$3,506.36
Physical and Occupational Therapy	2	\$75.00/hour	\$14,475.00
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	2		\$4,180.08
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	2	\$165.00/hour	\$95,075.97
Supports for Residential Living			
Supports for Community Living			
Please list, as applicable, additional program types below			
Centralized Access	1	\$147.94/screen	\$14,025.46

CMHSP SUMMARY OF FY 14 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Gratiot County Community Mental Health Authority
 Contact name/e mail: Steve Vernon/ svernon@gccmha.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 14 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication	2	\$154-160/hour	\$205,435
Supports for Residential Living	3	\$25-165/hour	\$124,816.00
Supports for Community Living			
Please list, as applicable, additional program types below			

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	1	\$154-160/hour	\$16,629.00
Supports for Residential Living	1	\$122-170/hour	\$2,247,122.00
Supports for Community Living			
Please list, as applicable, additional program types below			

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	3	\$154-160/hour	\$95,650.00
Supports for Residential Living			
Supports for Community Living			
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Hiawatha Behavioral Health
Contact name/e mail: rschwiderson@hbhcmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	1	\$103.00 hr.	\$2,402.47
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication	4	\$65.00-178.50 hr	\$353,924.27
Supports for Residential Living	2	\$160.00-168.95 hr	\$669,531.82
Supports for Community Living	1		\$72,883.00
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	1	\$103.00 hr	\$2,402.47
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	4	\$65.00-178.50 hr	\$353,924.27
Supports for Residential Living	7	\$35.00-226.00 a day	\$2,961,309.27
Supports for Community Living	3	\$11.00 hr - \$43.00 day	\$311,708.60
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	1	\$178.50 hr	\$97,126.77
Supports for Residential Living			
Supports for Community Living			
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Huron Behavioral Health
Contact name/e mail: regina@huroncmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	1	\$38.15 min unit	\$93,248.82
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication	16	\$11 - \$165 hour	\$272,770.00
Supports for Residential Living	1	\$310 day	9,195
Supports for Community Living			
Please list, as applicable, additional program types below			
Drop In Center	1	Actual	\$103,099
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	3	\$32 - \$100 15 min unit	\$92,782.08
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	6	\$50 - \$155 hour	\$46,023.00
Supports for Residential Living	7	\$16 - \$286 day	467,407.00
Supports for Community Living	3	\$6 unit - \$125 day	1,753,321
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	3	\$88 - \$100 15 min unit	\$5,152.82
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living			
Supports for Community Living			
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: The Right Door for Hope, Recovery & Wellness (Ionia CMH)

Contact name/e mail: Kerry Possehn / kpossehn@rightdoor.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication			
Supports for Residential Living	4	146.58 - 298.40	225534
Supports for Community Living	3	\$13.59 - 18.40	24750
Please list, as applicable, additional program types below			

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living	31	48.00 - 765.00	2032734
Supports for Community Living	7	\$13.59 - 19.80	502422
Please list, as applicable, additional program types below			

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living			
Supports for Community Living	2	\$13.59 - 18.40	37610
Please list, as applicable, additional program types below			

CMHSP: <u>Kalamazoo Community Mental Health and Substance Abuse Services</u> Contact name(s)/mail: <u>Shelia Hibbs shibbs@kalamazoomh.org</u>			
Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	7	T1017 \$28.42 per 15 min, T1017HE \$28.42 per 15 min, T1017HEHM \$28.42 per 15 min	\$3,076,810
Intensive Interventions/Intensive Community Services	2	H0039 \$26.40 per day, H2019 \$30.45 per 15 min, H2019.TT \$6.98 per 15 min	\$2,367,418
Clinic Services and/or Medication	15	H0001 \$152.25 per encounter, T1002 \$28.52 per 36.54 per 15 minute, 90791 \$152.55 per encounter, 90792 \$137.03 per encounter, 90214 \$68.51 per encounter, 90201 \$68.51 per encounter, 90202 \$68.51 per encounter, 90203 \$68.51 per encounter, 90212 \$68.51 per encounter, 90213 \$68.51 per encounter, 90101 \$86.28 per event, 90102 \$69.02 per event, 90103 \$35.53 per event, 90445 \$68.51 per encounter	\$375,928
Supports for Residential Living	20	T2033 \$43.65-\$331.00 per day, T1020 \$14.66-\$240.53 per day, H0016 \$70.37-\$413.71 per day, H0018-\$309.58 per day	\$9,260,086
Supports for Community Living	8	H0043 \$8.12-\$930.90 per day, H2014.TT \$2.03 per 15 min, H2014.TF-TT \$4.06 per 15 min, H2014.TT+HE \$2.03 per 15 min, H2014.TF-TT+HE \$4.06 per 15 min, H2014.TT-TT \$5.08 per 15 min, H2014.TT-TT+HE \$5.08 per 15 min, H2015 \$4.30 per 15 min, H2015.TT \$2.42 per 15 min, H2015.TT-TT \$4.30 per 15 min, H2023.TG \$24.36 per 15 min, H2023.TF-TG \$12.69 per 15 min, H2030 \$50.26 per day, H0032-\$76.13 per event.	\$1,404,560
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	4	T1016 \$31.47-\$36.54 per 15 min, T1016HE \$36.54 per 15 min	\$469,667
Intensive Interventions/Intensive Community Services	3	H0039 \$26.40 per day, H2019 \$30.45 per 15 min, H2019.TT \$6.98 per 15 min	\$113,528
Clinic Services/Medication		90101 \$86.28 per event, 90102 \$69.02 per event, 90103 \$35.53 per event, T1002 \$28.42-\$35.54 per 15 min, 90791 \$152.55 per encounter, 90792 \$137.03 per encounter, 90214 \$68.51 per encounter, 90201 \$68.51 per encounter, 90202 \$68.51 per encounter, 90203 \$68.51 per encounter, 90212 \$68.51 per encounter, 90213 \$68.51 per encounter, 97001 \$125.86 per event, 97002 \$62.83 per event, 97003 \$125.86 per event, 97004-\$62.83 per event, 97105.GD-\$18.83 per event, 97112.GD-\$16.83 per 15 min, 97113.GD-\$18.36 per 15 min, 97116.GD-\$4.20 per 15 min, 97124.GD-\$12.89 per 15 min, 97140.GD-\$15.08 per 15 min, 97303.GD-\$16.83 per 15 min, 97332.GD-\$14.20 per 15 min, 97333.GD-\$15.08 per 15 min, 97335.GD-\$17.27 per 15 min, 97337.GD-\$15.73 per 15 min, 97422.GD-\$16.17 per 15 min, 97105.GP-\$16.17 per 15 min, 97102.GP-\$16.83 per 15 min, 97113.GP-\$16.36 per 15 min, 97116.GP-\$14.20 per 15 min, 97140.GP-\$15.08 per 15 min, 97330.GP-\$16.81-\$19.58 per 15 min, 97332.GP-\$14.20 per 15 min, 97333.GP-\$15.08 per 15 min, 97335.GP-\$17.27 per 15 min, 97337.GP-\$15.73 per 15 min, 97542.GP-\$16.17 per 15 min, H2019.LS-\$118.75 per 15 minutes, H2019.LS.TF-\$22.20 per 15 minutes, H2019.LS.TT-\$12.00 per 15 minutes	\$808,459
Supports for Residential Living	21	T2033 \$43.65-\$331.00 per day, T1020 \$14.66-\$240.53 per day, H2016 \$70.37-\$413.71 per day	\$12,118,234
Supports for Community Living	11	H0043 \$11.17-\$930.90 per day, H2015 \$4.26-\$9.59 per 15 min, H2015.TT \$2.46-\$2.76 per 15 min, H2015.TF-TT \$4.20 per 15 min, H2014.TT \$2.03 per 15 min, H2014.TT+HE \$2.03 per 15 min, H2014.TF-TT \$4.06 per 15 min, H2014.TF-TT+HE \$4.06 per 15 min, H2014.TT-TT \$5.08 per 15 min, H2014.TT-TT+HE \$5.08 per 15 min, H2015 \$4.30 per 15 min, T1005.TT-\$2.62 per 15 min, H0045 \$204.00 per day, H2023 \$24.36 per 15 min, H2023.TF \$12.69-\$24.36 per 15 min, H2030 \$50.26 per day, H0032-\$62.83-\$76.13 per event.	\$11,831,393
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	3	T1017.TG-\$9.79 per diem, T1017-\$9.79 per diem	\$365,715
Intensive Interventions/Intensive Community Services	3	H0036-\$18.28 per 15 minute unit, H0036.TF-\$36.56 per 15 minute unit, H0036.TG-\$36.56 per 15 minute unit, H0036.ST-\$36.65 per 15 minute unit, H0036.HA-\$36.56 per 15 minute unit, 90804-\$76.13 per session, 90803-\$30.45 per session, 90807-\$76.13 per session, 90832-\$38.95 per session, 90847-\$76.13 per session.	\$1,368,887
Clinic Services/Medication		97124.GP-\$12.89 per 15 min, 97140.GP-\$15.08 per 15 min, 97330.GP-\$16.83 per 15 min, 97332.GP-\$14.20 per 15 min, 97333.GP-\$15.08 per 15 min, 97335.GP-\$17.27 per 15 min, 97337.GP-\$15.73 per 15 min, 97542.GP-\$15.74-\$16.17 per 15 min, H2031-\$112.55 per event, H2031.TG \$71.76, 90101-\$86.28 per hour, 90102 \$69.02 per hour, 90853.HA-\$30.45 per event, 90846.HA-\$76.13 per event, 90847.HA-\$76.13 per event, 92507-\$62.83 per event, 92508-\$25.77 per event, H0031.LS-\$297.75 per encounter, H0031.LS.TF-\$411.85 per encounter, H0031.LS.TG-\$688.50 per encounter, S5108.LS-\$45.00 per 15 minutes, H0032-\$76.13 per event, H0032.TS-\$75.00-\$730.00 per event.	\$211,798
Supports for Residential Living	1	H0018-\$309.58 per day.	\$22,852
Supports for Community Living	4	H2015-\$3.77-\$4.30 per 15 min, H2015.TG-\$6.22 per 15 min, H2015.TF-\$4.20-\$6.60 per 15 min, H2015.TT-\$2.40-\$2.76 per 15 min, H2015.TF-TT-\$4.20-\$4.51 per 15 min, T1005-\$4.26 per 15 min, T1005.TT-\$2.62 per 15 minute, H0045-\$204.00 per day, H0032-\$62.93 per event.	\$537,719
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: **LAPEER**
Contact name/e mail: **Larry Smith lsmith@lapeercmh.org**

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination	3	\$18.20 to \$37.00 per hour	\$132,995
Intensive Interventions/Intensive Community Services	1		\$41,329
Clinic Services and/or Medication	20	\$20.83 per unit to \$145.00 per hour	\$442,709
Supports for Residential Living	10	\$22.21 to \$455.00 per day	\$924,486
Supports for Community Living	6	\$2.87 per unit to \$65,000 per year	\$67,581
Please list, as applicable, additional program types below			

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living	18	\$22.21 to \$455.00 per day	\$4,521,794
Supports for Community Living	11	\$2.96 per unit to \$163,11 per day	\$1,830,924
Please list, as applicable, additional program types below			

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination	1	\$18.53 per hour	\$28,906
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	3	\$28.60 per hour to \$480.00 per unit	\$214,877
Supports for Residential Living			
Supports for Community Living	3	\$2.96 per hour to \$600.00 per session	\$39.88
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Lenawee Community Mental Health Authority

Contact name/e mail: Deb Strayer, dstrayer@lcmha.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	0		
Intensive Interventions/Intensive Community Services	0		
Clinic Services and/or Medication	13	\$75-\$170 per hr	364709
Supports for Residential Living	3	\$190 - \$235 per day	1114685
Supports for Community Living	4	\$2.51 & \$3.85 per 15 min	511358
Please list, as applicable, additional program types below			
PERS - Livingston	1	\$4340.28/month	25397
Interconnections Inc.	1	\$1274.33/month	62582
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	0		
Intensive Interventions/Intensive Community Services	0		
Clinic Services/Medication	12	\$30 - \$170 per hr	407610
Supports for Residential Living	3	\$95 - \$750 per day	3344056
Supports for Community Living	7	\$2.51 - \$3.85 per 15 min	2603655
Please list, as applicable, additional program types below			
PERS - Livingston	1	\$1274.33/month	95233
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	0		
Intensive Interventions/Intensive Community Services	1	\$25.90/15 mins	200855
Clinic Services/Medication	7	\$75 - \$170 per hr	227048
Supports for Residential Living	0		
Supports for Community Living	3	\$3.85/15 min	61712
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: LifeWays CMH

Contact name/e mail: steve.vandermay@lifewayscmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	14	\$28/unit (T1017) - \$96/unit T2017	\$ 1,978,206.46
Intensive Interventions/Intensive Community Services	5	\$38 (H2011 LW Access)- \$350/unit (H0036)	\$ 2,929,002.19
Clinic Services and/or Medication	35	\$12.37/unit (90834) \$500 (ECT)	\$ 2,754,175.39
Supports for Residential Living	14	\$16.70/day (T1020) - \$976.65/day (H2016)	\$ 3,681,489.72
Supports for Community Living	14	\$4.3 (H2015) - \$700 (T2038)	\$ 1,261,177.79
Please list, as applicable, additional program types below			
Transportation	4	\$4.25/mile - \$114.48 per trip	\$ 62,851.49
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	14	\$28/unit (T1017) - \$291.57/encounter (T2023)	\$ 1,459,086.65
Intensive Interventions/Intensive Community Services	4	\$28.50/unit (H0039) - \$289/day (H2022)	\$ 781,086.01
Clinic Services/Medication	40	\$18/unit (H0031) \$900/encounter (ECT)	\$ 1,971,495.86
Supports for Residential Living	25	\$24.40/day (H2016) - \$1026/day (H2016) -	\$ 10,807,632.20
Supports for Community Living	30	\$1.75/unit (T1005) - \$1145 (T2038)	\$ 5,336,979.65
Please list, as applicable, additional program types below			
Transportation	4	\$3.46/mile - \$111 per trip	\$ 5,004.64
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	5	\$36/unit (T1017) - \$97.47/unit (T1017)	\$ 19,477.13
Intensive Interventions/Intensive Community Services	6	\$30 (H0036) - \$289/day (H2022)	\$ 3,241,353.94
Clinic Services/Medication	24	\$18/encounter (H0031) - \$487/encounter (H0031)	\$ 694,405.96
Supports for Residential Living	2	\$342/day (H2016)	\$ 219,222.00
Supports for Community Living	4	\$40/day (S5151) - \$203/day (S5151)	\$ 87,664.87
Please list, as applicable, additional program types below			
Transportation	2	\$4.25/Mile (A0425) to \$114.48/tri	\$ 3,530.44

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Livingston County Community Mental Health Authority

Contact name/e mail: Gerry Noel/ gnoel@cmhliv.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication	12	55-125 per hour	741334
Supports for Residential Living	4	35 - 199 per diem	439385
Supports for Community Living	5	15.40 per hour	327638
Please list, as applicable, additional program types below			

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination	1	92.40 per 15 minutes	7014
Intensive Interventions/Intensive Community Services	5	12.00 - 19.00 per hour	720151
Clinic Services/Medication	16	43 -155 per hour	495047
Supports for Residential Living	10	112 -232 per diem	741295
Supports for Community Living	19	15.40 per hour	6387058
Please list, as applicable, additional program types below			
Lease (supports for residential living)	3	2600 per month	93856
Skill Building/Pre-Voc/Supported Employment/respice/ Fiscal Indermediary	25	7.40 - 32.50 per hour	1447293
Transportation	1	5.50 per trip	150475

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	6	75- 155 per hour	205725
Supports for Residential Living			
Supports for Community Living			
Please list, as applicable, additional program types below			
Respice	6	15.40 per hour	68375

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Macomb

Contact name/e mail: Cristina Ritz Cristina.Ritz@mccmh.net

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	24	47.53-123.32	3927709.35
Intensive Interventions/Intensive Community Services	3	3.22-125.00	241305.72
Clinic Services and/or Medication	23	0.00-837.00	3703252.82
Supports for Residential Living	25	16.55-414.06	6138779.37
Supports for Community Living	31	1.73-295.22	26502580.92
Please list, as applicable, additional program types below			
Emergency Services	4	5.15-833.45	3822057.65
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	9	47.53-123.32	5594481.93
Intensive Interventions/Intensive Community Services	2	3.22-125.00	1386
Clinic Services/Medication	7	0.00-837.00	1603766.9
Supports for Residential Living	25	16.55-414.06	5505551.89
Supports for Community Living	31	1.73-295.22	54933156.45
Please list, as applicable, additional program types below			
Emergency Services	3	5.15-833.45	7389303.25
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	2	47.53-123.32	2216.06
Intensive Interventions/Intensive Community Services	2	66.74	159894.13
Clinic Services/Medication	15	49.50-313.47	2228.82
Supports for Residential Living	0	0	0
Supports for Community Living	9	4.80-9.60	385275.84
Please list, as applicable, additional program types below			
Emergency Services	2	86.67-246.18	1797.71

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Centra Wellness Network

Contact name/e mail: Amy Taylor ataylor@centrawellness.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	4	29.84-97.47	2,235.07
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services and/or Medication	13	14.44-220.95	12,465.36
Supports for Residential Living		included below with I/DD total	
Supports for Community Living		included below with I/DD total	
Please list, as applicable, additional program types below			
Prevention/Older adult Outreach	1	7	22,500.00
After hours crisis line	1	2,100 per month	25,200.00
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	5	50.71-86.67	16,593.75
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	11	2.74-168.00	35,458.08
Supports for Residential Living	31	13.54 - 158.96	1,659,941.91
Supports for Community Living	72	2.25 - 147.83	3,405,176.79
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	3	50	\$750.00
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	13	24.38-276.13	35,361.34
Supports for Residential Living	0	0	0
Supports for Community Living	12	2.25 to 1,260.00	299,799.42
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Monroe Community Mental Health Authority

Contact name/e mail: Beth Didario / bdidario@monroecmha.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	0		0
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication	4	\$35.70-\$175.00 per encounter	\$3,385.00
Supports for Residential Living	4	\$39.91-\$211.83	\$668,100.45
Supports for Community Living	11	\$3.13-\$3.85	\$673,837.64
Please list, as applicable, additional program types below			
Respite	4	\$3.12-\$3.99/unit \$69.61 day	\$4,729.01
Skill Building	2	\$2.94	\$2,321.85
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	2	\$32-\$61.41	\$3,061.64
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	4	\$35.70-\$175.00 per encounter	\$295,589.35
Supports for Residential Living	9	\$86.27-\$94.86	\$3,751,583.19
Supports for Community Living	12	\$3.13-\$3.85	\$8,696,648.27
Please list, as applicable, additional program types below			
Respite	9	\$3.12-\$3.99/unit \$69.61 day	\$577,209.77
Skill Building	5	\$2.54-\$4.95/unit \$14.57 ABA	\$1,574,776.25
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	6	\$35.70-\$175.00 per encounter	\$46,082.13
Supports for Residential Living	0	0	0
Supports for Community Living	3	\$3.13-\$3.85	\$4,827.90
Please list, as applicable, additional program types below			
Respite	10	\$3.12-\$3.99/ unit \$69.61 day	\$62,850.76

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Montcalm Care Network
Contact name/e mail: Julianna Kozara jkozara@montcalmcare.net

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	1	\$87.50 per unit	6,771
Intensive Interventions/Intensive Community Services	0		
Clinic Services and/or Medication	2	\$155-\$170 per hour	28,357
Supports for Residential Living	6	\$50-\$275 per day	854,419
Supports for Community Living	2	CLS \$4.30- \$5.30 Skill Bld \$4.50 SE \$2.55-\$6.51	119,256
Please list, as applicable, additional program types below			
Crisis Residential	1	\$369.83 per day	2,589
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	4	\$74-\$92.45 per unit	13,061
Intensive Interventions/Intensive Community Services	0	NA	
Clinic Services/Medication	2	\$155-\$170 per hour	82,151
Supports for Residential Living	15	\$36-\$351 per day	2,157,863
Supports for Community Living	3	CLS \$4.30- \$12.04 Respite \$4.28 Skill Bld \$4.50-\$9.03 SE \$2.55-\$6.51 per unit	1,190,839
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	2	\$17.25-\$92.45 per unit	679
Intensive Interventions/Intensive Community Services	6	Home Based \$4.28 - \$42.00 per unit	23,528
Clinic Services/Medication	9	Psychiatric \$155-\$170 per hour Autism \$75-\$125 per hour Outpatient \$145-\$248.31 per session	120,239
Supports for Residential Living	1	\$413.87 per day	16,135
Supports for Community Living	2	CLS \$4.39-\$4.90/ Respite \$4.28 per unit \$200 per day	64,333
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: HealthWest

Contact name/e mail: Kathy Curtis-Newell/ kathy.curtis-newell@HealthWest.net

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination	0	\$0	\$0
Intensive Interventions/Intensive Community Services	0	\$0	\$0
Clinic Services and/or Medication	4	\$35.88 - \$160.00	
Supports for Residential Living	16	\$136.90 - \$398.00	
Supports for Community Living	3	\$7.64 - \$20.24	
Please list, as applicable, additional program types below			

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination	0	\$0	\$0
Intensive Interventions/Intensive Community Services	1	\$100.00	\$19,633.73
Clinic Services/Medication	11	\$31.68 - \$160.00	\$271,141.82
Supports for Residential Living	18	\$33.26 - \$550.00	\$16,910,176.92
Supports for Community Living	17	\$3.88 - \$47.04	\$5,340,213.83
Please list, as applicable, additional program types below			

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination	0	\$0	\$0
Intensive Interventions/Intensive Community Services	1	\$100.00	
Clinic Services/Medication	4	\$15.00 - \$123.00	
Supports for Residential Living	3	\$200.91 - \$550.00	
Supports for Community Living	4	\$1.90 - \$329.87	
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: **Network180 (Kent Co. CMH)**

Contact name/e mail: **jan.hintze@network180.org**

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	7	\$28 - \$60 / 15 minutes, \$242 / case	6,849,185
Intensive Interventions/Intensive Community Services	5	\$34 - \$57 / 15 minutes	3,060,915
Clinic Services and/or Medication	6	\$35 - \$230 / encounter	769,729
Supports for Residential Living	3	\$124 - \$351 / day	10,605,689
Supports for Community Living	6	\$3 - \$23 / 15 minutes	1,360,766
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	9	\$53.55/15 min - \$420/case	6,439,930
Intensive Interventions/Intensive Community Services	2	\$2/15 min-\$600/day-\$1,500/encounter	466,400
Clinic Services/Medication	10	(item) - \$19,593/env mod	3,862,314
Supports for Residential Living	8	\$7.07 - 531 / day	31,232,803
Supports for Community Living	12	\$1.92-\$6.75/15 min - \$5,570/month	16,754,213
Behavior Management Committee	3	\$780 - \$3,575 training	73,500
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	5	\$30 - \$50 /15 min	4,430,400
Intensive Interventions/Intensive Community Services	5	\$28 - \$70 /15 min	4,163,400
Clinic Services/Medication	6	\$40 - \$300 /encounter	757,700
Supports for Residential Living	1	\$277 - \$392 /day	234,000
Supports for Community Living	5	\$3.70 - \$6.75 /15 min	830,400
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: **Newaygo County Mental Health**
 Contact name/e mail: **Carol Mills, cmills@newaygocmh.org**

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication	4	\$140 - \$175 per hour	\$178,266
Supports for Residential Living	6	\$25 - \$298.13 per day	\$234,384
Supports for Community Living	2	\$2.08 per 15 min. unit - \$315.63 per day	\$69,239
Please list, as applicable, additional program types below			
Skill Building	2	\$4.62 per 15 minute unit	\$42,794
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	4	\$140 - \$175 per hour	\$54,494
Supports for Residential Living	11	\$25 - \$298.13 per day	\$823,287
Supports for Community Living	2	\$2.08 per unit - \$315.63 per day	\$539,123
Please list, as applicable, additional program types below			
Skill Building	2	\$4.62 per unit	\$116,592
Respite	1	\$4.12 per 15 minute unit	\$31,999
Waiver Respite	1	\$3.56 per 15 minute unit	\$23,285
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication	2	\$140 - \$175 per hour	\$155,275
Supports for Residential Living			
Supports for Community Living		\$4.57 per 15 minute unit	\$14,713
Please list, as applicable, additional program types below			
Respite	1	\$4.57 per 15 minute unit	\$8,006

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY
****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****
Form 1 of 2

 CMHSP: North Country Community Mental Health

 Contact name/e mail: Donna Wheeler/dwheeler@norcocmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	1	\$170 encounter	\$50,718
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services and/or Medication	12	\$30-\$170 hour, \$45-\$250 encounter	\$351,546
Supports for Residential Living	14	\$50-\$331 day	\$1,219,027
Supports for Community Living	3	\$95-\$125 day, \$6.25-11.75 unit	\$368,346
Please list, as applicable, additional program types below			
Interpreter	1	\$158 encounter	\$3,498
Transporters-Community Hospitals and State Facilities	5	\$105.32 & \$191.88 run plus \$3.27 mile	\$7,446
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	2	\$37 day, \$56.50-\$282.15 encounter	\$14,596
Intensive Interventions/Intensive Community Services	0	0	\$0
Clinic Services/Medication	13	\$30-\$170 hour, \$96.10-\$110.00 encounter	\$193,801
Supports for Residential Living	34	\$18.90-\$429.00 day	\$9,651,474
Supports for Community Living	95	\$95-\$721.60 day, \$11-\$47 hour	\$9,313,138
Please list, as applicable, additional program types below			
Autism Services Contract	1	\$10-\$37.50 unit, \$75-\$125 hour	\$196,529
Interpreter	1	\$44 hour	\$2,656
Fiscal Intemediary	1	\$125/mo per client	\$104,875
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	0	0	0
Intensive Interventions/Intensive Community Services	1	\$3,570 & \$7,140 case	\$542,785
Clinic Services/Medication	5	\$85-\$170 hour, \$100 encounter	\$192,248
Supports for Residential Living	3	\$69.90-\$322.78 day (CCI)	\$280,339
Supports for Community Living			
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Northeast Michigan Community Mental Health Authority
 Contact name/e mail: Ed LaFramboise/elaframboise@nemcmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	3	61.13 - 88.50 Unit	17,635.03
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services and/or Medication	7	38.50 - 425.79 Unit/Encounter	131,163.00
Supports for Residential Living	12	40.00 - 289.00 Per Diem	826,535.50
Supports for Community Living	4	3.75 - 41.58 Unit	102,691.66
Please list, as applicable, additional program types below			
MI Peer Support	1	49.14 Unit	589.68
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	5	43.08 - 112.85 Unit	13,582.64
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	11	66.98-1140 Unit/Encounter	162,902.47
Supports for Residential Living	24	25.00 - 429.00 Per Diem	1,923,975.03
Supports for Community Living	181	2.00 - 8.87 Unit	992,893.65
Please list, as applicable, additional program types below			
Transportation Contract	1	27.05 - 39.90 Hourly	150,391.30
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	2	60.00 - 74.55 Unit	3,481.99
Intensive Interventions/Intensive Community Services	2	42.00 - 68.00 Unit	8,764
Clinic Services/Medication	10	45.00 - 425.92 Unit/Encounter	90,560.84
Supports for Residential Living	1	75.00 Per Diem	18,225.00
Supports for Community Living	31	4.40 - 7.00 Unit	25,128.08
Please list, as applicable, additional program types below			
Wraparound Contract	1	78.79 Unit	130,003.50

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Northern Lakes Community Mental Health Authority

Contact name/e mail: Lauri.Fischer@nlcmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	6	\$36.50 to \$112.85	\$165,409.75
Intensive Interventions/Intensive Community Services	8	\$44 TO \$395	\$100,398.40
Clinic Services and/or Medication	24	\$10 TO \$700	\$1,252,126.57
Supports for Residential Living	25	\$6 TO \$356	\$2,912,960.17
Supports for Community Living	19	2.38 TO \$125	\$192,542.42
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	15	\$36 TO \$104	\$61,596.56
Intensive Interventions/Intensive Community Services	7	\$12.50 TO \$500	\$544,329.95
Clinic Services/Medication	38	\$4.50 TO \$870	\$389,821.28
Supports for Residential Living	56	\$3.25 TO \$750	\$11,125,011
Supports for Community Living	57	\$6 TO \$523	\$8,094,513.88
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	4	\$50 TO \$71.63	\$116,457.67
Intensive Interventions/Intensive Community Services	9	\$15 TO \$165	\$1,146,081.44
Clinic Services/Medication	15	\$35.75 TO \$700	\$610,875.02
Supports for Residential Living	1	\$17.50 TO \$27.50	\$450.00
Supports for Community Living	7	\$2.94 TO \$4.63	\$32,903.45
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Northpointe Behavioral Healthcare Systems

Contact name/e mail: Bill Adrian/badrian@nbhs.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	3	\$39 - \$74.80	\$39,642.00
Intensive Interventions/Intensive Community Services	4	\$200 - \$400/day or \$56 - \$95/unit	\$42,861.00
Clinic Services and/or Medication	3	\$168 - \$240.53	\$186,550.00
Supports for Residential Living	6	\$8 - \$300.00/day	\$464,486.00
Supports for Community Living	4	\$8.50 - \$51.26	\$420,868.00
Please list, as applicable, additional program types below			
RD	1	\$50.00/hr	\$2,031.00
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	2	\$39 - \$74.80	\$18,642.00
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	4	\$23 - \$240.53	\$67,872.00
Supports for Residential Living	9	\$20 - \$300.00/day	\$1,246,840.00
Supports for Community Living	7	\$8 - \$51.26	\$1,187,568.00
Please list, as applicable, additional program types below			
RD	1	\$50.00/hr	\$16,557.00
SLP	2	\$65 - \$75.00/hr	\$35,268.00
OT (PT)	1 (1)	\$59.00 (\$80.00)	\$80,732.00
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	2	\$39 - \$74.80	\$10,674
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	4	\$168 0 \$240.00	\$101,531.00
Supports for Residential Living	0		
Supports for Community Living	3	\$8.50 - \$15.00/hr	\$26,151.28
Please list, as applicable, additional program types below			
OT	1	\$59.00	\$62,166.00

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Oakland County Community Mental Health Authority

Contact name/e mail: Caroline Babb-Leahey babb-leaheyc@occmha.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination	4	Net Cost	20,663,178.90
Intensive Interventions/Intensive Community Services	4	Net Cost	2,295,268.72
Clinic Services and/or Medication	3	Net Cost	15,387,341.87
Supports for Residential Living	3	Net Cost	111,028
Supports for Community Living	3	Net Cost	31,214,270
Please list, as applicable, additional program types below			
	3		6,186,840

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination	2	Net Cost	13,443,522.84
Intensive Interventions/Intensive Community Services	2	Net Cost	6,947.94
Clinic Services/Medication	2	Net Cost	3,654,267.95
Supports for Residential Living	2	Net Cost	5,301,419.05
Supports for Community Living	2	Net Cost	121,993,606.27
Please list, as applicable, additional program types below			

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination	2	Net Cost	1,739,178.73
Intensive Interventions/Intensive Community Services	2	Net Cost	304,955.30
Clinic Services/Medication	2	Net Cost	5,773,757.25
Supports for Residential Living	2	Net Cost	5,310,500.70
Supports for Community Living	2	Net Cost	341,147.81
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Ottawa County

Contact name/e mail: Joan Brown; jbrown@miottawa.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	9	\$43.78-\$47.97	\$34,318.08
Intensive Interventions/Intensive Community Services	1	\$398.00	\$6,993.44
Clinic Services and/or Medication	6	\$51.51-\$353.50	\$56,302.90
Supports for Residential Living	12	\$49.45-\$650.00	\$699,597.98
Supports for Community Living	19	\$1.94-\$5.18	\$687,600.89
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	7	\$43.78-\$47.97	\$34,383.12
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	18	\$51.51-\$353.50	\$83,882.42
Supports for Residential Living	35	\$15.60-\$991.91	\$9,901,595.15
Supports for Community Living	38	\$1.94-\$25.00	\$5,823,183.99
Please list, as applicable, additional program types below			
Autism	4	\$11.70-\$177.00	\$353,406.85
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	5	\$43.78	\$30,718
Intensive Interventions/Intensive Community Services	1	\$308.58-\$407.59	\$13,770
Clinic Services/Medication	8	\$51.51-\$353.50	\$248,953.96
Supports for Residential Living	1	\$407.59	\$22,942.69
Supports for Community Living	4	\$1.94-\$4.71	\$26,231.86
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: Pathways

Contact name/e mail: Jeanne Lippens; jlippens@up-pathways.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	3	\$53.00 to \$63.00 / 15 minutes	\$40,073.74
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services and/or Medication	5	\$20.60 to \$193.30 / encounter \$75 to \$100 / hour	\$5,471.65
Supports for Residential Living	9	\$38.04 to \$400 / day	\$2,134,274.35
Supports for Community Living	6	\$8.00 to \$24.84 / hour \$104.78 to \$163.42 / day	\$347,722.35
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	4	\$158 to \$386.16 / hour	\$16,267.43
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	9	\$46.00 to \$400.00 / hour \$77.75 to \$550.48 / encounter	\$89,686.49
Supports for Residential Living	18	\$38.52 to \$400 / day	\$9,231,364.26
Supports for Community Living	13	\$78.09 to \$719.52 / day \$14.36 to \$51.80 / hour	\$4,106,582.03
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	0	0	0
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	3	\$75 / hour \$65.89 to \$200 / encounter \$488.18 / open case	\$19,769.38
Supports for Residential Living	2	\$115 to \$188 / day	\$72,011.75
Supports for Community Living	2	\$2.95 / 15 minutes \$75 to \$244.34 / day	\$26,248.06
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Pines Behavioral Health Services

Contact name/e mail: Robbin Wilber rwilber@pinesbhs.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication	4	30-165	6800
Supports for Residential Living	6	10.50 - 181.15	318168
Supports for Community Living	3	2.30 - 282	297403
Please list, as applicable, additional program types below			

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination	2	78.00 - 125	4150
Intensive Interventions/Intensive Community Services	1	15.00 - 411.85	105405
Clinic Services/Medication	5	3.93 - 160	9150
Supports for Residential Living	6	8.85 - 219.46	27561510
Supports for Community Living	7	2.29 - 211	1455971
Please list, as applicable, additional program types below			

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services	2	8.00 - 45.00	3280
Clinic Services/Medication	4	50 - 320	69250
Supports for Residential Living			
Supports for Community Living	2	2.25 - 8.01	35677
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Saginaw
Contact name/e mail: Ginny Reed Greed@sccmha.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	14	\$40.59-\$496.80/15 min	\$4,286,255.51
Intensive Interventions/Intensive Community Services	12	\$28.40/15 min-\$404.97/Encounter	\$1,565,922.49
Clinic Services and/or Medication	36	\$4.31-\$1,131.46/Encounter	\$2,525,163.61
Supports for Residential Living	19	\$59.00-\$310/Day	\$4,626,457.12
Supports for Community Living	22	\$1.55-\$250.84/15 min	\$2,030,545.16
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	13	\$41.20-\$324.59/15 min	\$1,353,110.83
Intensive Interventions/Intensive Community Services	8	\$17.07-\$286.26/15 min	\$2,800,417.40
Clinic Services/Medication	31	\$1.93-\$1,131.46/Encounter	\$1,145,856.44
Supports for Residential Living	19	\$59.00-\$515.35/Day	\$3,988,298.72
Supports for Community Living	31	\$1.21-\$262.42/15 min	\$5,935,430.99
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	7	\$47.91-\$102.23/15 min	\$392,525.28
Intensive Interventions/Intensive Community Services	8	\$18.77/15 min-\$404.97/Encounter	\$272,321.82
Clinic Services/Medication	29	\$2.87/15 min-\$899.67/Encounter	\$1,630,227.69
Supports for Residential Living	0	\$0	\$0
Supports for Community Living	4	\$3.91/up to 15 min-\$7.77/15 min	\$283,857.05
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Sanilac CMH

Contact name/e mail: Beth Westover - bwestover@sanilacmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication			
Supports for Residential Living	13	\$16.80 - \$465.60/day	
Supports for Community Living	2	\$2.50 - \$4.26/unit	
Please list, as applicable, additional program types below			

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living	31	\$16.80 - \$465.60/day	
Supports for Community Living	6	\$1.31 - \$6.25/unit	
Please list, as applicable, additional program types below			

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living			
Supports for Community Living	1	\$2.93 - \$4.26/unit	
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 14 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Shiawassee County Community Mental Health Authority

Contact name/e mail: Amy Keinath, akeinath@shiacmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 14 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	3	\$38.00 to \$94.01	76,474
Intensive Interventions/Intensive Community Services	0		
Clinic Services and/or Medication	3	\$25.21 to \$178.36	208,692
Supports for Residential Living	8	\$6.06 to \$279.00	671,389
Supports for Community Living	10	\$1.46 to \$160.00	391,714
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	4	\$36.00 to \$134.38	18,294
Intensive Interventions/Intensive Community Services	0		
Clinic Services/Medication	9	\$6.52 to \$1,500.00	60,281
Supports for Residential Living	12	\$5.97 to \$600.00	1,457,856
Supports for Community Living	17	\$1.70 to \$538.67	2,504,672
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	1	\$65.76	5,227
Intensive Interventions/Intensive Community Services	1	\$64.30	10,746
Clinic Services/Medication	3	\$40.00 to \$845.76	122,788
Supports for Residential Living	0		
Supports for Community Living	2	\$3.25 to \$3.75	4,996
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT

Form 1 of 2

CMHSP: St.Clair County CMHSP

Contact name/e mail: Michelle Measel-Morris/mmeasel-morris@scccmh.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	2	\$19.88-\$65.76	\$66,604.36
Intensive Interventions/Intensive Community Services	0	\$0	\$0
Clinic Services and/or Medication	5	\$2.00-\$341.00	\$232,483.27
Supports for Residential Living	11	\$2.26-\$317.29	\$1,545,363.66
Supports for Community Living	17	\$1.24-\$351.32	\$817,377.58
Please list, as applicable, additional program types below			
Fl. Fees, DME, Housing Assistance	3	\$100-\$563.29	\$8,397.13
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	8	\$19.88-\$350.00	\$47,011.72
Intensive Interventions/Intensive Community Services	4	\$14.32-\$113.33	\$48,363.69
Clinic Services/Medication	11	\$9.93-\$300.00	\$49,199.64
Supports for Residential Living	19	\$2.20-\$765.00	\$8,313,448.68
Supports for Community Living	81	\$1.24-\$470.41	\$8,392,636.86
Please list, as applicable, additional program types below			
Fl. Fees, Env. Mods., DME, Housing Assistance, Camps	7	\$24.47-\$6368.28	\$290,253.50
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	2	\$19.88-\$66.05	\$24,826.22
Intensive Interventions/Intensive Community Services	4	\$23.38-\$80.14	\$668,902.14
Clinic Services/Medication	7	\$8.58-\$313.47	\$266,335.04
Supports for Residential Living	2	\$0.19-\$309.01	\$116,305.58
Supports for Community Living	3	\$2.65-\$6.74	\$93,735.17
Please list, as applicable, additional program types below			
Camp, DME	3	\$44.29-\$212.02	\$1,239.79

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP:
Contact name/e mail:

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	1	95	0
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services and/or Medication	0	130.00-135.00	237,458.00
Supports for Residential Living	15	58.62-650.52	2,874,581.45
Supports for Community Living	2	2.50-4.39	947,127.18
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	1	95	68,115.00
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	0	0	0
Supports for Residential Living	15	58.62-650.52	1,789,341.61
Supports for Community Living	2	2.50-4.39	
Please list, as applicable, additional program types below			
Respite	2	4.39-127.00	51,986.38
Skill Building	2	3.98-4.00	84,766.47
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	0	0	0
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	1	120.00-140.00	42,440.00
Supports for Residential Living	0	0	0
Supports for Community Living	0	0	0
Please list, as applicable, additional program types below			
Autism Services - Behavioral Analysis	2	11.63-600.00	124,566.00
Respite	2	4.39-127.00	905.09

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Summit Pointe
Contact name/e mail: Shelley Cizio sjc@summitpointe.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	7	24.40 - 32.75 / per hour; 65.44 -106. per 15 minute unit of service	\$112,605.05
Intensive Interventions/Intensive Community Services	1	They pay us	\$0
Clinic Services and/or Medication	48	\$18 -150 per hour: \$28 - \$167.45 per encounter	1,571,791.89
Supports for Residential Living	70	\$127.36 - \$642.00 per day	2,395,150.10
Supports for Community Living	2	\$14.00-\$15.44 per hour \$35,000 per month	\$982,140.36
Please list, as applicable, additional program types below			
Interpreters, Dietary, Independent facilitator	7	\$56.00 - \$300.00 per encounter: \$15.00 per 15 minutes	\$28,880.65
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	6	\$15.00 - \$106.00 per 15 minutes: \$24.40 per hour	\$232,451.40
Intensive Interventions/Intensive Community Services	3	\$32.00 per 15 minutes	\$120,686.00
Clinic Services/Medication	32	\$55.00-\$150. per encounter: \$50.00- \$112 per hour; \$10.18-\$16.25 per 15 minute unit of service	\$763,959.69
Supports for Residential Living	113	\$41.63 - \$524.11 per day	\$4,719,646.13
Supports for Community Living	28	\$29.70 - \$1,051.20 per day; \$14-16 per hour; \$61.00 per encounter; \$1.21 - \$9.66 per 15 minute unit of service	\$6,612,354.66
Please list, as applicable, additional program types below			
Interpreters, Dietary, Ind Facilitator and Fiscal intermediary	8	\$56 - \$300 per encounter; \$15.00 per 15 minutes; \$105 per month	\$49,876.85
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	3	\$50.00 per 15 minutes	\$197,387
Intensive Interventions/Intensive Community Services	6	\$25.21 - \$34.00 per 15 minutes	\$1,649,847.19
Clinic Services/Medication	39	\$35.00 - \$563.00 per encounter; \$26 - \$112 per hour	\$865,068.22
Supports for Residential Living	0	0	0
Supports for Community Living	6	\$2.44 - \$6.25 per 15 minutes; \$240.00 per day; \$61.00 - \$62.00 per encounter	\$51,525.36
Please list, as applicable, additional program types below			
Interpretors, dietary, Fiscal Intermediary, prevention resources	10	\$43.00- \$60.00; \$105 per month	\$47,380.70

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Tuscola Behavioral Health Systems

Contact name/e mail: Sharon Beals sebeals@tbhs.net

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication	1	\$3.00 - \$215.90 Rx	\$8,162.34
Supports for Residential Living	4	\$111.42 - \$338.00	\$347,273.36
Supports for Community Living	1	\$190.54	\$73,456.15
Please list, as applicable, additional program types below			
Psychiatrist (Movva)	1	\$ 155 per hour	\$167,708.75
Crisis (PAS)	1	\$492/PAS - \$1,709.55/Month	\$35,827.60
Prevention (Walker Group)	1	\$30 per hour	\$7,500.00

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living	13	\$16.73 - \$173.03	\$2,278,273.07
Supports for Community Living	6	\$131.34 - \$379.88	\$1,207,688.31
Please list, as applicable, additional program types below			
Independent Contractors	4	\$60.00 - \$500.00	\$56,916.56
Skill Building	1	\$2.75	\$18,408.50
Private Duty Nursing	1	\$55.00	\$16,280.00

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living			
Supports for Community Living			
Please list, as applicable, additional program types below			
Independent Contractor - Ward (Student Advocacy)	1	\$50 - \$125 per hour	\$8,888.75

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Van Buren Community Mental Health

Contact name/e mail: Mary Farrington, mfarrington@vbcmh.com

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services and/or Medication			
Supports for Residential Living	27	\$6.25 - \$312.61	\$504,370.24
Supports for Community Living	2	\$50.00 - \$270.00	\$190,567.03
Please list, as applicable, additional program types below			
Individual Professional Services (Doctors)	5	\$117.00 - \$133.00	\$285,163.52

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living	53	\$1.65 - \$272.35	\$1,222,234.61
Supports for Community Living	35	\$50.00 - \$528.00	\$1,735,345.53
Please list, as applicable, additional program types below			
Individual Professional Services (Doctors)	5	\$117.00 - \$133.00	\$89,190.47

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination			
Intensive Interventions/Intensive Community Services			
Clinic Services/Medication			
Supports for Residential Living			
Supports for Community Living			
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Washtenaw Community Health Organization

Contact name/e mail: Megan Petersen petersenm@ewashtenaw.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	4	\$32-\$179.61	\$4,182,282
Intensive Interventions/Intensive Community Services	1	\$62.64-\$78.16	\$1,365,693
Clinic Services and/or Medication	8	\$13.85-\$702.48	\$4,237,504
Supports for Residential Living	5	\$67-\$270.27	\$2,685,681
Supports for Community Living	18	\$2.57-\$539.324	\$4,087,284
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	5	\$39.07-\$576.36	\$3,383,285
Intensive Interventions/Intensive Community Services	5	\$12.50-\$78.16	\$481,527
Clinic Services/Medication	16	\$2.82-\$702.48	\$1,512,716
Supports for Residential Living	16	\$45.55-\$550	\$4,821,691
Supports for Community Living	37	\$2.57\$432	\$22,799,594
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	2	\$67.51-\$179.61	\$2,193
Intensive Interventions/Intensive Community Services	4	\$28.80-\$78.16	\$90,532
Clinic Services/Medication	2	\$29.72-\$362.11	\$3,324
Supports for Residential Living		NA	
Supports for Community Living		NA	
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: West Michigan CMH

Contact name/e mail: Bethany Sherfinski / bethanys@wmcmhs.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	2	\$39.50-\$43.50	\$9,700
Intensive Interventions/Intensive Community Services	0		
Clinic Services and/or Medication	4	\$65-\$400	\$140,800
Supports for Residential Living	14	\$32-\$416	\$1,737,000
Supports for Community Living	4	\$3.75-\$5.75	\$19,900
Please list, as applicable, additional program types below			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	0		
Intensive Interventions/Intensive Community Services	0		
Clinic Services/Medication	5	\$117-\$400	\$31,800
Supports for Residential Living	15	\$6.30-\$370	\$3,931,400
Supports for Community Living	10	\$2.10-\$10.50	\$437,900
Please list, as applicable, additional program types below			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	0		
Intensive Interventions/Intensive Community Services	0		
Clinic Services/Medication	2	\$135-\$198	\$27,800
Supports for Residential Living	0		
Supports for Community Living	0		
Please list, as applicable, additional program types below			

CMHSP SUMMARY OF FY 15 CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

****EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT****

Form 1 of 2

CMHSP: Woodlands BHN

Contact name/e mail: Kathy Sheffield, kathys@woodlandsbhn.org

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid	Total FY 15 CMHSP Contractual Expenditures
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ADULTS WITH MENTAL ILLNESS

Targeted CSM/Supports Coordination	4	32-90	53299.5
Intensive Interventions/Intensive Community Services	1	28.31-28.60	6292.03
Clinic Services and/or Medication	5	50.00-200.00	5771.7
Supports for Residential Living	12	81.00-529.00	1193504.43
Supports for Community Living	3	2.96 -10.00	4973.2
Please list, as applicable, additional program types below			

PERSONS WITH DEVELOPMENTAL DISABILITIES

Targeted CSM/Supports Coordination	3	43.50 - 137.00	14089.54
Intensive Interventions/Intensive Community Services	0	0	0
Clinic Services/Medication	6	77.75-2250.00	18931.03
Supports for Residential Living	5	81.00-274.00	3939615
Supports for Community Living	8	2.96-4.85	642148
Please list, as applicable, additional program types below			
Autism benefit --ABA and Supervision	1	15.00-56.25	134943
Respite	3	2.50-4.00	153152
Fiscal Intermediary	2	112.50 - 125	21777

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Targeted CSM/Supports Coordination	6	42.45-478.00	20374.91
Intensive Interventions/Intensive Community Services	5	25.00-68.00	30,978.90
Clinic Services/Medication	11	50.00-316.00	26788.43
Supports for Residential Living			
Supports for Community Living	2	2.96-6.00	1862.3
Please list, as applicable, additional program types below			
Respite	1	95.00-204	9258
Family Training	2	120.00-211.95	2711.7

SECTION 904 (2) (j) (i)
EXPENDITURES BY MEDICAID
ELIGIBILITY GROUP
FY 2015

Monthly Medicaid Eligible Group (MEG)
Year-To-Date Summary
October 2014 through September 2015

Michigan's Medicaid Speciality Services and Supports Waiver
418 REPORT - FY2105

Capitation Paid (Including adjustments)

Prepaid Inpatient Health Plan (PIHP)	Disabled, Aged, and Blind (DAB)		Temporary Assistance for Needy Families (TANF)		Disabled, Aged, and Blind & Temporary Assistance for Needy Families (DAB & TANF)		Healthy Michigan Plan (HMP) - New & Old Modified Adjusted Gross Income (MAGI)		Habilitation Supports Waiver (HSW)
	Mental Health	Substance Abuse	Mental Health	Substance Abuse	Mental Health	Substance Abuse	Mental Health	Substance Abuse	
CMH PARTNERSHIP OF SOUTHEAST MICHIGAN	78,370,970	740,903	8,767,500	669,542	87,138,471	1,410,445	12,913,358	4,407,573	45,342,753
DETROIT WAYNE MENTAL HEALTH AUTHORITY	376,057,115	11,521,736	51,491,197	2,708,529	427,548,312	14,230,264	64,632,442	21,592,880	74,141,296
LAKESHORE REGIONAL ENTITY	171,371,014	2,302,999	17,342,266	2,324,008	188,713,280	4,627,007	24,436,419	8,270,114	35,062,152
MACOMB COUNTY CMH SERVICES	136,643,827	1,417,935	11,675,773	1,252,425	148,319,600	2,670,360	19,514,482	6,503,991	27,254,717
MID-STATE HEALTH NETWORK	273,781,031	3,058,438	34,901,751	3,405,720	308,682,781	6,464,157	40,793,210	13,734,164	83,487,808
NORTHCARE NETWORK	54,654,184	388,396	5,175,698	740,927	59,829,881	1,129,323	7,352,633	2,462,575	21,560,497
NORTHERN MICHIGAN REGIONAL ENTITY	89,768,511	1,014,424	9,805,740	972,277	99,574,251	1,986,701	13,383,275	4,442,781	39,462,713
OAKLAND COUNTY CMH AUTHORITY	184,782,772	1,400,280	12,145,852	1,389,575	196,928,624	2,789,855	19,059,659	6,373,916	46,019,305
REGION 10 PIHP	138,424,259	2,351,601	14,965,540	2,255,363	153,389,799	4,606,963	21,885,275	7,351,449	36,400,856
SOUTHWEST MICHIGAN BEHAVIORAL HEALTH	145,820,332	1,635,168	19,929,171	1,503,964	165,749,503	3,139,132	20,099,228	6,748,969	38,699,438
TOTAL	\$1,649,674,014	\$25,831,880	\$186,200,488	\$17,222,329	\$1,835,874,502	\$43,054,208	\$244,069,982	\$81,888,410	\$447,431,533

Eligibles Paid

Prepaid Inpatient Health Plan (PIHP)	Disabled, Aged and Blind (DAB)	Temporary Assistance for Needy Families (TANF)	Healthy Michigan Plan (HMP) - Old & New Adjusted Gross Income (Old & New MAGI)	Habilitation Supports Waiver
CMH PARTNERSHIP OF SOUTHEAST MICHIGAN	275,959	600,265	299,503	8,379
DETROIT WAYNE MENTAL HEALTH AUTHORITY	1,645,561	3,225,028	1,530,763	13,416
LAKESHORE REGIONAL ENTITY	642,641	1,399,365	563,060	6,643
MACOMB COUNTY CMH SERVICES	424,092	891,434	446,195	5,584
MID-STATE HEALTH NETWORK	982,620	1,909,964	942,659	18,946
NORTHCARE NETWORK	170,487	309,497	170,834	4,341
NORTHERN MICHIGAN REGIONAL ENTITY	315,302	564,398	309,126	7,658
OAKLAND COUNTY CMH AUTHORITY	474,802	868,690	440,691	9,718
REGION 10 PIHP	480,232	1,005,812	509,291	7,814
SOUTHWEST MICHIGAN BEHAVIORAL HEALTH	513,122	1,045,573	464,457	7,834
TOTAL	5,924,818	11,820,026	5,676,579	90,333

SECTION 904 (2) (j) (ii)
MEDICAID AND HEALTHY MICHIGAN
EXPENDITURES
FY 2015

FY 2015 Healthy MI Costs:

PIHP Name	Community Inpatient/Crisis	Percent of Total Cost	Outpatient Services	Percent of Total Cost	ACT	Percent of Total Cost	Case Management	Percent of Total Cost	Supports for Living	Percent of Total Cost	Family/Caregiver Support	Percent of Total Cost	Daytime Support and Services	Percent of Total Cost	Substance Use	Percent of Total Cost	Percent of State Total Cost	PIHP Total Costs
CMH Partnership of SE MI	\$3,575,346.00	7.34%	\$3,009,292.00	25.90%	\$111,072.00	0.96%	\$1,611,494.00	13.87%	\$353,729.00	3.04%	\$41,845.00	0.36%	\$852,426.00	7.34%	\$2,063,351.00	17.76%	5.21%	\$11,618,555.00
Detroit-Wayne MH Authority	\$4,598,047.56	9.44%	\$12,695,079.85	18.11%	\$1,378,983.28	1.97%	\$9,350,404.21	13.34%	\$3,200,204.03	4.57%	\$105,310.55	0.15%	\$3,720,209.06	5.31%	\$35,048,238.54	50.00%	31.43%	\$70,096,477.08
Lakeshore Regional Entity	\$7,224,898.83	14.84%	\$3,056,315.38	14.95%	\$659,556.68	3.23%	\$2,385,527.53	11.67%	\$645,179.20	3.16%	\$191,432.77	0.94%	\$921,160.83	4.51%	\$5,359,631.21	26.22%	9.17%	\$20,443,702.43
Macomb	\$5,197,389.00	10.67%	\$1,660,952.00	11.96%	\$85,793.00	0.62%	\$1,493,815.00	10.75%	\$650,097.00	4.68%	\$209,330.00	1.51%	\$657,342.00	4.73%	\$3,937,291.00	28.34%	6.23%	\$13,892,009.00
Mid-State Health Network	\$8,727,296.69	17.92%	\$9,862,863.15	28.12%	\$808,650.95	2.31%	\$4,285,510.48	12.22%	\$863,888.02	2.46%	\$260,784.72	0.74%	\$1,982,034.47	5.65%	\$8,289,000.21	23.63%	15.73%	\$35,080,028.70
Northcare Network	\$1,567,744.58	3.22%	\$1,446,255.27	27.13%	\$142,360.90	2.67%	\$606,724.83	11.38%	\$269,093.85	5.05%	\$34,628.44	0.65%	\$321,185.48	6.03%	\$941,911.00	17.67%	2.39%	\$5,329,904.35
Northern MI Regional Entity	\$2,908,753.32	5.97%	\$2,572,002.59	23.28%	\$372,324.09	3.37%	\$1,197,168.70	10.84%	\$357,441.82	3.24%	\$34,779.10	0.31%	\$525,832.24	4.76%	\$3,077,732.00	27.86%	4.95%	\$11,046,033.86
Oakland	\$4,420,530.70	9.08%	\$4,984,779.35	23.19%	\$524,699.80	2.44%	\$5,689,463.82	26.47%	\$737,873.20	3.43%	\$46,052.67	0.21%	\$1,542,424.30	7.18%	\$3,545,208.90	16.50%	9.64%	\$21,491,032.74
Region 10	\$6,809,691.00	13.98%	\$2,680,011.00	14.17%	\$137,408.00	0.73%	\$2,188,899.00	11.57%	\$446,975.00	2.36%	\$11,074.00	0.06%	\$1,325,305.00	7.01%	\$5,316,105.00	28.10%	8.48%	\$18,915,468.00
Southwest MI Behavioral Health	\$3,671,585.53	7.54%	\$4,100,623.70	27.20%	\$319,323.49	2.12%	\$1,354,576.70	8.98%	\$990,834.76	6.57%	\$23,010.62	0.15%	\$604,334.52	4.01%	\$4,014,188.51	26.62%	6.76%	\$15,078,477.83
State Totals:	\$48,701,283.21	21.84%	\$46,068,174.29	20.66%	\$4,540,172.19	2.04%	\$30,163,584.28	13.53%	\$8,515,315.88	3.82%	\$958,247.87	0.43%	\$12,452,253.90	5.58%	\$71,592,657.37	32.11%	100.00%	\$222,991,688.99

Taken from the *FY15 Medicaid Utilization and Net Cost Reports (MUNC)*
Division of Quality Management and Planning
Behavioral Health and Developmental Disabilities Administration

FY 2015 Medicaid Costs:

PIHP Name	Community Inpatient/Crisis	Percent of Total Cost	Outpatient Services	Percent of Total Cost	ACT	Percent of Total Cost	Case Management	Percent of Total Cost	Supports for Living	Percent of Total Cost	Family/Caregiver Support	Percent of Total Cost	Daytime Support and Services	Percent of Total Cost	Substance Use	Percent of Total Cost	Percent of State Total Cost	PIHP Total Costs
CMH Partnership of SE MI	\$6,402,923.00	5.29%	\$13,206,605.00	10.91%	\$2,345,175.00	1.94%	\$14,043,158.00	11.60%	\$25,689,957.00	21.23%	\$4,333,806.00	3.58%	\$53,804,766.00	44.46%	\$1,197,802.60	0.99%	5.90%	\$121,024,192.60
Detroit-Wayne MH Authority	\$35,557,225.53	8.14%	\$55,398,479.57	12.68%	\$9,922,846.49	2.27%	\$69,357,733.29	15.88%	\$162,736,831.56	37.25%	\$24,479,265.02	5.60%	\$67,688,458.67	15.49%	\$11,701,362.42	2.68%	21.31%	\$436,842,202.55
Lakeshore Regional Entity	\$19,988,223.12	9.21%	\$15,345,315.45	7.07%	\$4,569,586.41	2.11%	\$27,807,454.00	12.81%	\$95,526,148.30	44.01%	\$12,801,035.67	5.90%	\$36,215,801.45	16.68%	\$4,816,101.07	2.22%	10.59%	\$217,069,665.47
Macomb	\$12,118,830.00	7.57%	\$10,108,284.00	6.31%	\$1,698,422.00	1.06%	\$18,274,317.00	11.42%	\$54,995,124.00	34.36%	\$12,418,513.00	7.76%	\$48,083,331.00	30.04%	\$2,381,930.00	1.49%	7.81%	\$160,078,751.00
Mid-State Health Network	\$25,215,881.02	6.98%	\$38,931,339.72	10.78%	\$8,892,192.55	2.46%	\$40,506,765.82	11.22%	\$115,598,132.18	32.02%	\$27,999,055.27	7.76%	\$97,321,277.15	26.96%	\$6,540,664.95	1.81%	17.61%	\$361,005,308.67
Northcare Network	\$4,480,258.00	6.26%	\$7,921,202.00	11.06%	\$2,449,979.00	3.42%	\$7,043,973.00	9.84%	\$34,007,270.00	47.50%	\$2,590,425.00	3.62%	\$12,310,930.00	17.20%	\$789,005.00	1.10%	3.49%	\$71,593,042.00
Northern MI Regional Entity	\$7,162,639.65	5.54%	\$11,540,257.31	8.92%	\$3,952,867.53	3.05%	\$15,037,709.67	11.62%	\$55,109,439.45	42.59%	\$4,676,179.95	3.61%	\$29,957,965.21	23.15%	\$1,957,106.00	1.51%	6.31%	\$129,394,164.77
Oakland	\$11,955,341.25	5.48%	\$15,348,569.42	7.03%	\$5,418,100.76	2.48%	\$27,890,054.39	12.78%	\$96,200,621.71	44.07%	\$9,523,521.17	4.36%	\$49,563,438.89	22.70%	\$2,399,222.37	1.10%	10.65%	\$218,298,869.96
Region 10	\$18,219,397.00	10.48%	\$16,085,443.00	9.25%	\$4,431,514.00	2.55%	\$25,763,678.00	14.82%	\$55,215,365.00	31.75%	\$9,530,296.00	5.48%	\$40,596,311.00	23.35%	\$4,051,649.00	2.33%	8.48%	\$173,893,653.00
Southwest MI Behavioral Health	\$10,535,397.94	6.56%	\$15,860,129.06	9.87%	\$4,153,242.29	2.59%	\$22,086,895.24	13.75%	\$72,674,841.78	45.23%	\$8,136,334.98	5.06%	\$24,440,744.52	15.21%	\$2,773,425.19	1.73%	7.84%	\$160,661,011.01
State Totals:	\$151,636,116.51	7.40%	\$199,745,624.53	9.74%	\$47,833,926.03	2.33%	\$267,811,738.42	13.06%	\$767,753,730.98	37.45%	\$116,488,432.07	5.68%	\$459,983,023.89	22.44%	\$38,608,268.60	1.88%	100.00%	\$2,049,860,861.02

Taken from the *FY15 Medicaid Utilization and Net Cost Reports (MUNC)*
Division of Quality Management and Planning
Behavioral Health and Developmental Disabilities Administration

SECTION 904 (2) (j) (iii)
CMHSP PERFORMANCE
INDICATOR REPORTING
FY 2015

MICHIGAN'S MISSION-BASED PERFORMANCE INDICATOR SYSTEM VERSION 6.0

CMHSP Reporting Codebooks

December 2013

Codebook Version 12/18/13

**Michigan Department of Health and Human Services
(Formerly Michigan Department of Community Health)
Behavioral Health and Developmental Disabilities Administration**

FOR CMHSPS

NOTE: Consumers covered by the MiChild and Medicaid autism benefits are to be excluded from the calculations.

ACCESS

1. The percent of all adults and children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.
 - a. Standard = 95% in three hours
 - b. Quarterly report
 - c. PIHP for all Medicaid beneficiaries
 - d. CMHSP for all consumers
2. The percent of new persons receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service (MI adults, MI children, DD adults, and DD children).
 - a. Standard = 95% in 14 days
 - b. Quarterly report
 - c. PIHP for all Medicaid beneficiaries
 - d. CMHSP for all consumers
 - e. Scope: MI adults, MI children, DD adults, DD children, and Medicaid SA
3. The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional. (MI adults, MI children, DD adults and DD children)
 - a. Standard = 95% in 14 days
 - b. Quarterly report
 - c. PIHP for all Medicaid beneficiaries
 - d. CMHSP for all consumers
 - e. Scope: MI adults, MI children, DD adults, DD children, and Medicaid SA
4. The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days. (All children and all adults -MI, DD).
 - a. Standard = 95%
 - b. Quarterly report
 - c. PIHP for all Medicaid beneficiaries
 - d. CMHSP for all consumers

Scope: All children and all adults (MI, DD) - Do not include dual eligibles (Medicare/Medicaid) in these counts.
5. The percent of face-to-face assessments with professionals that result in decisions to deny CMHSP services. (MI and DD) (Old Indicator #6)
 - a. Quarterly report
 - b. CMHSP
 - c. Scope: all MI/DD consumers

6. The percent of Section 705 second opinions that result in services. (MI and DD) (Old Indicator #7)

- a. Quarterly report
- b. CMHSP
- c. Scope: all MI/DD consumers

EFFICIENCY

*7. The percent of total expenditures spent on administrative functions for CMHSPs. (Old Indicator #9)

- a. Annual report (MDHHS calculates from cost reports)
- b. PIHP for Medicaid administrative expenditures
- c. CMHSP for all administrative expenditures

OUTCOMES

*8. The percent of adults with mental illness, the percent of adults with developmental disabilities, and the percent of dual MI/DD adults served by CMHSP who are in competitive employment. (Old Indicator #10)

- a. Annual report (MDHHS calculates from QI data)
- b. PIHP for Medicaid adult beneficiaries
- c. CMHSP for all adults
- d. Scope: MI only, DD only, dual MI/DD consumers

*9. The percent of adults with mental illness, the percent of adults with developmental disabilities, and the percent of dual MI/DD adults served by the CMHSP who earn minimum wage or more from employment activities (competitive, supported or self employment, or sheltered workshop). (Old Indicator #11)

- a. Annual report (MDHHS calculates from QI data)
- b. PIHP for Medicaid adult beneficiaries
- c. CMHSP for all adults
- d. Scope: MI only, DD only, dual MI/DD consumers

10. The percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge. (Old Indicator #12)

- a. Standard = 15% or less within 30 days
- b. Quarterly report
- c. PIHP for all Medicaid beneficiaries
- c. CMHSP
- d. Scope: All MI and DD children and adults - Do not include dual eligibles (Medicare/Medicaid) in these counts.

11. The annual number of substantiated recipient rights complaints per thousand persons served with MI and with DD served, in the categories of Abuse I and II, and Neglect I and II. (Old Indicator #13)

*13. The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).

- a. Annual report (MDHHS calculates from QI data)
- b. PIHP for Medicaid beneficiaries
- c. CMHSP for all adults
- d. Scope: DD adults only

*14. The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).

- a. Annual report (MDHHS calculates from QI data)
- b. PIHP for Medicaid beneficiaries
- c. CMHSP for all adults
- d. Scope: DD adults only

CMHSP PERFORMANCE INDICATOR REPORTING DUE DATES

FY 2014 Due Dates

Indicator Title	Period	Due	Period	Due	Period	Due	Period	Due	From
1. Pre-admission screening	10/01 to 12/31	3/31/14	1/01 to 3/31	6/30/14	4/01 to 6/30	9/30/14	7/01 to 9/30	12/31/14	CMHSPs
2. 1 st request	10/01 to 12/31	3/31/14	1/01 to 3/31	6/30/14	4/01 to 6/30	9/30/14	7/01 to 9/30	12/31/14	CMHSPs
3. 1 st service	10/01 to 12/31	3/31/14	1/01 to 3/31	6/30/14	4/01 to 6/30	9/30/14	7/01 to 9/30	12/31/14	CMHSPs
4. Follow-up	10/01 to 12/31	3/31/14	1/01 to 3/31	6/30/14	4/01 to 6/30	9/30/14	7/01 to 9/30	12/31/14	CMHSPs
5. Denials	10/01 to 12/31	3/31/14	1/01 to 3/31	6/30/14	4/01 to 6/30	9/30/14	7/01 to 9/30	12/31/14	CMHSPs
6. 2 nd Opinions	10/01 to 12/31	3/31/14	1/01 to 3/31	6/30/14	4/01 to 6/30	9/30/14	7/01 to 9/30	12/31/14	CMHSPs
7. Admin Costs*	10/01 to 9/30	2/27/15							CMHSPs
8. Competitive employment*	10/01 to 9/30	N/A							MDHHS
9. Minimum wage*	10/01 to 9/30	N/A							MDHHS
10. Readmissions	10/01 to 12/31	3/31/14	1/01 to 3/31	6/30/14	4-01 to 6-30	9/30/14	7/01 to 9/30	12/31/14	CMHSPs
11. RR complaints	10/01 to 9/30	12/31/14							CMHSPs
13. Residence (DD)*	10/01 to 9/30	N/A							MDHHS
14. Residence (MI)*	10/01 to 9/30	N/A							MDHHS
15. DD Children Services*	10/01 to 12/31	N/A	1/01 to 3/31	N/A	4/01 to 6/30	N/A	7/01 to 9/30	N/A	MDHHS

*Indicators with *: MDHHS collects data from encounters, quality improvement or cost reports and calculates performance indicators

PERFORMANCE INDICATOR CODEBOOK

General Rules for Reporting Performance Indicators

1. Due dates

All data are due **90 days** following the end of the reporting period (Note: reporting periods are 90 days, six months, or 12 months).

Consultation drafts will be issued for editing purposes approximately two weeks after the due date.

Final report will be posted on the MDHHS web site approximately 30 days following the due date.

2. Children

Children are counted as such who are less than age 18 on the last day of the reporting period.

3. Dual Eligible

Do not include those individuals who are Medicare/Medicaid dual eligible in indicators number 4a & 4b (Follow-up Care) and number 10 (Readmissions).

4. Medicaid

Count as Medicaid eligible any person who qualified as a Medicaid beneficiary during at least one month of the reporting period. Indicators # 1, 2, 3, 4, 10, and 11 are to be reported by the CMHSPs for all their consumers, and by the PIHPs for all their Medicaid beneficiaries. If a PIHP is an affiliation, the PIHP reports these indicators for all the Medicaid beneficiaries in the affiliation. The PIHPs, therefore, will submit two reports: One, as a CMHSP for all its consumers, and one as the PIHP for all its Medicaid beneficiaries.

5. Substance abuse beneficiaries

Indicators #2, 3, and 4 include persons receiving Medicaid substance abuse services managed by the PIHP (this is not applicable to CMHSPs). Managed by the PIHP includes substance abuse services subcontracted to CAs, as well as any substance abuse services that the PIHP may deliver directly or may subcontract directly with a substance abuse provider. Consumers who have co-occurring mental illness and substance use disorders may be counted by the PIHP as either MI or SA. However, please count them only once. **Do not add the same consumer to the count in both the MI and SA categories.**

6. Documentation

It is expected that CMHSPs and PIHPs will maintain documentation of:

- a) persons counted in the “exception” columns on the applicable indicators – who, why, and source documents; and
- b) start and stop times for timeliness indicators.

Documentation may be requested and reviewed during external quality reviews.

ACCESS -TIMELINESS/INPATIENT SCREENING (CMHSP & PIHP)

Indicator #1

The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours (by two sub-populations: Children and Adults). Standard = 95%

Rationale for Use

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

Table 1 - Indicator #1

1. Population	2. Number (#) of Emergency Referrals for Inpatient Screening During the Time Period	3. Number (#) of Dispositions about Emergency Referrals Completed within Three Hours or Less	4. Percent (%) of Emergency Referrals Completed within the Time Standard
1. # Children	B2	C2	F2 - Calculated
2. # Adults	D2	E2	G2 - Calculated

Definitions and Instructions

“Disposition” means the decision was made to refer, or not refer, to inpatient psychiatric care.

1. If screening is not possible due to intoxication or sedation, do not start the clock.
2. Start time: When the person is clinically, medically and physically available to the CMHSP/PIHP.
 - a. When emergency room or jail staff informs CMHSP/PIHP that individual needs, and is ready, to be assessed; or
 - b. When an individual presents at an access center and then is clinically cleared (as needed).
3. Stop time: Clinician (in access center or emergency room) who has the authority, or utilization management unit that has the authority, makes the decision whether or not to admit.
4. After the decision is made, the clock stops but other activities will continue (screening, transportation, arranging for bed, crisis intervention).
5. Documentation of start/stop times needs to be maintained by the PIHP/CMHSPS.

ACCESS-TIMELINESS/FIRST REQUEST (CMHSP & PIHP)

Indicator #2

The percentage of new persons during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service (by five sub-populations: MI-adults, MI-children, DD-adults, DD-children, and persons with Substance Use Disorders). Standard = 95%

Rationale for Use

Quick, convenient entry into the public mental health system is a critical aspect of accessibility of services. Delays in clinical and psychological assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Table 2 – Indicator #2

1. Population	2. # of New Persons Receiving an Initial Non- Emergent Professional Assessment Following a First Request	3. # of New Persons from Col 2 who are Exceptions	4. # Net of New Persons Receiving an Initial Assessment (Col 2 minus Col 3)	5. # of Persons from Col 4 Receiving an Initial Assessment within 14 calendar days of First Request	6. % of Persons Receiving an Initial Assessment within 14 calendar days of First Request
1. MI - C	H2	I2	J2 - Calculated	K2	AB2 - Calculated
2. MI - A	L2	M2	N2 - Calculated	O2	AC2 - Calculated
3. DD - C	P2	Q2	R2 - Calculated	S2	AD- Calculated
4. DD - A	T2	U2	V2 - Calculated	W2	AE2 - Calculated
5. TOTAL	X2	Y2	Z2 - Calculated	AA2	AF2 - Calculated

Column 2- Selection Methodology

1. Cases selected for inclusion in Column 2 are those for which a **face-to-face** assessment with a professional resulting in a decision whether to provide on-going CMHSP/PIHP services took place during the time period.
2. Non-emergent assessment and services do not include pre-admission screening for, and receipt of, psychiatric in-patient care; nor crisis contacts that did not result in an assessment. Consumers who come in with a crisis, and are stabilized are counted as "new" for indicator #2 when they subsequently request a non-emergent assessment.

3. Persons with co-occurring disorders should only be counted once, in either the MI or SA row.
4. "New person:" Individual who has never received services at the CMHSP/PIHP or whose last date of service (regardless of service) was 90 or more days before the assessment, or whose case was closed 90 or more days before the assessment. As noted above in item 2, consumers who come in with a crisis, and are stabilized are counted as "new" for indicator #2 when they subsequently request a non-emergent assessment.
5. A "professional assessment" is that face-to-face assessment or evaluation with a professional designed to result in a decision whether to provide ongoing CMHSP service.
6. Consumers covered under OBRA should be excluded from the count.

Column 3- Exception Methodology

Enter the number of consumers who request an appointment outside the 14 calendar day period or refuse an appointment offered that would have occurred within the 14 calendar day period.

CMHSP/PIHP must maintain documentation available for state review of the reasons for exclusions and the dates offered to the individual. In the case of refused appointments, the dates offered to the individual must be documented.

Column 4 – Calculation of Denominator

Subtract the number of persons in column 3 from the number of persons in column 2 and enter the number.

Column 5 – Numerator Methodology

1. Cases selected for inclusion in Column 5 are those in Column 4 for which the assessment took place in 14 calendar days.
2. "First request" is the initial telephone or walk-in request for non-emergent services by the individual, parent of minor child, legal guardian, or referral source that results in the scheduling of a face-to-face assessment with a professional.
3. Count backward to the date of first request, even if it spans a quarter. If the assessment required several sessions in order to be completed, use the first date of assessment for this calculation.
4. "Reschedules" because consumer cancelled or no-shows who reschedule: count the date of request for reschedule as "first request."

ACCESS-TIMELINESS/FIRST SERVICE (CMHSP & PIHP)

Indicator #3

Percentage of new persons during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional ((by five sub-populations: MI-adults, MI-children, DD-adults, DD-children, and persons with Substance Use Disorders). Standard = 95% within 14 days

Rationale for Use

The amount of time between professional assessment and the delivery of needed treatments and supports addresses a different aspect of access to care than Indicator #2. Delay in the delivery of needed services and supports may lead to exacerbation of symptoms and distress and poorer role functioning.

Table 3 - Indicator #3

1. Population	2. # of New Persons Who Started Face- to-Face Service During the Period	3. # of New Persons From Col 2 Who are Exceptions	4. # Net of Persons who Started Service (Col 2 minus Col 3)	5. # of Persons From Col 4 Who Started a Face- to-Face Service Within 14 Days of a Face-to-Face Assessment with a Professional	6. % of Persons Who Started Service within 14 days of Assessment
1. MI-C	AG2	AH2	AI2 – Calculated	AJ2	BA2 -Calculated
2. MI-A	AK	AL2	AM2 – Calculated	AN2	BB2 - Calculated
3. DD -C	AO2	AP2	AQ2 – Calculated	AR2	BC2 - Calculated
4. DD-A	AS2	AT2	AU2 – Calculated	AV2	BD2 - Calculated
6. TOTAL	AW2	AX2	AY2 - Calculated	AZ2	BE2 - Calculated

Column 2 - Selection Methodology

1. Cases selected for inclusion are those for which the start of a non-emergent service (other than the initial assessment – see below) took place during the time period.
2. Do not include pre-admission screening for, and receipt of, psychiatric in-patient care or crisis contacts that did not result in a non-emergent assessment.
3. Persons with co-occurring disorders should only be counted once, in either the MI or SA row.

4. Consumers covered under OBRA should be excluded from the count.

Column 3 – Exception Methodology

Enter in column 3 the number of individuals counted in column 2 but for specific reasons described below* should be excluded from the indicator calculations.

*Consumers who request an appointment outside the 14 calendar day period or refuse an appointment offered that would have occurred within the 14 calendar day period, or do not show for an appointment or reschedule it.

*Consumers for whom the intent of service was medication only or respite only and the date of service exceeded the 14 calendar days. May also exclude environmental modifications where the completion of a project exceeds 14 calendar days. It is expected, however, that minimally a request for bids/quotes has been issued within 14 calendar days of the assessment. Lastly, exclude instances where consumer is enrolled in school and is unable to take advantage of services for several months.

CMHSP/PIHP must maintain documentation available for state review of the reasons for exclusions and the dates offered to the individual. In the case of refused appointments, the dates offered to the individual must be documented.

Column 4 – Calculation of Denominator

Subtract the number of persons in column 3 from the number of persons in column 2 and enter the number.

Column 5 – Numerator Methodology

1. Cases selected for inclusion in Column 5 are those in Column 4 for which a service was received within 14 calendar days of the professional face-to-face assessment.
2. “Service” means any face-to-face CMHSP service. For purposes of this data collection, the initial face-to-face assessment session or any continuous assessment sessions needed to reach a decision on whether to provide ongoing CMHSP services shall not be considered the start of service.
3. Count backward from the date of service to the first date of assessment, even if it spans a quarter, in order to calculate the number of calendar days to the assessment with the professional. If the initial assessment required several sessions in order to be completed, use the first date of assessment in this calculation.

ACCESS-CONTINUITY OF CARE (CMHSP & PIHP)

Indicator #4a (CMHSP & PIHP) & 4b (PIHP Only)

The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days. Standard = 95%

Rationale for Use

When responsibility for the care of an individual shifts from one organization to another, it is important that services remain relatively uninterrupted and continuous. Otherwise, the quality of care and consumer outcomes may suffer. This is an indicator required by the federal Substance Abuse and Mental Health Services Administration.

Table 4a – Indicator #4a

1. Population	2. # of Discharges from a Psychiatric Inpatient Unit	3. # of Discharges from Col 2 that are Exceptions	4. # Net Discharges (Col 2 minus Col 3)	5. # of Discharges from Col 4 Followed up by CMHSP/PIHP within 7days	6. % of Persons discharged seen within 7 days
1. # of Children	BF2	BG2	BH2 - Calculated	BI2	BN2 - Calculated
2. # of Adults	BJ2	BK2	BL2 - Calculated	BM2	BO2 - Calculated

Column 2 – Selection Methodology

1. “Discharges” are the events involving people who are discharged from a Psychiatric Inpatient Unit (community, IMD or state hospital) who meet the criteria for specialty mental health services and are the responsibility of the CMHSP/PIHP for follow-up services. In the event of multiple discharges of one person during the reporting period, count the number of discharges.
2. Pre-admission screening for psychiatric in-patient care; and the psychiatric in-patient care should not be counted here.
3. Do not include dual eligibles (Medicare/Medicaid) in these counts.

Column 3 – Exception Methodology

1. Consumers who request an appointment outside the seven-day period or refuse an appointment offered that would have occurred within the seven calendar day period, or do not show for an appointment or reschedule it.
2. Consumers who choose not to use CMHSP/PIHP services.

CMHSP/PIHP must maintain documentation available for state review of the reasons for all exclusions. In the case of refused appointments, the dates offered to the individual must be documented.

Column 4- Calculation of denominator

Subtract the number of discharges in column 3 from the number of discharges in column 2 and enter the number.

Column 5- Numerator Methodology

1. Enter the number of discharges from column 4 (net) who were seen for follow-up care by the CMHSP/PIHP within seven days.
2. “Seen for follow-up care,” means a face-to-face service (not screening for inpatient service, or the inpatient service) with a professional (not exclusively psychiatrists).
3. “Days” mean calendar days.

~~Table 4b – Indicator #4b~~ Do not use the following fields (BP-BT). This Indicator is PIHP only.

1, Population	2, # of Discharges from a Substance Abuse Detox Unit	3, # of Discharges from Col 2 that are Exceptions	4, # Net Discharges (Col 2 minus Col 3)	5, # of Discharges from Col 4 Followed up by CA/CMHSP/PIHP within 7 days	6, % of Persons discharged seen within 7 days
# of Consumers	BP2	BQ2	BR2—Calculated	BS2	BT2—Calculated

Column 2 – Selection Methodology

1. “Discharges” are the events involving consumers with substance use disorders who were discharged from a sub-acute detoxification unit, who meet the criteria for specialty mental health services and are the responsibility of the CA/PIHP or CMHSP/PIHP for follow-up services. In the event of multiple discharges of one person during the reporting period, count the number of discharges.
2. Do not include dual eligibles (Medicare/Medicaid) in these counts.

Column 3 – Exception Methodology

1. Consumers who request an appointment outside the seven-day period or refuse an appointment offered that would have occurred within the seven calendar day period, or do not show for an appointment or reschedule it.
2. Consumers who choose not to use CA/CMHSP/PIHP services.

CA/PIHP or CMHSP/PIHP must maintain documentation available for state review of the reasons for all exclusions. In the case of refused appointments, the dates offered to the individual must be documented.

Column 4- Calculation of denominator

Subtract the number of discharges in column 3 from the number of discharges in column 2 and enter the number.

Column 5- Numerator Methodology

1. Enter the number of discharges from column 4 (net) who were seen for follow-up care by the CA/PIHP or CMHSP/PIHP within seven days.
2. Seen for follow-up care,” means a face-to-face service with a substance abuse professional.
3. “Days” mean calendar days.

ACCESS-DENIAL/APPEAL (CMHSP Only)

Indicator #5 (old indicator #6)

Percentage of face-to-face assessments with professionals during the quarter that result in denials.

Indicator #6 (old indicator #7)

Percentage of Section 705 second opinions that result in services.

Rationale for Use

As managed care organizations, CMHSPs are responsible for exercising appropriate control of entry into the public mental health system. The professional assessment represents one of the first opportunities for a CMHSP to control access to its non-emergent services and supports.

Table 5 – Indicator #5 & #6

1. Total # of New Persons Receiving an Initial Non- Emergent Face-to- Face Professional Assessment	2. Total # of Persons Assessed but Denied CMHSP Service	3. Total # of Persons Requesting Second Opinion	4. Total # of Persons Receiving Mental Health Service Following a Second Opinion
BU2	BV2	BW2	BX2

Note: Do not include in any column in Table 5 individuals who only received telephone screens or access center screens performed by non-professionals. Table 5 excludes those cases in which the individual refused CMHSP services that were authorized.

Definitions

Section 330.1705 of Public Act 1974 as revised, was intended to capture requests for initial entry into the CMHSP. Requests for changes in the levels of care received are governed by other sections of the Code.

“Professional Assessment” is that face-to-face meeting with a professional that results in an admission to ongoing CMHSP service or a denial of CMHSP service.

Methodology

Column 1: Enter the number of those people who received an initial face-to-face professional assessment during the time period (from Indicator #2, Column #2).

Column 2: Enter the number of people who were denied CMHSP services.

Column 3: Enter the number of people who were denied who requested a second opinion.

Column 4: Enter the number of people who received a mental health service as a result of the second opinion.

EFFICIENCY

Indicator #7 (old indicator #9)

The percent of total expenditures spent on managed care administrative functions annually by CMHSPs and PIHPs.

Rationale for Use

There is public interest in knowing what portion of an agency's total expenditures are spent on operating the agency relative to the cost of providing services. Combined with other indicators of performance, information on percentage spent on administrative costs can be used as an indication of the agency's overall efficiency.

Method of Calculation

MDHHS will calculate this indicator using CMHSP Total Sub-Element Cost Report and the PIHP Medicaid Utilization and Net Cost Report.

Numerator: the amount of expenditures for managed care administration as defined in the cost reports for the functions as defined in the document: "Establishing Managed Care Administrative Costs" Revised June 20, 2005.

Denominator: the amount of total expenditures from all funding sources for CMHSPs; and the amount of total Medicaid expenditures for PIHPs.

OUTCOMES: EMPLOYMENT

Indicator #8a,b (old indicator #10a,b)

The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disability served by the CMHSPs and PIHPs who are employed competitively.

Rationale for Use

A positive outcome of improved functioning and recovery is the ability to work in a job obtained through competition with candidates who may not have disabilities. While there are variables, like unemployment rates, that the CMHSP and PIHPs cannot control, it is expected that through treatment and/or support they will enable and empower individuals who want jobs to secure them.

Method of Calculation

MDHHS will calculate this indicator after the end of the fiscal year using employment data from the individual's most recent QI record.

CMHSP Indicator

Numerator: the total number of (a) adults with mental illness, the total number of (b) adults with developmental disabilities, and the total number of (c) adults dually diagnosed with mental illness/developmental disability who are employed competitively.

Denominator: the total number of (a) adults with mental illness, the total number of (b) adults with developmental disabilities, and the total number of (c) adults dually diagnosed with mental illness/developmental disability served by the CMHSP.

PIHP Indicator

Numerator: the total number of (a) adult Medicaid beneficiaries with mental illness, the total number of (b) adult Medicaid beneficiaries with developmental disabilities, and the total number of (c) adult Medicaid beneficiaries dually diagnosed with mental illness/developmental disability who are employed competitively.

Denominator: the total number of (a) adult Medicaid beneficiaries with mental illness, the total number of (b) adult Medicaid beneficiaries with developmental disabilities, and the total number of (c) adult Medicaid beneficiaries dually diagnosed with mental illness/developmental disability served by the PIHP.

OUTCOMES: EMPLOYMENT

Indicator #9a,b (old indicator #11a,b)

The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disability served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.

Rationale for Use

A positive outcome of improved functioning and recovery is the ability to earn an income that enables individuals the independence to purchase goods and services and pay for housing.

Method of Calculation

MDHHS will calculate this indicator after the end of the fiscal year using employment data from the individual's most recent QI record. A new minimum wage data element will be added to the FY '06 reporting requirements.

CMHSP Indicator

Numerator: the total number of (a) adults with mental illness, the total number of (b) adults with developmental disabilities, and the total number of (c) adults dually diagnosed with mental illness/developmental disability, who received Michigan's minimum wage or more from employment activities (competitive, supported or self-employment, or sheltered workshop).

Denominator: the total number of (a) adults with mental illness, the total number of (b) adults with developmental disabilities, and the total number of (c) adults dually diagnosed with mental illness/developmental disability served by the CMHSP.

PIHP Indicator

Numerator: the total number of (a) adult Medicaid beneficiaries with mental illness, the total number of (b) adult Medicaid beneficiaries with developmental disabilities, and the total number of (c) adult Medicaid beneficiaries dually diagnosed with mental illness/developmental disability, who received Michigan's minimum wage or more from employment activities (competitive, supported or self-employment, or sheltered workshop).

Denominator: the total number of (a) adult Medicaid beneficiaries with mental illness, the total number of (b) adult Medicaid beneficiaries with developmental disabilities, and the total number of (c) adult Medicaid beneficiaries dually diagnosed with mental illness/developmental disability served by the PIHP.

OUTCOME: INPATIENT RECIDIVISM (CMHSP & PIHP)

Indicator #10 (old indicator #12):

The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge. Standard = 15% or less

Rationale for Use

For some people with mental illness, the occasional use of psychiatric inpatient care is essential. However, rapid readmission following discharge may suggest that people were prematurely discharged or that the post discharge follow-up was not timely or sufficient. This indicator assessed whether CMHSPs are meeting the Department's standard of no more than 15 percent of people discharged from inpatient units are being readmitted within 30 days.

Table 6 – Indicator #10

1. Population	2. # of Discharges from Psychiatric Inpatient Care during the Reporting Period	3. # of Discharges in Col 2 that are Exceptions	4. # Net Discharges (Col 2 minus Col 3)	5. # of Discharges (from Net Col. 4) Readmitted to Inpatient Care within 30 Days of Discharge	6. % of Discharges Readmitted to Inpatient Care within 30 days of Discharge
1. # of Children	BY2	BZ2	CA2 - Calculated	CB2	CG2 - Calculated
2. # of Adults	CC2	CD2	CE2 - Calculated	CF2	CH2 - Calculated

NOTE: This information is intended to capture Admissions and Readmissions, not transfers to another psychiatric unit, or transfers to a medical inpatient unit. Do not include transfers or dual-eligibles (Medicare/Medicaid) in the counts in any column on this table.

Column 2 – Selection Methodology

1. Discharges are the events involving all people (for the CMHSPs) and Medicaid eligibles only (for the PIHPs) who are discharged from a Psychiatric Inpatient Unit (community, IMD or state hospital), who meet the criteria for specialty mental health services and are the responsibility of the CMHSP for follow-up services. In the event of multiple discharges of one person during the reporting period, count the total number of discharges.
2. Do not include dual eligibles (Medicare/Medicaid) in these counts.

Column 3 – Exception Methodology

Enter the discharges who chose not to use CMHSP/PIHP services

CMHSP/PIHP must maintain documentation available for state review of the reasons for exceptions in column 3.

Column 4 – Calculation of Denominator

Subtract the number of discharges in column 3 from the number of discharges in column 2 and enter the number.

Column 5 – Numerator Methodology

1. Enter the number of persons from column 4 who were readmitted to a psychiatric inpatient unit within 30 days of discharge from a psychiatric inpatient unit.
2. In order to obtain correct counts for column 5, you must look 30 days into the **next quarter** for possible readmissions of persons discharged toward the end of the current reporting period.
3. “Days” mean calendar days.

Attachment I:

**CMHSP Annual
Recipient Rights Report
Codebook**

Period:	10/01/13-9/30/14
Due:	December 31, 2014

OUTCOMES: RECIPIENT RIGHTS COMPLAINTS

Indicator #11

The **annual** number of substantiated recipient rights complaints in the categories of Abuse I and II, and Neglect I and II per 1,000 persons served by CMHSPs and by PIHPs.

Rationale for Use

Substantiated rights complaints are a measure of the quality of care provided by CMHSPs and managed by PIHPs. Since Abuse and Neglect complaints must be investigated, it is believed that these four categories represent the most serious allegations filed on behalf of people served.

Table 7b. Recipient Rights Complaints from All Consumers Served by the CMHSP (reported by CMHSPs)

A = CMHSP Name

RR Complaints	1. # of Complaints from All Consumers	2. # of Complaints Substantiated by ORR	3. # of Complaints Substantiated Per Thousand CMHSP Consumers Served
Abuse I	B	C	
Abuse II	D	E	
Neglect I	F	G	
Neglect II	H	I	

Instructions:

Column 1: Enter the number of complaints from all consumers in each of the above categories that were filed at the local Office(s) of Recipient Rights during the year.

Column 2: Enter the number of those complaints that were substantiated by the local ORRs.

Column 3: MDHHS will calculate the number of complaints per thousand persons served.

Community Mental Health
Performance Indicator Results
FY 2015

Indicator 1a: Percentage of Children Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition was Completed within Three Hours - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	Number of Referrals Children Q1	Number Completed in Three Hours for Children Q1	Percentage Q2	Number of Referrals Children Q2	Number Completed in Three Hours for Children Q2	Percentage Q3	Number of Referrals Children Q3	Number Completed in Three Hours for Children Q3	Percentage Q4	Number of Referrals Children Q4	Number Completed in Three Hours for Children Q4	
Allegan	92.31%	13	12	100.00%	38	38	100.00%	25	25	100.00%	23	23	98.99
AuSable	100.00%	41	41	100.00%	74	74	100.00%	56	56	100.00%	30	30	100.00
Barry	100.00%	4	4	100.00%	14	14	100.00%	9	9	100.00%	8	8	100.00
Bay-Arenac	100.00%	36	36	100.00%	41	41	100.00%	42	42	100.00%	40	40	100.00
Berrien	98.72%	78	77	100.00%	65	65	96.83%	63	61	100.00%	31	31	98.73
CEI	100.00%	90	90	100.00%	110	110	100.00%	106	106	100.00%	85	85	100.00
CMH Central MI	100.00%	81	81	100.00%	53	53	98.65%	74	73	100.00%	26	26	99.57
Copper	100.00%	11	11	100.00%	11	11	100.00%	7	7	100.00%	3	3	100.00
Detroit-Wayne	100.00%	404	404	100.00%	417	417	99.76%	409	408	99.62%	260	259	99.87
Genesee	100.00%	173	173	100.00%	154	154	100.00%	167	167	100.00%	154	154	100.00
Gogebic	-	0	0	100.00%	3	3	-	0	0	100.00%	1	1	100.00
Gratiot	100.00%	4	4	100.00%	10	10	100.00%	7	7	100.00%	4	4	100.00
Hiawatha	100.00%	9	9	100.00%	7	7	100.00%	14	14	100.00%	5	5	100.00
Huron	100.00%	4	4	100.00%	7	7	100.00%	5	5	100.00%	6	6	100.00
Ionia	100.00%	6	6	94.44%	18	17	100.00%	13	13	100.00%	10	10	97.87
Kalamazoo	100.00%	70	70	100.00%	74	74	100.00%	59	59	100.00%	46	46	100.00
Lapeer	100.00%	9	9	100.00%	17	17	100.00%	8	8	100.00%	11	11	100.00
Lenawee	100.00%	19	19	100.00%	22	22	100.00%	13	13	100.00%	18	18	100.00
LifeWays	100.00%	28	28	100.00%	19	19	100.00%	14	14	100.00%	22	22	100.00
Livingston	100.00%	15	15	100.00%	11	11	100.00%	15	15	100.00%	10	10	100.00
Macomb	100.00%	363	363	100.00%	296	296	100.00%	338	338	100.00%	238	238	100.00
Centra Wellness (Manistee-Benzie)	100.00%	5	5	100.00%	4	4	100.00%	7	7	100.00%	3	3	100.00
Monroe	100.00%	17	17	100.00%	28	28	100.00%	13	13	100.00%	13	13	100.00
Montcalm	95.83%	24	23	100.00%	20	20	94.74%	19	18	100.00%	12	12	97.33
HealthWest (Muskegon)	100.00%	35	35	88.10%	42	37	100.00%	32	32	62.50%	24	15	89.47
network180	92.62%	149	138	100.00%	148	148	98.54%	137	135	95.88%	97	93	96.80
Newaygo	100.00%	22	22	100.00%	15	15	100.00%	10	10	100.00%	17	17	100.00
North Country	95.83%	24	23	92.59%	27	25	95.65%	23	22	100.00%	15	15	95.51
Northeast	100.00%	13	13	100.00%	32	32	100.00%	26	26	100.00%	9	9	100.00
Northern Lakes	100.00%	11	11	100.00%	18	18	100.00%	17	17	100.00%	12	12	100.00
Northpointe	100.00%	4	4	100.00%	9	9	100.00%	7	7	100.00%	6	6	100.00
Oakland	98.41%	126	124	100.00%	127	127	100.00%	116	116	100.00%	97	97	99.57
Ottawa	94.44%	36	34	97.73%	44	43	100.00%	46	46	92.50%	40	37	96.39
Pathways	96.43%	28	27	96.77%	31	30	88.24%	17	15	96.77%	31	30	95.33
Pines	100.00%	34	34	100.00%	41	41	100.00%	35	35	100.00%	31	31	100.00
Saginaw	100.00%	128	128	100.00%	117	117	100.00%	139	139	100.00%	120	120	100.00
Sanilac	100.00%	6	6	100.00%	8	8	100.00%	7	7	100.00%	10	10	100.00
Shiawassee	100.00%	15	15	100.00%	19	19	100.00%	24	24	100.00%	33	33	100.00
St. Clair	100.00%	38	38	100.00%	44	44	100.00%	30	30	100.00%	37	37	100.00
St. Joseph	100.00%	12	12	100.00%	17	17	100.00%	15	15	100.00%	6	6	100.00
Summit Pointe	100.00%	6	6	100.00%	4	4	100.00%	3	3	100.00%	6	6	100.00
Tuscola	85.00%	20	17	100.00%	14	14	100.00%	12	12	100.00%	6	6	94.23
Van Buren	100.00%	12	12	100.00%	12	12	100.00%	7	7	100.00%	6	6	100.00
Washtenaw	100.00%	46	46	100.00%	57	57	100.00%	50	50	100.00%	35	35	100.00
West Michigan	100.00%	7	7	100.00%	12	12	100.00%	11	11	100.00%	10	10	100.00
Woodlands	100.00%	8	8	100.00%	7	7	100.00%	5	5	100.00%	12	12	100.00
	98.99%	2,284	2,261	99.58%	2,358	2,348	99.56%	2,252	2,242	98.95%	1,719	1,701	99.12

Indicator 1b: Percentage of Adults Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition was Completed within Three Hours - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	Number of Referrals for Adults Q1	Number Completed in Three Hours for Adults Q1	Percentage Q2	Number of Referrals for Adults Q2	Number Completed in Three Hours for Adults Q4	Percentage Q3	Number of Referrals for Adults Q3	Number Completed in Three Hours for Adults Q3	Percentage Q4	Number of Referrals for Adults Q4	Number Completed in Three Hours for Adults Q4	
Allegan	96.43%	84	81	97.70%	87	85	98.59%	71	70	97.78%	90	88	97.59
AuSable	99.42%	173	172	98.94%	189	187	99.53%	212	211	99.54%	218	217	99.37
Barry	100.00%	13	13	100.00%	20	20	100.00%	25	25	100.00%	18	18	100.00
Bay-Arenac	100.00%	181	181	100.00%	191	191	100.00%	174	174	100.00%	211	211	100.00
Berrien	100.00%	348	348	100.00%	258	258	99.21%	254	252	99.08%	218	216	99.63
CEI	98.13%	428	420	99.35%	464	461	98.13%	480	471	98.76%	483	477	98.60
CMH Central MI	99.63%	270	269	98.95%	286	283	98.98%	295	292	99.01%	302	299	99.13
Copper	100.00%	24	24	97.62%	42	41	100.00%	29	29	100.00%	38	38	99.25
Detroit-Wayne	98.88%	1,156	1,143	99.74%	1,151	1,148	98.65%	1,261	1,244	94.20%	1,293	1,218	97.78
Genesee	99.43%	696	692	99.87%	744	743	99.73%	737	735	100.00%	805	805	99.77
Gogebic	100.00%	9	9	100.00%	14	14	100.00%	6	6	100.00%	6	6	100.00
Gratiot	100.00%	32	32	97.50%	40	39	100.00%	42	42	100.00%	43	43	99.36
Hiawatha	100.00%	49	49	100.00%	67	67	100.00%	57	57	100.00%	58	58	100.00
Huron	100.00%	39	39	100.00%	40	40	100.00%	29	29	100.00%	42	42	100.00
Ionia	98.15%	54	53	94.00%	50	47	100.00%	51	51	100.00%	52	52	98.07
Kalamazoo	100.00%	270	270	100.00%	278	278	100.00%	296	296	99.00%	299	296	99.74
Lapeer	100.00%	49	49	100.00%	72	72	100.00%	56	56	100.00%	66	66	100.00
Lenawee	100.00%	86	86	100.00%	97	97	100.00%	120	120	100.00%	99	99	100.00
LifeWays	100.00%	179	179	100.00%	172	172	97.62%	210	205	99.60%	247	246	99.26
Livingston	100.00%	69	69	100.00%	63	63	100.00%	63	63	100.00%	84	84	100.00
Macomb	100.00%	1,226	1,226	99.92%	1,246	1,245	99.84%	1,237	1,235	100.00%	1,463	1,463	99.94
Centra Wellness (Manistee-Benzie)	100.00%	24	24	100.00%	27	27	100.00%	28	28	100.00%	26	26	100.00
Monroe	100.00%	134	134	100.00%	122	122	100.00%	121	121	100.00%	140	140	100.00
Montcalm	100.00%	54	54	100.00%	62	62	98.59%	71	70	94.94%	79	75	98.12
HealthWest (Muskegon)	100.00%	147	147	82.43%	222	183	100.00%	208	208	73.52%	253	186	87.23
network180	95.10%	571	543	98.90%	547	541	98.75%	562	555	97.20%	536	521	97.47
Newaygo	100.00%	52	52	100.00%	30	30	100.00%	31	31	100.00%	40	40	100.00
North Country	100.00%	56	56	96.77%	62	60	97.26%	73	71	95.92%	98	94	97.23
Northeast	100.00%	95	95	100.00%	104	104	100.00%	106	106	99.07%	108	107	99.76
Northern Lakes	100.00%	179	179	98.60%	143	141	99.42%	173	172	100.00%	197	197	99.57
Northpointe	100.00%	35	35	100.00%	36	36	100.00%	52	52	100.00%	41	41	100.00
Oakland	96.39%	664	640	99.29%	701	696	99.36%	629	625	98.03%	762	747	98.26
Ottawa	96.81%	94	91	97.58%	124	121	100.00%	106	106	97.96%	147	144	98.09
Pathways	97.83%	138	135	99.11%	112	111	99.22%	129	128	97.81%	137	134	98.45
Pines	100.00%	85	85	100.00%	12	12	100.00%	72	72	100.00%	93	93	100.00
Saginaw	100.00%	446	446	100.00%	450	450	99.81%	537	536	100.00%	595	595	99.95
Sanilac	100.00%	44	44	100.00%	54	54	100.00%	50	50	100.00%	47	47	100.00
Shiawassee	98.21%	56	55	98.08%	52	51	98.81%	84	83	100.00%	101	101	98.98
St. Clair	100.00%	191	191	100.00%	174	174	100.00%	224	224	100.00%	234	234	100.00
St. Joseph	100.00%	39	39	100.00%	62	62	100.00%	85	85	98.11%	53	52	99.58
Summit Pointe	98.21%	56	55	97.73%	44	43	96.61%	59	57	97.96%	49	48	97.60
Tuscola	87.10%	31	27	100.00%	37	37	100.00%	27	27	100.00%	43	43	97.10
Van Buren	100.00%	22	22	96.67%	30	29	100.00%	42	42	100.00%	28	28	99.18
Washtenaw	100.00%	287	287	100.00%	264	264	100.00%	295	295	99.71%	345	344	99.92
West Michigan	100.00%	53	53	97.22%	36	35	100.00%	51	51	100.00%	59	59	99.50
Woodlands	100.00%	23	23	100.00%	33	33	100.00%	38	38	100.00%	51	51	100.00
	98.95%	9,011	8,916	99.10%	9,111	9,029	99.35%	9,558	9,496	98.00%	10,397	10,189	98.99

Indicator 2: Percentage of New Persons Receiving a Face-to-Face Assessment with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	Total Persons Received Assessment Following 1st Request Q1	Total Persons Received Assessment within 14 Calendar Days Q1	Percentage Q2	Total Persons Received Assessment Following 1st Request Q2	Total Persons Received Assessment within 14 Calendar Days Q2	Percentage Q3	Total Persons Received Assessment Following 1st Request Q3	Total Persons Received Assessment within 14 Calendar Days Q3	Percentage Q4	Total Persons Received Assessment Following 1st Request Q4	Total Persons Received Assessment within 14 Calendar Days Q4	
Allegan	96.63%	89	86	99.26%	135	134	100.00%	130	130	100.00%	86	86	99.09
AuSable	100.00%	96	96	100.00%	102	102	100.00%	103	103	100.00%	111	111	100.00
Barry	97.30%	111	108	97.30%	111	108	96.48%	142	137	90.83%	120	109	95.45
Bay-Arenac	99.25%	133	132	98.33%	120	118	96.43%	112	108	100.00%	139	139	98.61
Berrien	97.47%	474	462	99.08%	433	429	98.63%	438	432	96.88%	416	403	98.01
CEI	100.00%	332	332	98.60%	358	353	98.06%	360	353	97.44%	312	304	98.53
CMH Central MI	99.86%	695	694	99.86%	705	704	99.46%	736	732	99.71%	695	693	99.72
Copper	100.00%	53	53	100.00%	26	26	100.00%	34	34	100.00%	34	34	100.00
Detroit-Wayne	98.39%	1,744	1,716	98.40%	1,811	1,782	98.44%	2,113	2,080	99.10%	1,559	1,545	98.56
Genesee	98.21%	446	438	98.80%	667	659	98.48%	725	714	98.45%	647	637	98.51
Gogebic	100.00%	16	16	100.00%	24	24	100.00%	13	13	100.00%	21	21	100.00
Gratiot	100.00%	84	84	99.11%	112	111	100.00%	91	91	99.16%	119	118	99.51
Hiawatha	98.36%	61	60	100.00%	49	49	98.00%	50	49	95.56%	45	43	98.05
Huron	100.00%	59	59	100.00%	80	80	200.00%	61	122	98.41%	63	62	122.81
Ionia	99.03%	103	102	99.14%	116	115	100.00%	90	90	100.00%	154	154	99.57
Kalamazoo	100.00%	59	59	100.00%	51	51	100.00%	64	64	100.00%	65	65	100.00
Lapeer	99.19%	123	122	100.00%	135	135	100.00%	112	112	99.11%	112	111	99.59
Lenawee	98.56%	139	137	100.00%	127	127	100.00%	96	96	100.00%	98	98	99.57
LifeWays	99.41%	170	169	100.00%	153	153	98.93%	187	185	100.00%	161	161	99.55
Livingston	100.00%	68	68	100.00%	67	67	100.00%	61	61	100.00%	42	42	100.00
Macomb	98.65%	222	219	94.97%	159	151	97.45%	196	191	96.95%	492	477	97.10
Centra Wellness (Manistee-Benzie)	100.00%	136	136	100.00%	135	135	100.00%	119	119	100.00%	124	124	100.00
Monroe	100.00%	74	74	100.00%	67	67	95.95%	74	71	100.00%	68	68	98.94
Montcalm	99.26%	135	134	100.00%	148	148	98.92%	186	184	97.22%	180	175	98.77
HealthWest (Muskegon)	97.35%	189	184	98.47%	196	193	96.81%	188	182	98.21%	223	219	97.74
network180	99.52%	1,042	1,037	99.48%	1,162	1,156	99.41%	1,015	1,009	100.00%	949	949	99.59
Newaygo	100.00%	130	130	99.33%	150	149	98.66%	149	147	99.33%	150	149	99.31
North Country	99.66%	292	291	98.73%	315	311	100.00%	274	274	96.85%	254	246	98.85
Northeast	99.11%	112	111	93.10%	87	81	95.65%	92	88	97.62%	84	82	96.53
Northern Lakes	99.71%	345	344	100.00%	266	266	100.00%	271	271	100.00%	218	218	99.91
Northpointe	93.75%	80	75	100.00%	80	80	96.20%	79	76	97.75%	89	87	96.95
Oakland	98.79%	744	735	98.48%	790	778	98.80%	836	826	98.68%	681	672	98.69
Ottawa	99.24%	132	131	99.30%	142	141	100.00%	154	154	99.31%	145	144	99.48
Pathways	98.50%	133	131	98.20%	111	109	95.06%	81	77	94.87%	117	111	96.83
Pines	100.00%	189	189	100.00%	115	115	100.00%	192	192	100.00%	189	189	100.00
Saginaw	100.00%	233	233	96.22%	238	229	99.65%	288	287	100.00%	217	217	98.98
Sanilac	100.00%	70	70	100.00%	89	89	100.00%	79	79	100.00%	62	62	100.00
Shiawassee	90.24%	41	37	96.67%	30	29	97.96%	49	48	100.00%	44	44	96.34
St. Clair	100.00%	273	273	99.63%	267	266	100.00%	261	261	100.00%	223	223	99.90
St. Joseph	100.00%	97	97	100.00%	114	114	98.96%	96	95	97.18%	71	69	99.21
Summit Pointe	99.57%	462	460	99.09%	549	544	98.59%	495	488	98.92%	557	551	99.03
Tuscola	100.00%	45	45	100.00%	46	46	100.00%	61	61	100.00%	86	86	100.00
Van Buren	100.00%	143	143	100.00%	161	161	100.00%	112	112	100.00%	85	85	100.00
Washtenaw	94.63%	149	141	97.20%	143	139	99.45%	181	180	100.00%	135	135	97.86
West Michigan	100.00%	56	56	98.33%	60	59	98.11%	53	52	100.00%	75	75	99.18
Woodlands	100.00%	74	74	100.00%	70	70	100.00%	70	70	100.00%	78	78	100.00
	98.97%	10,653	10,543	98.93%	11,072	10,953	99.39%	11,369	11,300	98.83%	10,595	10,471	99.44

Indicator 2a: Percentage of New Children with Emotional Disturbance Receiving a Face-to-Face Assessment with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	# MI Children Received Assessment Following 1st Request Q1	# MI Children Received Assessment within 14 Calendar Days Q1	Percentage Q2	# MI Children Received Assessment Following 1st Request Q2	# MI Children Received Assessment within 14 Calendar Days Q2	Percentage Q3	# MI Children Received Assessment Following 1st Request Q3	# MI Children Received Assessment within 14 Calendar Days Q3	Percentage Q4	# MI Children Received Assessment Following 1st Request Q4	# MI Children Received Assessment within 14 Calendar Days Q4	
Allegan	92.86%	28	26	100.00%	43	43	100.00%	39	39	100.00%	25	25	98.52
AuSable	100.00%	34	34	100.00%	35	35	100.00%	31	31	100.00%	20	20	100.00
Barry	93.55%	31	29	97.06%	34	33	81.48%	27	22	69.57%	23	16	86.96
Bay-Arenac	100.00%	31	31	95.24%	21	20	96.15%	26	25	100.00%	24	24	98.04
Berrien	97.16%	141	137	96.84%	95	92	98.29%	117	115	96.59%	88	85	97.28
CEI	100.00%	171	171	99.40%	166	165	100.00%	159	159	98.30%	176	173	99.40
CMH Central MI	99.57%	233	232	99.58%	240	239	98.71%	233	230	99.48%	194	193	99.33
Copper	100.00%	20	20	100.00%	5	5	100.00%	11	11	100.00%	3	3	100.00
Detroit-Wayne	98.91%	737	729	99.01%	704	697	99.43%	702	698	99.64%	563	561	99.22
Genesee	100.00%	121	121	97.83%	138	135	97.99%	149	146	99.25%	134	133	98.71
Gogebic	100.00%	6	6	100.00%	11	11	100.00%	2	2	100.00%	4	4	100.00
Gratiot	100.00%	37	37	97.73%	44	43	100.00%	39	39	100.00%	47	47	99.40
Hiawatha	100.00%	19	19	100.00%	20	20	95.45%	22	21	87.50%	16	14	96.10
Huron	100.00%	27	27	100.00%	28	28	100.00%	11	11	94.74%	19	18	98.82
Ionia	100.00%	41	41	97.62%	42	41	100.00%	26	26	100.00%	42	42	99.34
Kalamazoo	100.00%	11	11	100.00%	6	6	100.00%	9	9	100.00%	6	6	100.00
Lapeer	100.00%	32	32	100.00%	30	30	100.00%	25	25	95.00%	20	19	99.07
Lenawee	98.00%	50	49	100.00%	41	41	100.00%	38	38	100.00%	19	19	99.32
LifeWays	98.31%	59	58	100.00%	52	52	96.43%	56	54	100.00%	49	49	98.61
Livingston	100.00%	39	39	100.00%	32	32	100.00%	28	28	100.00%	15	15	100.00
Macomb	97.26%	73	71	86.36%	44	38	95.24%	42	40	95.45%	110	105	94.42
Centra Wellness (Manistee-Benzie)	100.00%	44	44	100.00%	43	43	100.00%	29	29	100.00%	31	31	100.00
Monroe	100.00%	23	23	100.00%	18	18	100.00%	9	9	100.00%	11	11	100.00
Montcalm	100.00%	59	59	100.00%	65	65	98.36%	61	60	95.08%	61	58	98.37
HealthWest (Muskegon)	97.85%	93	91	98.96%	96	95	95.71%	70	67	100.00%	72	72	98.19
network180	99.52%	620	617	99.38%	643	639	99.22%	512	508	100.00%	407	407	99.50
Newaygo	100.00%	64	64	98.36%	61	60	96.30%	54	52	98.48%	66	65	98.37
North Country	98.96%	96	95	98.98%	98	97	100.00%	82	82	96.05%	76	73	98.58
Northeast	100.00%	27	27	96.67%	30	29	95.65%	23	22	100.00%	23	23	98.06
Northern Lakes	99.07%	107	106	100.00%	60	60	100.00%	80	80	100.00%	65	65	99.68
Northpointe	91.67%	36	33	100.00%	34	34	96.77%	31	30	93.94%	33	31	95.52
Oakland	96.82%	157	152	98.68%	152	150	98.24%	170	167	99.15%	117	116	98.15
Ottawa	97.73%	44	43	100.00%	41	41	100.00%	47	47	100.00%	39	39	99.42
Pathways	98.21%	56	55	97.83%	46	45	91.43%	35	32	96.97%	33	32	96.47
Pines	100.00%	55	55	100.00%	28	28	100.00%	44	44	100.00%	40	40	100.00
Saginaw	100.00%	62	62	100.00%	74	74	100.00%	104	104	100.00%	52	52	100.00
Sanilac	100.00%	17	17	100.00%	31	31	100.00%	16	16	100.00%	13	13	100.00
Shiawassee	81.82%	11	9	100.00%	9	9	92.31%	13	12	100.00%	19	19	94.23
St. Clair	100.00%	85	85	100.00%	85	85	100.00%	61	61	100.00%	44	44	100.00
St. Joseph	100.00%	37	37	100.00%	38	38	100.00%	30	30	96.00%	25	24	99.23
Summit Pointe	98.28%	116	114	99.40%	166	165	100.00%	145	145	98.56%	139	137	99.12
Tuscola	100.00%	1	1	100.00%	16	16	100.00%	10	10	100.00%	22	22	100.00
Van Buren	100.00%	30	30	100.00%	43	43	100.00%	23	23	100.00%	19	19	100.00
Washtenaw	84.62%	39	33	100.00%	38	38	98.36%	61	60	100.00%	34	34	95.93
West Michigan	100.00%	13	13	96.15%	26	25	100.00%	15	15	100.00%	22	22	98.68
Woodlands	100.00%	46	46	100.00%	35	35	100.00%	28	28	100.00%	25	25	100.00
	98.76%	3,879	3,831	99.00%	3,807	3,769	98.79%	3,545	3,502	98.70%	3,085	3,045	98.48

Indicator 2b: Percentage of New Adults with Mental Illness Receiving a Face-to-Face Assessment with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	# MI Adults Received Assessment Following 1st Request Q1	# MI Adults Received Assessment within 14 Calendar Days Q1	Percentage Q2	# MI Adults Received Assessment Following 1st Request Q2	# MI Adults Received Assessment within 14 Calendar Days Q2	Percentage Q3	# MI Adults Received Assessment Following 1st Request Q3	# MI Adults Received Assessment within 14 Calendar Days Q3	Percentage Q4	# MI Adults Received Assessment Following 1st Request Q4	# MI Adults Received Assessment within 14 Calendar Days Q4	
Allegan	100.00%	39	39	98.63%	73	72	100.00%	65	65	100.00%	42	42	99.54
AuSable	100.00%	60	60	100.00%	63	63	100.00%	70	70	100.00%	85	85	100.00
Barry	98.75%	80	79	97.26%	73	71	100.00%	107	107	96.67%	90	87	98.29
Bay-Arenac	99.01%	101	100	98.98%	98	97	97.59%	83	81	100.00%	110	110	98.98
Berrien	97.31%	297	289	99.67%	299	298	98.64%	294	290	96.71%	304	294	98.07
CEI	100.00%	134	134	98.01%	151	148	95.78%	166	159	95.19%	104	99	97.30
CMH Central MI	100.00%	442	442	100.00%	445	445	99.79%	475	474	99.79%	477	476	99.89
Copper	100.00%	29	29	100.00%	18	18	100.00%	18	18	100.00%	27	27	100.00
Detroit-Wayne	97.83%	830	812	97.66%	896	875	97.70%	1,172	1,145	98.72%	782	772	97.93
Genesee	97.74%	266	260	99.39%	492	489	98.37%	490	482	97.98%	445	436	98.46
Gogebic	100.00%	9	9	100.00%	10	10	100.00%	6	6	100.00%	13	13	100.00
Gratiot	100.00%	45	45	100.00%	64	64	100.00%	50	50	98.57%	70	69	99.56
Hiawatha	97.14%	35	34	100.00%	26	26	100.00%	26	26	100.00%	26	26	99.12
Huron	100.00%	30	30	100.00%	51	51	100.00%	50	50	100.00%	40	40	100.00
Ionia	98.15%	54	53	100.00%	64	64	100.00%	61	61	100.00%	94	94	99.63
Kalamazoo	100.00%	40	40	100.00%	37	37	100.00%	36	36	100.00%	48	48	100.00
Lapeer	98.68%	76	75	100.00%	92	92	100.00%	76	76	100.00%	75	75	99.69
Lenawee	98.81%	84	83	100.00%	80	80	100.00%	53	53	100.00%	66	66	99.65
LifeWays	100.00%	99	99	100.00%	82	82	100.00%	104	104	100.00%	87	87	100.00
Livingston	100.00%	16	16	100.00%	21	21	100.00%	15	15	100.00%	13	13	100.00
Macomb	100.00%	109	109	98.67%	75	74	99.16%	119	118	97.58%	330	322	98.42
Centra Wellness (Manistee-Benzie)	100.00%	87	87	100.00%	83	83	100.00%	80	80	100.00%	82	82	100.00
Monroe	100.00%	46	46	100.00%	41	41	94.83%	58	55	100.00%	52	52	98.48
Montcalm	98.39%	62	61	100.00%	75	75	99.02%	102	101	99.03%	103	102	99.12
HealthWest (Muskegon)	95.89%	73	70	98.44%	64	63	97.01%	67	65	97.14%	105	102	97.09
network180	99.45%	362	360	99.54%	432	430	99.54%	436	434	100.00%	480	480	99.65
Newaygo	100.00%	63	63	100.00%	84	84	100.00%	93	93	100.00%	81	81	100.00
North Country	100.00%	167	167	98.46%	195	192	100.00%	176	176	96.84%	158	153	98.85
Northeast	98.75%	80	79	90.38%	52	47	95.16%	62	59	96.43%	56	54	95.60
Northern Lakes	100.00%	199	199	100.00%	155	155	100.00%	150	150	100.00%	118	118	100.00
Northpointe	94.59%	37	35	100.00%	43	43	94.87%	39	37	100.00%	49	49	97.62
Oakland	99.46%	551	548	98.53%	611	602	98.90%	637	630	98.88%	537	531	98.93
Ottawa	100.00%	77	77	100.00%	95	95	100.00%	99	99	99.00%	100	99	99.73
Pathways	98.41%	63	62	98.18%	55	54	97.06%	34	33	93.94%	66	62	96.79
Pines	100.00%	129	129	100.00%	76	76	100.00%	141	141	100.00%	139	139	100.00
Saginaw	100.00%	128	128	96.90%	129	125	100.00%	143	143	100.00%	136	136	99.25
Sanilac	100.00%	44	44	100.00%	53	53	100.00%	54	54	100.00%	42	42	100.00
Shiawassee	96.30%	27	26	100.00%	19	19	100.00%	31	31	100.00%	20	20	98.97
St. Clair	100.00%	159	159	100.00%	151	151	100.00%	156	156	100.00%	139	139	100.00
St. Joseph	100.00%	56	56	100.00%	72	72	98.36%	61	60	97.67%	43	42	99.14
Summit Pointe	100.00%	320	320	99.45%	361	359	97.90%	334	327	99.49%	396	394	99.22
Tuscola	100.00%	36	36	100.00%	28	28	100.00%	45	45	100.00%	56	56	100.00
Van Buren	100.00%	99	99	100.00%	109	109	100.00%	77	77	100.00%	62	62	100.00
Washtenaw	100.00%	89	89	96.00%	75	72	100.00%	86	86	100.00%	71	71	99.07
West Michigan	100.00%	38	38	100.00%	31	31	100.00%	30	30	100.00%	45	45	100.00
Woodlands	100.00%	23	23	100.00%	35	35	100.00%	41	41	100.00%	48	48	100.00
	99.12%	5,890	5,838	99.01%	6,334	6,271	98.83%	6,768	6,689	98.89%	6,512	6,440	99.17

Indicator 2c: Percentage of New Children with Intellectual/Developmental Disabilities Receiving a Face-to-Face Assessment with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			
	Percentage Q1	# I/DD Children Received Assessment Following 1st Request Q1	# I/DD Children Received Assessment within 14 Calendar Days Q1	Percentage Q2	# I/DD Children Received Assessment Following 1st Request Q2	# I/DD Children Received Assessment within 14 Calendar Days Q2	Percentage Q3	# I/DD Children Received Assessment Following 1st Request Q3	# I/DD Children Received Assessment within 14 Calendar Days Q3	Percentage Q4	# I/DD Children Received Assessment Following 1st Request Q4	# I/DD Children Received Assessment within 14 Calendar Days Q4	Fiscal Year Percentage
Allegan	100.00%	8	8	100.00%	8	8	100.00%	20	20	100.00%	8	8	100.00
AuSable	-	0	0	100.00%	1	1	100.00%	2	2	100.00%	4	4	100.00
Barry	-	0	0	100.00%	2	2	100.00%	2	2	100.00%	1	1	100.00
Bay-Arenac	100.00%	1	1	100.00%	1	1	50.00%	2	1	100.00%	4	4	87.50
Berrien	100.00%	18	18	100.00%	17	17	100.00%	12	12	100.00%	9	9	100.00
CEI	100.00%	16	16	100.00%	13	13	100.00%	16	16	100.00%	8	8	100.00
CMH Central MI	100.00%	8	8	100.00%	8	8	100.00%	9	9	100.00%	9	9	100.00
Copper	100.00%	4	4	100.00%	1	1	100.00%	1	1	100.00%	4	4	100.00
Detroit-Wayne	99.03%	103	102	99.12%	114	113	100.00%	138	138	100.00%	135	135	99.59
Genesee	97.30%	37	36	89.47%	19	17	100.00%	46	46	100.00%	47	47	97.99
Gogebic	100.00%	1	1	100.00%	2	2	100.00%	4	4	100.00%	3	3	100.00
Gratiot	100.00%	2	2	100.00%	1	1	-	0	0	-	0	0	100.00
Hiawatha	100.00%	5	5	100.00%	3	3	100.00%	1	1	100.00%	1	1	100.00
Huron	-	0	0	-	0	0	-	0	0	-	0	0	-
Ionia	100.00%	2	2	100.00%	6	6	-	0	0	100.00%	11	11	100.00
Kalamazoo	100.00%	3	3	100.00%	3	3	100.00%	4	4	100.00%	3	3	100.00
Lapeer	100.00%	6	6	100.00%	4	4	100.00%	5	5	100.00%	6	6	100.00
Lenawee	100.00%	1	1	100.00%	1	1	100.00%	3	3	100.00%	6	6	100.00
LifeWays	100.00%	3	3	100.00%	10	10	100.00%	13	13	100.00%	8	8	100.00
Livingston	100.00%	9	9	100.00%	8	8	100.00%	11	11	100.00%	5	5	100.00
Macomb	94.74%	19	18	100.00%	15	15	85.71%	14	12	100.00%	23	23	95.77
Centra Wellness (Manistee-Benzie)	100.00%	4	4	100.00%	4	4	100.00%	7	7	100.00%	6	6	100.00
Monroe	100.00%	2	2	100.00%	1	1	100.00%	1	1	100.00%	1	1	100.00
Montcalm	100.00%	8	8	100.00%	5	5	100.00%	10	10	100.00%	10	10	100.00
HealthWest (Muskegon)	100.00%	14	14	95.45%	22	21	95.00%	20	19	96.43%	28	27	96.43
network180	100.00%	31	31	100.00%	36	36	100.00%	26	26	100.00%	22	22	100.00
Newaygo	-	0	0	100.00%	4	4	100.00%	1	1	-	0	0	100.00
North Country	100.00%	18	18	100.00%	13	13	100.00%	12	12	100.00%	12	12	100.00
Northeast	100.00%	1	1	100.00%	2	2	100.00%	7	7	100.00%	2	2	100.00
Northern Lakes	100.00%	32	32	100.00%	46	46	100.00%	29	29	100.00%	27	27	100.00
Northpointe	100.00%	1	1	100.00%	1	1	100.00%	4	4	100.00%	3	3	100.00
Oakland	91.67%	12	11	90.00%	10	9	100.00%	16	16	100.00%	12	12	96.00
Ottawa	100.00%	4	4	0.00%	1	0	100.00%	5	5	100.00%	2	2	91.67
Pathways	100.00%	6	6	100.00%	4	4	100.00%	5	5	88.89%	9	8	95.83
Pines	100.00%	4	4	100.00%	5	5	100.00%	4	4	100.00%	2	2	100.00
Saginaw	100.00%	35	35	72.73%	11	8	100.00%	21	21	100.00%	17	17	96.43
Sanilac	100.00%	6	6	100.00%	2	2	100.00%	2	2	100.00%	4	4	100.00
Shiawassee	100.00%	1	1	100.00%	1	1	100.00%	2	2	100.00%	3	3	100.00
St. Clair	100.00%	16	16	94.44%	18	17	100.00%	21	21	100.00%	21	21	98.68
St. Joseph	100.00%	2	2	100.00%	2	2	100.00%	3	3	100.00%	3	3	100.00
Summit Pointe	100.00%	14	14	100.00%	11	11	100.00%	8	8	100.00%	6	6	100.00
Tuscola	100.00%	1	1	-	0	0	100.00%	2	2	100.00%	5	5	100.00
Van Buren	100.00%	8	8	100.00%	2	2	100.00%	8	8	100.00%	2	2	100.00
Washtenaw	75.00%	8	6	100.00%	8	8	100.00%	16	16	100.00%	14	14	95.65
West Michigan	100.00%	4	4	100.00%	2	2	100.00%	1	1	100.00%	1	1	100.00
Woodlands	100.00%	5	5	-	0	0	100.00%	1	1	100.00%	2	2	100.00
	98.76%	483	477	97.77%	448	438	99.25%	535	531	99.61%	509	507	96.77

Indicator 2d: Percentage of New Adults with Intellectual/Developmental Disabilities Receiving a Face-to-Face Assessment with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service - 95% Standard

	October - December 2014				January - March 2015				April - June 2015				July - September 2015				Fiscal Year Percentage
	Percentage Q1	# I/DD Adults Received Assessment Following 1st Request Q1	# I/DD Adults Received Assessment within 14 Calendar Days Q1	Percentage Q2	# I/DD Adults Received Assessment Following 1st Request Q2	# I/DD Adults Received Assessment within 14 Calendar Days Q2	Percentage Q3	# I/DD Adults Received Assessment Following 1st Request Q3	# I/DD Adults Received Assessment within 14 Calendar Days Q3	Percentage Q4	# I/DD Adults Received Assessment Following 1st Request Q4	# I/DD Adults Received Assessment within 14 Calendar Days Q4	Percentage Q4	# I/DD Adults Received Assessment Following 1st Request Q4	# I/DD Adults Received Assessment within 14 Calendar Days Q4	Fiscal Year Percentage	
Allegan	92.86%	14	13	100.00%	11	11	100.00%	6	6	100.00%	11	11	100.00%	11	11	97.62	
AuSable	100.00%	2	2	100.00%	3	3	-	0	0	100.00%	2	2	100.00%	2	2	100.00	
Barry	-	0	0	100.00%	2	2	100.00%	6	6	83.33%	6	5	83.33%	6	5	92.86	
Bay-Arenac	-	0	0	-	0	0	100.00%	1	1	100.00%	1	1	100.00%	1	1	100.00	
Berrien	100.00%	18	18	100.00%	22	22	100.00%	15	15	100.00%	15	15	100.00%	15	15	100.00	
CEI	100.00%	11	11	96.43%	28	27	100.00%	19	19	100.00%	24	24	100.00%	24	24	98.78	
CMH Central MI	100.00%	12	12	100.00%	12	12	100.00%	19	19	100.00%	15	15	100.00%	15	15	100.00	
Copper	-	0	0	100.00%	2	2	100.00%	4	4	-	0	0	100.00%	0	0	100.00	
Detroit-Wayne	98.65%	74	73	100.00%	97	97	98.02%	101	99	97.47%	79	77	97.47%	79	77	98.58	
Genesee	95.45%	22	21	100.00%	18	18	100.00%	40	40	100.00%	21	21	100.00%	21	21	99.01	
Gogebic	-	0	0	100.00%	1	1	100.00%	1	1	100.00%	1	1	100.00%	1	1	100.00	
Gratiot	-	0	0	100.00%	3	3	100.00%	2	2	100.00%	2	2	100.00%	2	2	100.00	
Hiawatha	100.00%	2	2	-	0	0	100.00%	1	1	100.00%	2	2	100.00%	2	2	100.00	
Huron	100.00%	2	2	100.00%	1	1	-	0	61	100.00%	4	4	100.00%	4	4	971.43	
Ionia	100.00%	6	6	100.00%	4	4	100.00%	3	3	100.00%	7	7	100.00%	7	7	100.00	
Kalamazoo	100.00%	5	5	100.00%	5	5	100.00%	15	15	100.00%	8	8	100.00%	8	8	100.00	
Lapeer	100.00%	9	9	100.00%	9	9	100.00%	6	6	100.00%	11	11	100.00%	11	11	100.00	
Lenawee	100.00%	4	4	100.00%	5	5	100.00%	2	2	100.00%	7	7	100.00%	7	7	100.00	
LifeWays	100.00%	9	9	100.00%	9	9	100.00%	14	14	100.00%	17	17	100.00%	17	17	100.00	
Livingston	100.00%	4	4	100.00%	6	6	100.00%	7	7	100.00%	9	9	100.00%	9	9	100.00	
Macomb	100.00%	21	21	96.00%	25	24	100.00%	21	21	93.10%	29	27	93.10%	29	27	96.88	
Centra Wellness (Manistee-Benzie)	100.00%	1	1	100.00%	5	5	100.00%	3	3	100.00%	5	5	100.00%	5	5	100.00	
Monroe	100.00%	3	3	100.00%	7	7	100.00%	6	6	100.00%	4	4	100.00%	4	4	100.00	
Montcalm	100.00%	6	6	100.00%	3	3	100.00%	13	13	83.33%	6	5	83.33%	6	5	96.43	
HealthWest (Muskegon)	100.00%	9	9	100.00%	14	14	100.00%	31	31	100.00%	18	18	100.00%	18	18	100.00	
network180	100.00%	29	29	100.00%	51	51	100.00%	41	41	100.00%	40	40	100.00%	40	40	100.00	
Newaygo	100.00%	3	3	100.00%	1	1	100.00%	1	1	100.00%	3	3	100.00%	3	3	100.00	
North Country	100.00%	11	11	100.00%	9	9	100.00%	4	4	100.00%	8	8	100.00%	8	8	100.00	
Northeast	100.00%	4	4	100.00%	3	3	-	0	0	100.00%	3	3	100.00%	3	3	100.00	
Northern Lakes	100.00%	7	7	100.00%	5	5	100.00%	12	12	100.00%	8	8	100.00%	8	8	100.00	
Northpointe	100.00%	6	6	100.00%	2	2	100.00%	5	5	100.00%	4	4	100.00%	4	4	100.00	
Oakland	100.00%	24	24	100.00%	17	17	100.00%	13	13	86.67%	15	13	86.67%	15	13	97.10	
Ottawa	100.00%	7	7	100.00%	5	5	100.00%	3	3	100.00%	4	4	100.00%	4	4	100.00	
Pathways	100.00%	8	8	100.00%	6	6	100.00%	7	7	100.00%	9	9	100.00%	9	9	100.00	
Pines	100.00%	1	1	100.00%	6	6	100.00%	3	3	100.00%	8	8	100.00%	8	8	100.00	
Saginaw	100.00%	8	8	91.67%	24	22	95.00%	20	19	100.00%	12	12	100.00%	12	12	95.31	
Sanilac	100.00%	3	3	100.00%	3	3	100.00%	7	7	100.00%	3	3	100.00%	3	3	100.00	
Shiawassee	50.00%	2	1	0.00%	1	0	100.00%	3	3	100.00%	2	2	100.00%	2	2	75.00	
St. Clair	100.00%	13	13	100.00%	13	13	100.00%	23	23	100.00%	19	19	100.00%	19	19	100.00	
St. Joseph	100.00%	2	2	100.00%	2	2	100.00%	2	2	-	0	0	100.00%	0	0	100.00	
Summit Pointe	100.00%	12	12	81.82%	11	9	100.00%	8	8	87.50%	16	14	87.50%	16	14	91.49	
Tuscola	100.00%	7	7	100.00%	2	2	100.00%	4	4	100.00%	3	3	100.00%	3	3	100.00	
Van Buren	100.00%	6	6	100.00%	7	7	100.00%	4	4	100.00%	2	2	100.00%	2	2	100.00	
Washtenaw	100.00%	13	13	95.45%	22	21	100.00%	18	18	100.00%	16	16	100.00%	16	16	98.55	
West Michigan	100.00%	1	1	100.00%	1	1	85.71%	7	6	100.00%	7	7	100.00%	7	7	93.75	
Woodlands	-	0	0	-	0	0	-	0	0	100.00%	3	3	100.00%	3	3	100.00	
	99.00%	401	397	98.34%	483	475	110.94%	521	578	97.96%	489	479	97.96%	489	479	117.45	

Indicator 3: Percentage of New Persons Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	Total Starting Ongoing Service Q1	Total Starting Ongoing Service within 14 Calendar Days Q1	Percentage Q2	Total Starting Ongoing Service Q2	Total Starting Ongoing Service within 14 Calendar Days Q2	Percentage Q3	Total Starting Ongoing Service Q3	Total Starting Ongoing Service within 14 Calendar Days Q3	Percentage Q4	Total Starting Ongoing Service Q4	Total Starting Ongoing Service within 14 Calendar Days Q4	
Allegan	84.62%	52	44	91.49%	47	43	93.75%	64	60	93.75%	32	30	90.77
AuSable	100.00%	64	64	98.59%	71	70	98.72%	78	77	97.76%	134	131	98.56
Barry	98.95%	95	94	98.78%	82	81	98.17%	109	107	98.00%	100	98	98.45
Bay-Arenac	93.10%	116	108	93.90%	82	77	99.15%	118	117	96.40%	139	134	95.82
Berrien	80.25%	243	195	92.94%	170	158	95.61%	205	196	95.96%	198	190	90.56
CEI	100.00%	193	193	93.10%	203	189	97.49%	199	194	98.24%	170	167	97.12
CMH Central MI	96.18%	498	479	97.10%	517	502	98.52%	542	534	96.50%	515	497	97.10
Copper	100.00%	37	37	100.00%	14	14	100.00%	25	25	95.45%	22	21	98.98
Detroit-Wayne	98.62%	1,818	1,793	97.88%	1,931	1,890	98.11%	2,170	2,129	97.55%	1,632	1,592	98.05
Genesee	98.69%	305	301	98.01%	302	296	98.11%	318	312	98.70%	308	304	98.38
Gogebic	100.00%	8	8	91.67%	12	11	90.91%	11	10	100.00%	10	10	95.12
Gratiot	97.26%	73	71	97.65%	85	83	94.59%	74	70	96.08%	102	98	96.41
Hiawatha	97.50%	40	39	93.94%	33	31	100.00%	33	33	96.97%	33	32	97.12
Huron	95.45%	44	42	89.58%	48	43	91.89%	37	34	91.67%	36	33	92.12
Ionia	100.00%	80	80	98.65%	74	73	93.67%	79	74	97.25%	109	106	97.37
Kalamazoo	100.00%	59	59	100.00%	41	41	98.28%	58	57	96.30%	54	52	98.58
Lapeer	96.08%	102	98	99.08%	109	108	99.01%	101	100	98.86%	88	87	98.25
Lenawee	97.67%	43	42	94.59%	37	35	93.33%	45	42	86.67%	45	39	92.94
LifeWays	96.95%	197	191	95.57%	158	151	90.77%	195	177	97.52%	161	157	95.08
Livingston	100.00%	65	65	100.00%	55	55	100.00%	69	69	100.00%	31	31	100.00
Macomb	98.43%	254	250	97.91%	191	187	93.00%	200	186	97.33%	561	546	96.93
Centra Wellness (Manistee-Benzie)	100.00%	48	48	100.00%	41	41	97.37%	38	37	100.00%	35	35	99.38
Monroe	100.00%	67	67	98.41%	63	62	100.00%	47	47	100.00%	62	62	99.58
Montcalm	99.04%	104	103	98.18%	110	108	98.50%	133	131	99.08%	109	108	98.68
HealthWest (Muskegon)	98.91%	184	182	97.83%	138	135	98.58%	141	139	97.45%	157	153	98.23
network180	98.33%	599	589	97.89%	665	651	97.93%	580	568	98.77%	408	403	98.18
Newaygo	98.17%	109	107	97.85%	93	91	99.01%	101	100	99.04%	104	103	98.53
North Country	97.79%	181	177	98.25%	171	168	98.83%	171	169	98.19%	166	163	98.26
Northeast	100.00%	65	65	98.08%	52	51	100.00%	59	59	100.00%	59	59	99.57
Northern Lakes	96.52%	230	222	83.33%	192	160	98.94%	188	186	98.54%	137	135	94.11
Northpointe	87.67%	73	64	95.95%	74	71	98.73%	79	78	97.65%	85	83	95.18
Oakland	99.74%	756	754	99.87%	795	794	99.88%	845	844	99.71%	697	695	99.81
Ottawa	100.00%	69	69	98.61%	72	71	98.02%	101	99	100.00%	77	77	99.06
Pathways	93.94%	99	93	94.62%	93	88	92.21%	77	71	93.48%	92	86	93.63
Pines	98.00%	100	98	100.00%	87	87	100.00%	99	99	100.00%	68	68	99.44
Saginaw	96.36%	165	159	96.69%	121	117	98.20%	167	164	99.31%	145	144	97.66
Sanilac	100.00%	48	48	100.00%	54	54	100.00%	69	69	100.00%	48	48	100.00
Shiawassee	93.18%	44	41	93.10%	29	27	97.87%	47	46	100.00%	45	45	96.36
St. Clair	96.25%	160	154	97.95%	146	143	97.26%	146	142	99.25%	134	133	97.61
St. Joseph	100.00%	95	95	98.36%	61	60	100.00%	64	64	97.06%	68	66	98.96
Summit Pointe	95.92%	294	282	95.56%	360	344	96.10%	333	320	97.90%	333	326	96.36
Tuscola	100.00%	66	66	100.00%	53	53	100.00%	73	73	97.53%	81	79	99.27
Van Buren	100.00%	115	115	100.00%	92	92	100.00%	78	78	100.00%	60	60	100.00
Washtenaw	99.06%	106	105	96.00%	100	96	98.50%	133	131	100.00%	98	98	98.40
West Michigan	95.65%	46	44	92.50%	40	37	100.00%	39	39	100.00%	54	54	97.21
Woodlands	100.00%	43	43	100.00%	46	46	97.96%	49	48	100.00%	56	56	99.48
	97.47%	8,252	8,043	97.19%	8,010	7,785	97.87%	8,587	8,404	97.91%	7,858	7,694	97.32

Indicator 3a: Percentage of New Children with Emotional Disturbance Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	# MI Children Starting Ongoing Service Q1	# MI Children Starting Ongoing Service within 14 Calendar Days Q1	Percentage Q2	# MI Children Starting Ongoing Service Q2	# MI Children Starting Ongoing Service within 14 Calendar Days Q2	Percentage Q3	# MI Children Starting Ongoing Service Q3	# MI Children Starting Ongoing Service within 14 Calendar Days Q3	Percentage Q4	# MI Children Starting Ongoing Service Q4	# MI Children Starting Ongoing Service within 14 Calendar Days Q4	
Allegan	60.00%	15	9	92.86%	14	13	100.00%	11	11	100.00%	11	11	86.27
AuSable	100.00%	28	28	100.00%	27	27	100.00%	29	29	100.00%	29	29	100.00
Barry	100.00%	30	30	96.00%	25	24	96.15%	26	25	100.00%	18	18	97.98
Bay-Arenac	88.89%	27	24	84.62%	13	11	100.00%	24	24	96.43%	28	27	93.48
Berrien	80.26%	76	61	98.08%	52	51	95.00%	60	57	92.86%	42	39	90.43
CEI	100.00%	118	118	94.26%	122	115	99.07%	107	106	99.04%	104	103	98.00
CMH Central MI	95.45%	176	168	95.88%	170	163	97.81%	183	179	95.80%	143	137	96.28
Copper	100.00%	15	15	100.00%	5	5	100.00%	6	6	50.00%	2	1	96.43
Detroit-Wayne	99.07%	752	745	99.46%	734	730	98.54%	755	744	98.49%	531	523	98.92
Genesee	99.30%	143	142	98.67%	150	148	98.67%	150	148	99.29%	140	139	98.97
Gogebic	100.00%	4	4	100.00%	5	5	100.00%	2	2	100.00%	2	2	100.00
Gratiot	100.00%	33	33	96.77%	31	30	91.43%	35	32	94.59%	37	35	95.59
Hiawatha	100.00%	14	14	100.00%	14	14	100.00%	15	15	100.00%	8	8	100.00
Huron	88.89%	18	16	93.33%	15	14	88.89%	9	8	80.00%	15	12	87.72
Ionia	100.00%	34	34	96.15%	26	25	100.00%	24	24	100.00%	34	34	99.15
Kalamazoo	100.00%	12	12	100.00%	6	6	100.00%	11	11	100.00%	4	4	100.00
Lapeer	89.47%	19	17	95.00%	20	19	100.00%	24	24	100.00%	8	8	95.77
Lenawee	95.00%	20	19	95.00%	20	19	100.00%	14	14	85.71%	14	12	94.12
LifeWays	95.77%	71	68	95.74%	47	45	89.29%	56	50	97.73%	44	43	94.50
Livingston	100.00%	36	36	100.00%	28	28	100.00%	28	28	100.00%	7	7	100.00
Macomb	97.40%	77	75	100.00%	43	43	97.83%	46	45	99.24%	132	131	98.66
Centra Wellness (Manistee-Benzie)	100.00%	20	20	100.00%	14	14	100.00%	11	11	100.00%	9	9	100.00
Monroe	100.00%	21	21	94.44%	18	17	100.00%	10	10	100.00%	11	11	98.33
Montcalm	97.92%	48	47	95.92%	49	47	97.73%	44	43	100.00%	44	44	97.84
HealthWest (Muskegon)	98.97%	97	96	98.48%	66	65	97.22%	72	70	98.41%	63	62	98.32
network180	97.82%	367	359	98.15%	432	424	98.21%	336	330	97.99%	199	195	98.05
Newaygo	96.08%	51	49	94.74%	38	36	97.06%	34	33	97.92%	48	47	96.49
North Country	97.14%	70	68	96.72%	61	59	96.15%	52	50	98.11%	53	52	97.03
Northeast	100.00%	18	18	100.00%	17	17	100.00%	15	15	100.00%	14	14	100.00
Northern Lakes	96.15%	78	75	38.46%	52	20	96.88%	64	62	100.00%	49	49	84.77
Northpointe	87.50%	32	28	90.00%	30	27	100.00%	31	31	96.15%	26	25	93.28
Oakland	99.38%	160	159	99.35%	154	153	100.00%	177	177	98.40%	125	123	99.35
Ottawa	100.00%	27	27	95.83%	24	23	94.44%	36	34	100.00%	24	24	97.30
Pathways	95.74%	47	45	97.37%	38	37	94.12%	34	32	90.63%	32	29	94.70
Pines	100.00%	21	21	100.00%	22	22	100.00%	17	17	100.00%	8	8	100.00
Saginaw	97.96%	49	48	93.94%	33	31	100.00%	59	59	97.44%	39	38	97.78
Sanilac	100.00%	11	11	100.00%	20	20	100.00%	15	15	100.00%	10	10	100.00
Shiawassee	80.00%	10	8	90.91%	11	10	100.00%	15	15	100.00%	19	19	94.55
St. Clair	93.75%	64	60	94.92%	59	56	94.59%	37	35	96.88%	32	31	94.79
St. Joseph	100.00%	37	37	96.15%	26	25	100.00%	27	27	96.67%	30	29	98.33
Summit Pointe	95.95%	74	71	97.06%	102	99	96.59%	88	85	98.70%	77	76	97.07
Tuscola	100.00%	8	8	100.00%	20	20	100.00%	22	22	100.00%	21	21	100.00
Van Buren	100.00%	29	29	100.00%	22	22	100.00%	17	17	100.00%	15	15	100.00
Washtenaw	100.00%	34	34	100.00%	32	32	100.00%	39	39	100.00%	28	28	100.00
West Michigan	100.00%	12	12	85.71%	14	12	100.00%	9	9	100.00%	18	18	96.23
Woodlands	100.00%	24	24	100.00%	17	17	100.00%	19	19	100.00%	16	16	100.00
	97.31%	3,127	3,043	96.66%	2,938	2,840	98.07%	2,895	2,839	98.01%	2,363	2,316	96.88

Indicator 3b: Percentage of New Adults with Mental Illness Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			
	Percentage Q1	# MI Adults Starting Ongoing Service Q1	# MI Adults Starting Ongoing Service within 14 Calendar Days Q1	Percentage Q2	# MI Adults Starting Ongoing Service Q2	# MI Adults Starting Ongoing Service within 14 Calendar Days Q2	Percentage Q3	# MI Adults Starting Ongoing Service Q3	# MI Adults Starting Ongoing Service within 14 Calendar Days Q3	Percentage Q4	# MI Adults Starting Ongoing Service Q4	# MI Adults Starting Ongoing Service within 14 Calendar Days Q4	Fiscal Year Percentage
Allegan	87.50%	16	14	90.91%	22	20	91.43%	35	32	100.00%	9	9	91.46
AuSable	100.00%	34	34	97.62%	42	41	97.83%	46	45	96.91%	97	94	97.72
Barry	98.44%	64	63	100.00%	55	55	100.00%	77	77	97.40%	77	75	98.90
Bay-Arenac	94.38%	89	84	95.59%	68	65	98.89%	90	89	97.14%	105	102	96.59
Berrien	80.25%	162	130	90.18%	112	101	95.68%	139	133	96.71%	152	147	90.44
CEI	100.00%	72	72	91.30%	69	63	95.06%	81	77	96.43%	56	54	95.68
CMH Central MI	96.43%	308	297	97.60%	334	326	98.82%	338	334	96.59%	352	340	97.37
Copper	100.00%	18	18	100.00%	6	6	100.00%	15	15	100.00%	17	17	100.00
Detroit-Wayne	98.55%	898	885	97.15%	1,019	990	97.85%	1,210	1,184	97.36%	909	885	97.72
Genesee	99.07%	108	107	98.15%	108	106	96.63%	89	86	100.00%	99	99	98.51
Gogebic	100.00%	4	4	100.00%	4	4	100.00%	5	5	100.00%	6	6	100.00
Gratiot	94.87%	39	37	98.00%	50	49	97.22%	36	35	96.77%	62	60	96.79
Hiawatha	95.24%	21	20	87.50%	16	14	100.00%	18	18	94.74%	19	18	94.59
Huron	100.00%	24	24	87.88%	33	29	92.86%	28	26	100.00%	21	21	94.34
Ionia	100.00%	37	37	100.00%	43	43	95.92%	49	47	96.88%	64	62	97.93
Kalamazoo	100.00%	43	43	100.00%	32	32	100.00%	34	34	95.56%	45	43	98.70
Lapeer	98.61%	72	71	100.00%	80	80	98.51%	67	66	98.59%	71	70	98.97
Lenawee	100.00%	19	19	100.00%	13	13	88.00%	25	22	87.50%	24	21	92.59
LifeWays	98.15%	108	106	94.51%	91	86	92.92%	113	105	97.89%	95	93	95.82
Livingston	100.00%	13	13	100.00%	17	17	100.00%	15	15	100.00%	8	8	100.00
Macomb	99.21%	127	126	99.05%	105	104	93.97%	116	109	97.27%	366	356	97.34
Centra Wellness (Manistee-Benzie)	100.00%	25	25	100.00%	23	23	95.65%	23	22	100.00%	22	22	98.92
Monroe	100.00%	43	43	100.00%	37	37	100.00%	30	30	100.00%	46	46	100.00
Montcalm	100.00%	43	43	100.00%	53	53	100.00%	70	70	98.08%	52	51	99.54
HealthWest (Muskegon)	98.51%	67	66	95.83%	48	46	100.00%	47	47	98.53%	68	67	98.26
network180	98.90%	181	179	97.14%	175	170	97.54%	203	198	99.45%	182	181	98.25
Newaygo	100.00%	55	55	100.00%	52	52	100.00%	65	65	100.00%	56	56	100.00
North Country	97.73%	88	86	98.92%	93	92	100.00%	102	102	97.89%	95	93	98.68
Northeast	100.00%	44	44	96.77%	31	30	100.00%	39	39	100.00%	42	42	99.36
Northern Lakes	96.72%	122	118	100.00%	99	99	100.00%	98	98	98.51%	67	66	98.70
Northpointe	90.00%	30	27	100.00%	37	37	100.00%	40	40	97.96%	49	48	97.44
Oakland	99.82%	557	556	100.00%	611	611	99.84%	639	638	100.00%	546	546	99.92
Ottawa	100.00%	35	35	100.00%	44	44	100.00%	59	59	100.00%	51	51	100.00
Pathways	92.68%	41	38	91.49%	47	43	90.32%	31	28	94.00%	50	47	92.31
Pines	97.33%	75	73	100.00%	59	59	100.00%	79	79	100.00%	53	53	99.25
Saginaw	94.51%	91	86	98.44%	64	63	96.39%	83	80	100.00%	85	85	97.21
Sanilac	100.00%	31	31	100.00%	30	30	100.00%	47	47	100.00%	30	30	100.00
Shiawassee	96.55%	29	28	93.33%	15	14	96.43%	28	27	100.00%	20	20	96.74
St. Clair	97.30%	74	72	100.00%	65	65	97.59%	83	81	100.00%	70	70	98.63
St. Joseph	100.00%	56	56	100.00%	32	32	100.00%	30	30	96.97%	33	32	99.34
Summit Pointe	96.46%	198	191	95.12%	246	234	96.57%	233	225	97.40%	231	225	96.37
Tuscola	100.00%	48	48	100.00%	32	32	100.00%	51	51	98.25%	57	56	99.47
Van Buren	100.00%	75	75	100.00%	66	66	100.00%	54	54	100.00%	44	44	100.00
Washtenaw	98.00%	50	49	97.30%	37	36	96.61%	59	57	100.00%	44	44	97.89
West Michigan	93.75%	32	30	95.24%	21	20	100.00%	22	22	100.00%	33	33	97.22
Woodlands	100.00%	15	15	100.00%	27	27	96.43%	28	27	100.00%	39	39	99.08
	97.53%	4,381	4,273	97.62%	4,363	4,259	97.97%	4,869	4,770	98.05%	4,719	4,627	97.70

Indicator 3c: Percentage of New Children with Intellectual/Developmental Disabilities Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	# I/DD Children Starting Ongoing Service Q1	# I/DD Children Starting Ongoing Service within 14 Calendar Days Q1	Percentage Q2	# I/DD Children Starting Ongoing Service Q2	# I/DD Children Starting Ongoing Service within 14 Calendar Days Q2	Percentage Q3	# I/DD Children Starting Ongoing Service Q3	# I/DD Children Starting Ongoing Service within 14 Calendar Days Q3	Percentage Q4	# I/DD Children Starting Ongoing Service Q4	# I/DD Children Starting Ongoing Service within 14 Calendar Days Q4	
Allegan	100.00%	8	8	100.00%	5	5	100.00%	14	14	60.00%	5	3	93.75
AuSable	-	0	0	-	0	0	100.00%	3	3	100.00%	6	6	100.00
Barry	-	0	0	100.00%	1	1	100.00%	1	1	100.00%	1	1	100.00
Bay-Arenac	-	0	0	-	0	0	100.00%	3	3	80.00%	5	4	87.50
Berrien	66.67%	3	2	100.00%	2	2	100.00%	3	3	100.00%	1	1	88.89
CEI	100.00%	1	1	66.67%	3	2	100.00%	6	6	100.00%	2	2	91.67
CMH Central MI	100.00%	9	9	100.00%	7	7	100.00%	7	7	100.00%	9	9	100.00
Copper	100.00%	2	2	100.00%	1	1	-	0	0	100.00%	2	2	100.00
Detroit-Wayne	97.00%	100	97	95.56%	90	86	97.30%	111	108	99.15%	117	116	97.37
Genesee	95.00%	40	38	93.10%	29	27	98.00%	50	49	96.23%	53	51	95.93
Gogebic	-	0	0	0.00%	1	0	50.00%	2	1	100.00%	1	1	50.00
Gratiot	100.00%	1	1	100.00%	1	1	100.00%	1	1	-	0	0	100.00
Hiawatha	100.00%	3	3	100.00%	2	2	-	0	0	100.00%	2	2	100.00
Huron	-	0	0	-	0	0	-	0	0	-	0	0	-
Ionia	100.00%	2	2	100.00%	3	3	50.00%	2	1	100.00%	7	7	92.86
Kalamazoo	100.00%	2	2	-	0	0	100.00%	6	6	100.00%	3	3	100.00
Lapeer	75.00%	4	3	100.00%	2	2	100.00%	4	4	100.00%	3	3	92.31
Lenawee	100.00%	1	1	100.00%	1	1	100.00%	3	3	75.00%	4	3	88.89
LifeWays	100.00%	8	8	100.00%	10	10	84.62%	13	11	85.71%	7	6	92.11
Livingston	100.00%	10	10	100.00%	3	3	100.00%	14	14	100.00%	6	6	100.00
Macomb	95.83%	24	23	85.71%	14	12	84.62%	13	11	96.43%	28	27	92.41
Centra Wellness (Manistee-Benzie)	100.00%	1	1	100.00%	1	1	100.00%	4	4	100.00%	3	3	100.00
Monroe	-	0	0	100.00%	2	2	100.00%	1	1	100.00%	1	1	100.00
Montcalm	100.00%	8	8	100.00%	5	5	88.89%	9	8	100.00%	9	9	96.77
HealthWest (Muskegon)	100.00%	9	9	100.00%	11	11	100.00%	9	9	90.00%	10	9	97.44
network180	100.00%	23	23	100.00%	20	20	97.06%	34	33	100.00%	20	20	98.97
Newaygo	-	0	0	100.00%	2	2	100.00%	1	1	-	0	0	100.00
North Country	100.00%	14	14	100.00%	11	11	100.00%	12	12	100.00%	11	11	100.00
Northeast	100.00%	1	1	100.00%	1	1	100.00%	5	5	100.00%	2	2	100.00
Northern Lakes	96.15%	26	25	100.00%	37	37	100.00%	21	21	94.44%	18	17	98.04
Northpointe	100.00%	4	4	100.00%	3	3	75.00%	4	3	100.00%	4	4	93.33
Oakland	100.00%	12	12	100.00%	11	11	100.00%	16	16	100.00%	11	11	100.00
Ottawa	100.00%	4	4	100.00%	1	1	100.00%	4	4	100.00%	1	1	100.00
Pathways	100.00%	5	5	100.00%	4	4	100.00%	5	5	100.00%	5	5	100.00
Pines	100.00%	2	2	100.00%	3	3	100.00%	1	1	-	0	0	100.00
Saginaw	100.00%	21	21	100.00%	9	9	100.00%	11	11	100.00%	11	11	100.00
Sanilac	100.00%	5	5	100.00%	2	2	100.00%	1	1	100.00%	4	4	100.00
Shiawassee	100.00%	2	2	100.00%	2	2	100.00%	1	1	100.00%	3	3	100.00
St. Clair	100.00%	12	12	100.00%	15	15	100.00%	11	11	100.00%	18	18	100.00
St. Joseph	100.00%	2	2	100.00%	2	2	100.00%	5	5	100.00%	5	5	100.00
Summit Pointe	100.00%	10	10	80.00%	5	4	100.00%	7	7	100.00%	12	12	97.06
Tuscola	100.00%	2	2	-	0	0	-	0	0	100.00%	2	2	100.00
Van Buren	100.00%	6	6	100.00%	1	1	100.00%	3	3	-	0	0	100.00
Washtenaw	100.00%	9	9	100.00%	10	10	100.00%	14	14	100.00%	13	13	100.00
West Michigan	100.00%	1	1	100.00%	2	2	-	0	0	-	0	0	100.00
Woodlands	100.00%	4	4	100.00%	1	1	100.00%	2	2	100.00%	1	1	100.00
	97.76%	401	392	96.73%	336	325	97.03%	437	424	97.42%	426	415	96.56

Indicator 3d: Percentage of New Adults with Intellectual/Developmental Disabilities Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			
	Percentage Q1	# I/DD Adults Starting Ongoing Service Q1	# I/DD Adults Starting Ongoing Service within 14 Calendar Days Q1	Percentage Q2	# I/DD Adults Starting Ongoing Service Q2	# I/DD Adults Starting Ongoing Service within 14 Calendar Days Q2	Percentage Q3	# I/DD Adults Starting Ongoing Service Q3	# I/DD Adults Starting Ongoing Service within 14 Calendar Days Q3	Percentage Q4	# I/DD Adults Starting Ongoing Service Q4	# I/DD Adults Starting Ongoing Service within 14 Calendar Days Q4	Fiscal Year Percentage
Allegan	100.00%	13	13	83.33%	6	5	75.00%	4	3	100.00%	7	7	93.33
AuSable	100.00%	2	2	100.00%	2	2	-	0	0	100.00%	2	2	100.00
Barry	100.00%	1	1	100.00%	1	1	80.00%	5	4	100.00%	4	4	90.91
Bay-Arenac	-	0	0	100.00%	1	1	100.00%	1	1	100.00%	1	1	100.00
Berrien	100.00%	2	2	100.00%	4	4	100.00%	3	3	100.00%	3	3	100.00
CEI	100.00%	2	2	100.00%	9	9	100.00%	5	5	100.00%	8	8	100.00
CMH Central MI	100.00%	5	5	100.00%	6	6	100.00%	14	14	100.00%	11	11	100.00
Copper	100.00%	2	2	100.00%	2	2	100.00%	4	4	100.00%	1	1	100.00
Detroit-Wayne	97.06%	68	66	95.45%	88	84	98.94%	94	93	90.67%	75	68	95.69
Genesee	100.00%	14	14	100.00%	15	15	100.00%	29	29	93.75%	16	15	98.65
Gogebic	-	0	0	100.00%	2	2	100.00%	2	2	100.00%	1	1	100.00
Gratiot	-	0	0	100.00%	3	3	100.00%	2	2	100.00%	3	3	100.00
Hiawatha	100.00%	2	2	100.00%	1	1	-	0	0	100.00%	4	4	100.00
Huron	100.00%	2	2	-	0	0	-	0	0	-	0	0	100.00
Ionia	100.00%	7	7	100.00%	2	2	50.00%	4	2	75.00%	4	3	82.35
Kalamazoo	100.00%	2	2	100.00%	3	3	85.71%	7	6	100.00%	2	2	92.86
Lapeer	100.00%	7	7	100.00%	7	7	100.00%	6	6	100.00%	6	6	100.00
Lenawee	100.00%	3	3	66.67%	3	2	100.00%	3	3	100.00%	3	3	91.67
LifeWays	90.00%	10	9	100.00%	10	10	84.62%	13	11	100.00%	15	15	93.75
Livingston	100.00%	6	6	100.00%	7	7	100.00%	12	12	100.00%	10	10	100.00
Macomb	100.00%	26	26	96.55%	29	28	84.00%	25	21	91.43%	35	32	93.04
Centra Wellness (Manistee-Benzie)	100.00%	2	2	100.00%	3	3	-	0	0	100.00%	1	1	100.00
Monroe	100.00%	3	3	100.00%	6	6	100.00%	6	6	100.00%	4	4	100.00
Montcalm	100.00%	5	5	100.00%	3	3	100.00%	10	10	100.00%	4	4	100.00
HealthWest (Muskegon)	100.00%	11	11	100.00%	13	13	100.00%	13	13	93.75%	16	15	98.11
network180	100.00%	28	28	97.37%	38	37	100.00%	7	7	100.00%	7	7	98.75
Newaygo	100.00%	3	3	100.00%	1	1	100.00%	1	1	-	0	0	100.00
North Country	100.00%	9	9	100.00%	6	6	100.00%	5	5	100.00%	7	7	100.00
Northeast	100.00%	2	2	100.00%	3	3	-	0	0	100.00%	1	1	100.00
Northern Lakes	100.00%	4	4	100.00%	4	4	100.00%	5	5	100.00%	3	3	100.00
Northpointe	71.43%	7	5	100.00%	4	4	100.00%	4	4	100.00%	6	6	90.48
Oakland	100.00%	27	27	100.00%	19	19	100.00%	13	13	100.00%	15	15	100.00
Ottawa	100.00%	3	3	100.00%	3	3	100.00%	2	2	100.00%	1	1	100.00
Pathways	83.33%	6	5	100.00%	4	4	85.71%	7	6	100.00%	5	5	90.91
Pines	100.00%	2	2	100.00%	3	3	100.00%	2	2	100.00%	7	7	100.00
Saginaw	100.00%	4	4	93.33%	15	14	100.00%	14	14	100.00%	10	10	97.67
Sanilac	100.00%	1	1	100.00%	2	2	100.00%	6	6	100.00%	4	4	100.00
Shiawassee	100.00%	3	3	100.00%	1	1	100.00%	3	3	100.00%	3	3	100.00
St. Clair	100.00%	10	10	100.00%	7	7	100.00%	15	15	100.00%	14	14	100.00
St. Joseph	-	0	0	100.00%	1	1	100.00%	2	2	-	0	0	100.00
Summit Pointe	83.33%	12	10	100.00%	7	7	60.00%	5	3	100.00%	13	13	89.19
Tuscola	100.00%	8	8	100.00%	1	1	-	0	0	0.00%	1	0	90.00
Van Buren	100.00%	5	5	100.00%	3	3	100.00%	4	4	100.00%	1	1	100.00
Washtenaw	100.00%	13	13	85.71%	21	18	100.00%	21	21	100.00%	13	13	95.59
West Michigan	100.00%	1	1	100.00%	3	3	100.00%	8	8	100.00%	3	3	100.00
Woodlands	-	0	0	100.00%	1	1	-	0	0	-	0	0	100.00
	97.67%	343	335	96.78%	373	361	96.11%	386	371	96.00%	350	336	99.62

Indicator 4a(1): Percentage of Children Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care Within 7 Days - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	# Children Discharged Q1	# Children Seen for Follow-up Care Q1	Percentage Q2	# Children Discharged Q2	# Children Seen for Follow-up Care Q2	Percentage Q3	# Children Discharged Q3	# Children Seen for Follow-up Care Q3	Percentage Q4	# Children Discharged Q4	# Children Seen for Follow-up Care Q4	
Allegan	100.00%	1	1	100.00%	5	5	100.00%	3	3	100.00%	1	1	100.00
AuSable	100.00%	6	6	100.00%	4	4	100.00%	7	7	100.00%	4	4	100.00
Barry	100.00%	2	2	100.00%	2	2	83.33%	6	5	100.00%	7	7	94.12
Bay-Arenac	100.00%	21	21	96.55%	29	28	100.00%	18	18	100.00%	15	15	98.80
Berrien	100.00%	2	2	100.00%	3	3	100.00%	15	15	100.00%	3	3	100.00
CEI	100.00%	14	14	100.00%	16	16	100.00%	13	13	100.00%	8	8	100.00
CMH Central MI	100.00%	8	8	100.00%	7	7	100.00%	11	11	100.00%	3	3	100.00
Copper	100.00%	4	4	80.00%	5	4	83.33%	6	5	100.00%	2	2	88.24
Detroit-Wayne	100.00%	240	240	100.00%	230	230	100.00%	252	252	100.00%	156	156	100.00
Genesee	100.00%	30	30	100.00%	21	21	100.00%	32	32	100.00%	17	17	100.00
Gogebic	-	0	0	-	0	0	-	0	0	-	0	0	-
Gratiot	100.00%	4	4	100.00%	3	3	100.00%	3	3	-	0	0	100.00
Hiawatha	100.00%	4	4	100.00%	2	2	100.00%	10	10	-	0	0	100.00
Huron	100.00%	1	1	100.00%	1	1	100.00%	2	2	100.00%	5	5	100.00
Ionia	100.00%	1	1	100.00%	2	2	-	0	0	100.00%	1	1	100.00
Kalamazoo	100.00%	12	12	100.00%	10	10	100.00%	9	9	100.00%	5	5	100.00
Lapeer	100.00%	4	4	100.00%	7	7	100.00%	6	6	100.00%	3	3	100.00
Lenawee	100.00%	5	5	85.71%	7	6	100.00%	8	8	100.00%	3	3	95.65
LifeWays	95.65%	23	22	100.00%	8	8	100.00%	12	12	100.00%	15	15	98.28
Livingston	100.00%	9	9	100.00%	4	4	100.00%	4	4	100.00%	5	5	100.00
Macomb	100.00%	41	41	100.00%	39	39	100.00%	61	61	100.00%	46	46	100.00
Centra Wellness (Manistee-Benzie)	100.00%	1	1	100.00%	1	1	100.00%	2	2	100.00%	2	2	100.00
Monroe	-	0	0	100.00%	4	4	100.00%	3	3	100.00%	3	3	100.00
Montcalm	100.00%	7	7	100.00%	6	6	100.00%	3	3	100.00%	3	3	100.00
HealthWest (Muskegon)	94.12%	17	16	100.00%	16	16	100.00%	10	10	100.00%	11	11	98.15
network180	100.00%	40	40	95.74%	47	45	94.83%	58	55	97.30%	37	36	96.70
Newaygo	100.00%	5	5	100.00%	5	5	100.00%	2	2	100.00%	7	7	100.00
North Country	100.00%	13	13	100.00%	17	17	100.00%	35	35	100.00%	10	10	100.00
Northeast	100.00%	2	2	100.00%	9	9	100.00%	7	7	100.00%	1	1	100.00
Northern Lakes	88.89%	9	8	95.00%	20	19	95.24%	21	20	100.00%	10	10	95.00
Northpointe	50.00%	2	1	100.00%	3	3	80.00%	5	4	100.00%	5	5	86.67
Oakland	96.43%	28	27	100.00%	27	27	100.00%	16	16	100.00%	21	21	98.91
Ottawa	87.50%	8	7	100.00%	10	10	88.89%	9	8	100.00%	12	12	94.87
Pathways	85.71%	7	6	100.00%	10	10	85.71%	7	6	100.00%	11	11	94.29
Pines	100.00%	19	19	100.00%	6	6	100.00%	5	5	100.00%	7	7	100.00
Saginaw	88.00%	25	22	95.83%	24	23	100.00%	24	24	100.00%	26	26	95.96
Sanilac	100.00%	3	3	100.00%	4	4	100.00%	4	4	100.00%	5	5	100.00
Shiawassee	100.00%	2	2	100.00%	4	4	100.00%	6	6	100.00%	2	2	100.00
St. Clair	100.00%	18	18	100.00%	22	22	91.67%	12	11	100.00%	15	15	98.51
St. Joseph	100.00%	1	1	100.00%	3	3	100.00%	3	3	-	0	0	100.00
Summit Pointe	100.00%	4	4	100.00%	4	4	100.00%	2	2	100.00%	4	4	100.00
Tuscola	100.00%	7	7	100.00%	3	3	100.00%	3	3	100.00%	1	1	100.00
Van Buren	100.00%	3	3	-	0	0	100.00%	3	3	-	0	0	100.00
Washtenaw	96.00%	25	24	100.00%	20	20	100.00%	15	15	100.00%	6	6	98.48
West Michigan	100.00%	3	3	100.00%	4	4	100.00%	5	5	-	0	0	100.00
Woodlands	-	0	0	-	0	0	100.00%	3	3	100.00%	1	1	100.00
	98.38%	681	670	98.96%	674	667	98.65%	741	731	99.80%	499	498	96.36

Indicator 4a(2): Percentage of Adults Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care Within 7 Days - 95% Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	# Adults Discharged Q1	# Adults Seen for Follow-up Care Q1	Percentage Q2	# Adults Discharged Q2	# Adults Seen for Follow-up Care Q2	Percentage Q3	# Adults Discharged Q3	# Adults Seen for Follow-up Care Q3	Percentage Q4	# Adults Discharged Q4	# Adults Seen for Follow-up Care Q4	
Allegan	95.65%	23	22	100.00%	26	26	100.00%	18	18	100.00%	18	18	98.82
AuSable	96.00%	25	24	100.00%	18	18	100.00%	16	16	100.00%	15	15	98.65
Barry	100.00%	11	11	100.00%	20	20	93.33%	15	14	100.00%	13	13	98.31
Bay-Arenac	96.00%	75	72	100.00%	84	84	100.00%	79	79	98.59%	71	70	98.71
Berrien	100.00%	15	15	96.30%	27	26	100.00%	25	25	91.43%	35	32	96.08
CEI	100.00%	72	72	98.31%	59	58	95.92%	49	47	91.67%	36	33	97.22
CMH Central MI	100.00%	48	48	100.00%	54	54	100.00%	41	41	98.33%	60	59	99.51
Copper	100.00%	6	6	100.00%	7	7	100.00%	11	11	100.00%	8	8	100.00
Detroit-Wayne	99.70%	1,005	1,002	99.80%	1,005	1,003	100.00%	1,041	1,041	98.40%	1,001	985	99.48
Genesee	100.00%	73	73	100.00%	120	120	97.75%	89	87	100.00%	66	66	99.43
Gogebic	100.00%	1	1	100.00%	3	3	-	0	0	100.00%	2	2	100.00
Gratiot	100.00%	9	9	100.00%	11	11	81.25%	16	13	81.25%	16	13	88.46
Hiawatha	60.00%	5	3	100.00%	7	7	100.00%	4	4	87.50%	8	7	87.50
Huron	100.00%	20	20	100.00%	10	10	100.00%	13	13	100.00%	14	14	100.00
Ionia	100.00%	15	15	100.00%	9	9	92.31%	13	12	100.00%	19	19	98.21
Kalamazoo	100.00%	56	56	100.00%	59	59	100.00%	63	63	100.00%	73	73	100.00
Lapeer	100.00%	22	22	100.00%	33	33	100.00%	27	27	100.00%	27	27	100.00
Lenawee	89.29%	28	25	100.00%	38	38	100.00%	46	46	96.88%	32	31	97.22
LifeWays	95.70%	93	89	97.47%	79	77	94.62%	130	123	98.98%	98	97	96.50
Livingston	100.00%	35	35	95.65%	23	22	100.00%	28	28	100.00%	33	33	99.16
Macomb	98.94%	378	374	98.09%	262	257	95.60%	250	239	93.59%	281	263	96.75
Centra Wellness (Manistee-Benzie)	100.00%	5	5	100.00%	5	5	100.00%	3	3	100.00%	7	7	100.00
Monroe	97.87%	47	46	93.33%	45	42	97.83%	46	45	100.00%	35	35	97.11
Montcalm	92.31%	13	12	100.00%	25	25	92.59%	27	25	100.00%	20	20	96.47
HealthWest (Muskegon)	97.83%	46	45	98.00%	50	49	100.00%	44	44	97.87%	94	92	98.29
network180	97.21%	179	174	95.19%	208	198	96.52%	201	194	92.42%	198	183	95.29
Newaygo	100.00%	12	12	100.00%	5	5	100.00%	11	11	100.00%	10	10	100.00
North Country	100.00%	18	18	100.00%	36	36	100.00%	11	11	100.00%	29	29	100.00
Northeast	100.00%	22	22	90.91%	33	30	100.00%	16	16	100.00%	21	21	96.74
Northern Lakes	85.71%	84	72	90.00%	80	72	96.39%	83	80	88.73%	71	63	90.25
Northpointe	100.00%	8	8	100.00%	12	12	100.00%	19	19	100.00%	12	12	100.00
Oakland	96.10%	231	222	97.73%	220	215	97.04%	169	164	94.23%	208	196	96.26
Ottawa	100.00%	32	32	97.06%	34	33	100.00%	29	29	100.00%	37	37	99.24
Pathways	80.95%	21	17	93.75%	16	15	88.24%	17	15	93.10%	29	27	89.16
Pines	90.00%	10	9	100.00%	11	11	100.00%	20	20	100.00%	36	36	98.70
Saginaw	98.41%	63	62	96.67%	60	58	95.38%	65	62	98.59%	71	70	97.30
Sanilac	94.74%	19	18	100.00%	14	14	100.00%	20	20	100.00%	23	23	98.68
Shiawassee	81.48%	27	22	100.00%	9	9	100.00%	21	21	100.00%	20	20	93.51
St. Clair	100.00%	59	59	100.00%	63	63	100.00%	75	75	100.00%	71	71	100.00
St. Joseph	100.00%	9	9	100.00%	17	17	100.00%	21	21	100.00%	11	11	100.00
Summit Pointe	96.88%	32	31	96.30%	27	26	88.57%	35	31	94.44%	36	34	93.85
Tuscola	100.00%	21	21	92.86%	14	13	100.00%	13	13	100.00%	18	18	98.48
Van Buren	100.00%	14	14	100.00%	13	13	100.00%	12	12	100.00%	11	11	100.00
Washtenaw	100.00%	60	60	96.97%	66	64	100.00%	76	76	98.55%	69	68	98.89
West Michigan	83.33%	12	10	100.00%	17	17	100.00%	11	11	100.00%	14	14	96.30
Woodlands	100.00%	5	5	100.00%	8	8	100.00%	6	6	100.00%	6	6	100.00
	97.88%	3,064	2,999	98.36%	3,042	2,992	98.21%	3,025	2,971	97.05%	3,083	2,992	97.49

Indicator 5 (old #6): Percentage of Face-to-Face Assessments with a Professional that Result in Decisions to Deny CMHSP Services

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	Persons Assessed Q1	Persons Denied Service Q1	Percentage Q2	Persons Assessed Q2	Persons Denied Services Q2	Percentage Q3	Persons Assessed Q3	Persons Denied Services Q3	Percentage Q4	Persons Assessed Q4	Persons Denied Services Q4	
Allegan	24.78%	113	28	21.74%	161	35	31.34%	134	42	29.21%	89	26	26.36
AuSable	10.40%	125	13	12.50%	128	16	10.53%	133	14	7.07%	198	14	9.76
Barry	5.56%	144	8	11.27%	142	16	1.49%	134	2	4.03%	149	6	5.62
Bay-Arenac	3.64%	110	4	0.00%	112	0	1.23%	81	1	0.00%	90	0	1.27
Berrien	.	.	.	0.00%	85	0	43.40%	447	194	28.20%	422	119	32.81
CEI	7.43%	296	22	7.48%	294	22	4.62%	260	12	6.02%	249	15	6.46
CMH Central MI	7.91%	759	60	6.74%	772	52	7.33%	805	59	4.77%	733	35	6.71
Copper	3.39%	59	2	10.71%	28	3	2.63%	38	1	2.78%	36	1	4.35
Detroit-Wayne	0.63%	2,061	13	1.40%	2,281	32	1.74%	2,528	44	1.20%	1,916	23	1.27
Genesee	55.45%	642	356	57.42%	627	360	58.26%	702	409	53.78%	608	327	56.30
Gogebic	0.00%	19	0	20.00%	25	5	26.67%	15	4	23.81%	21	5	17.50
Gratiot	2.94%	68	2	0.00%	89	0	1.47%	68	1	2.08%	96	2	1.56
Hiawatha	31.43%	70	22	16.13%	62	10	15.79%	57	9	9.26%	54	5	18.93
Huron	0.00%	61	0	0.00%	85	0	0.00%	61	0	0.00%	63	0	0.00
Ionia	0.00%	118	0	0.00%	95	0	0.00%	95	0	0.00%	166	0	0.00
Kalamazoo	3.17%	63	2	4.55%	44	2	3.45%	58	2	5.36%	56	3	4.07
Lapeer	12.60%	127	16	10.00%	140	14	3.36%	119	4	7.02%	114	8	8.40
Lenawee	20.57%	141	29	22.05%	127	28	27.55%	98	27	21.43%	98	21	22.63
LifeWays	7.65%	196	15	4.97%	181	9	5.00%	220	11	10.47%	191	20	6.98
Livingston	2.50%	80	2	1.39%	72	1	1.37%	73	1	6.25%	48	3	2.56
Macomb	1.20%	250	3	1.01%	198	2	2.69%	223	6	1.20%	584	7	1.43
Centra Wellness (Manistee-Benzie)	7.09%	141	10	2.13%	141	3	2.52%	119	3	3.97%	126	5	3.98
Monroe	7.32%	82	6	4.17%	72	3	35.14%	74	26	5.88%	68	4	13.18
Montcalm	0.78%	129	1	1.96%	153	3	3.17%	189	6	0.53%	189	1	1.67
HealthWest (Muskegon)	23.92%	209	50	42.92%	212	91	56.86%	204	116	43.17%	271	117	41.74
network180	9.00%	1,056	95	10.34%	1,180	122	7.07%	1,033	73	12.54%	965	121	9.71
Newaygo	1.40%	143	2	1.92%	156	3	4.00%	150	6	2.63%	152	4	2.50
North Country	10.50%	343	36	13.01%	369	48	7.89%	304	24	12.27%	277	34	10.98
Northeast	20.45%	132	27	20.59%	102	21	12.61%	119	15	12.38%	105	13	16.59
Northern Lakes	21.23%	358	76	18.93%	280	53	27.05%	292	79	34.87%	238	83	24.91
Northpointe	7.07%	99	7	12.77%	94	12	2.97%	101	3	0.98%	102	1	5.81
Oakland	29.49%	763	225	31.34%	801	251	23.56%	849	200	18.68%	696	130	25.92
Ottawa	15.79%	171	27	16.49%	188	31	12.63%	198	25	19.75%	162	32	15.99
Pathways	13.55%	155	21	7.81%	128	10	6.25%	112	7	7.41%	135	10	9.06
Pines	8.97%	234	21	7.57%	185	14	8.11%	222	18	18.54%	205	38	10.76
Saginaw	2.56%	234	6	5.67%	247	14	4.41%	295	13	4.05%	222	9	4.21
Sanilac	1.43%	70	1	0.00%	92	0	7.53%	93	7	1.79%	56	1	2.89
Shiawassee	.	.	.	.	.	.	.	.	.	6.52%	46	3	6.52
St. Clair	38.89%	288	112	24.09%	274	66	21.03%	271	57	16.88%	231	39	25.75
St. Joseph	0.00%	144	0	0.00%	137	0	0.00%	147	0	33.75%	160	54	9.18
Summit Pointe	.	.	0	.	.	0	.	.	.	.	.	0	.
Tuscola	5.26%	76	4	13.19%	91	12	9.52%	105	10	10.09%	109	11	9.71
Van Buren	0.69%	144	1	0.00%	162	0	0.00%	117	0	2.33%	86	2	0.59
Washtenaw	21.95%	328	72	21.91%	283	62	13.76%	378	52	17.74%	327	58	18.54
West Michigan	23.33%	60	14	18.31%	71	13	22.95%	61	14	28.21%	78	22	23.33
Woodlands	5.00%	140	7	0.00%	126	0	0.00%	132	0	1.48%	135	2	1.69
	12.89%	11,001	1,418	12.74%	11,292	1,439	13.40%	11,914	1,597	12.89%	11,122	1,434	11.53

Indicator 6 (old #7): Percentage of Section 705 Second Opinions Requested Resulting in the Delivery of Service

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	# Persons Requesting 2nd Opinion Q1	# Persons Receiving Service Q1	Percentage Q2	# Persons Requesting 2nd Opinion Q2	# Persons Receiving Service Q2	Percentage Q3	# Persons Requesting 2nd Opinion Q3	# Persons Receiving Service Q3	Percentage Q4	# Persons Requesting 2nd Opinion Q4	# Persons Receiving Service Q4	
Allegan	0.00%	2	0	-	0	0	-	0	0	-	0	0	0.00
AuSable	-	0	0	0.00%	1	0	-	0	0	0.00%	1	0	0.00
Barry	-	0	0	-	0	0	-	0	0	-	0	0	-
Bay-Arenac	-	0	0	-	0	0	-	0	0	-	0	0	-
Berrien	-	-	-	-	0	0	0.00%	1	0	-	0	0	0.00
CEI	0.00%	1	0	0.00%	1	0	-	0	0	100.00%	1	1	33.33
CMH Central MI	-	0	0	-	0	0	50.00%	2	1	0.00%	1	0	33.33
Copper	-	0	0	0.00%	1	0	-	0	0	-	0	0	0.00
Detroit-Wayne	-	0	0	-	0	0	-	0	0	-	0	0	-
Genesee	20.00%	15	3	9.09%	11	1	12.50%	8	1	12.50%	8	1	14.29
Gogebic	-	0	0	-	0	0	-	0	0	0.00%	1	0	0.00
Gratiot	-	0	0	-	0	0	-	0	0	-	0	0	-
Hiawatha	-	0	0	0.00%	1	0	-	0	0	-	0	0	0.00
Huron	-	0	0	-	0	0	-	0	0	-	0	0	-
Ionia	-	0	0	-	0	0	-	0	0	-	0	0	-
Kalamazoo	0.00%	2	0	0.00%	2	0	0.00%	2	0	0.00%	3	0	0.00
Lapeer	-	0	0	-	0	0	-	0	0	-	0	0	-
Lenawee	100.00%	1	1	-	0	0	-	0	0	-	0	0	100.00
LifeWays	-	0	0	0.00%	1	0	0.00%	2	0	100.00%	2	2	40.00
Livingston	-	0	0	-	0	0	-	0	0	-	0	0	-
Macomb	-	0	0	-	0	0	-	0	0	-	0	0	-
Centra Wellness (Manistee-Benzie)	100.00%	1	1	-	0	0	0.00%	1	0	-	0	0	50.00
Monroe	0.00%	3	0	0.00%	3	0	-	0	0	0.00%	2	0	0.00
Montcalm	100.00%	1	1	-	0	0	-	0	0	-	0	0	100.00
HealthWest (Muskegon)	-	0	0	-	0	0	-	0	0	-	0	0	-
network180	11.11%	9	1	25.00%	8	2	37.50%	8	3	0.00%	4	0	20.69
Newaygo	-	0	0	-	0	0	-	0	0	-	0	0	-
North Country	50.00%	2	1	0.00%	1	0	0.00%	1	0	-	0	0	25.00
Northeast	-	0	0	-	0	0	0.00%	1	0	-	0	0	0.00
Northern Lakes	0.00%	2	0	40.00%	5	2	50.00%	4	2	60.00%	5	3	43.75
Northpointe	0.00%	1	0	-	0	0	-	0	0	-	0	0	0.00
Oakland	54.55%	11	6	75.00%	8	6	45.45%	11	5	25.00%	4	1	52.94
Ottawa	0.00%	1	0	0.00%	1	0	100.00%	1	1	0.00%	5	0	12.50
Pathways	100.00%	1	1	-	0	0	-	0	0	0.00%	1	0	50.00
Pines	-	0	0	-	0	0	-	0	0	-	0	0	-
Saginaw	-	0	0	-	0	0	0.00%	1	0	100.00%	1	1	50.00
Sanilac	-	0	0	-	0	0	-	0	0	-	0	0	-
Shiawassee	-	-	-	-	-	-	-	-	-	-	0	0	-
St. Clair	0.00%	1	0	50.00%	2	1	0.00%	2	0	0.00%	2	0	14.29
St. Joseph	5.33%	0	0	-	0	0	-	0	0	-	0	0	-
Summit Pointe	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuscola	-	0	0	-	0	0	-	0	0	-	0	0	-
Van Buren	-	0	0	-	0	0	-	0	0	-	0	0	-
Washtenaw	-	0	0	0.00%	1	0	0.00%	1	0	0.00%	1	0	0.00
West Michigan	-	0	0	-	0	0	-	0	0	-	0	0	-
Woodlands	-	0	0	-	0	0	-	0	0	-	0	0	-
	27.78%	54	15	25.53%	47	12	28.26%	46	13	21.43%	42	9	

Indicator 10a (old #12a): Percentage of Children Readmitted to Inpatient Psychiatric Units Within 30 Calendar of Discharge From a Psychiatric Inpatient Unit - 15% or Less Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	# Children Discharged Q1	# Children Readmitted Within 30 Days Q1	Percentage Q2	# Children Discharged Q2	# Children Readmitted Within 30 Days Q2	Percentage Q3	# Children Discharged Q3	# Children Readmitted Within 30 Days Q3	Percentage Q4	# Children Discharged Q4	# Children Readmitted Within 30 Days Q4	
Allegan	0.00%	5	0	11.11%	9	1	0.00%	5	0	0.00%	6	0	4.00
AuSable	0.00%	7	0	12.50%	8	1	0.00%	7	0	0.00%	4	0	3.85
Barry	0.00%	3	0	0.00%	5	0	28.57%	7	2	12.50%	8	1	13.04
Bay-Arenac	9.09%	22	2	9.09%	33	3	9.09%	22	2	6.25%	16	1	8.60
Berrien	0.00%	2	0	#VALUE!	.	.	0.00%	18	0	20.00%	5	1	4.00
CEI	100.00%	14	14	23.53%	17	4	7.69%	13	1	0.00%	9	0	35.85
CMH Central MI	0.00%	9	0	0.00%	9	0	0.00%	11	0	0.00%	3	0	0.00
Copper	25.00%	4	1	66.67%	6	4	0.00%	7	0	0.00%	2	0	26.32
Detroit-Wayne	13.22%	242	32	12.12%	231	28	9.68%	248	24	9.55%	157	15	11.28
Genesee	1.75%	57	1	0.00%	46	0	3.28%	61	2	12.70%	63	8	4.85
Gogebic	-	0	0	-	0	0	-	0	0	-	0	0	-
Gratiot	0.00%	4	0	33.33%	3	1	0.00%	3	0	0.00%	1	0	9.09
Hiawatha	0.00%	4	0	0.00%	2	0	18.18%	11	2	-	0	0	11.76
Huron	0.00%	2	0	0.00%	1	0	0.00%	2	0	40.00%	5	2	20.00
Ionia	0.00%	1	0	20.00%	5	1	0.00%	1	0	0.00%	2	0	11.11
Kalamazoo	0.00%	12	0	7.69%	13	1	0.00%	10	0	0.00%	6	0	2.44
Lapeer	0.00%	5	0	11.11%	9	1	0.00%	8	0	25.00%	4	1	7.69
Lenawee	16.67%	6	1	10.00%	10	1	0.00%	8	0	0.00%	4	0	7.14
LifeWays	16.67%	24	4	0.00%	11	0	6.67%	15	1	5.26%	19	1	8.70
Livingston	22.22%	9	2	16.67%	6	1	0.00%	5	0	0.00%	6	0	11.54
Macomb	8.70%	46	4	7.32%	41	3	6.35%	63	4	10.64%	47	5	8.12
Centra Wellness (Manistee-Benzie)	0.00%	1	0	0.00%	1	0	0.00%	1	0	0.00%	6	0	0.00
Monroe	-	0	0	0.00%	4	0	0.00%	3	0	0.00%	3	0	0.00
Montcalm	9.09%	11	1	14.29%	7	1	0.00%	5	0	0.00%	4	0	7.41
HealthWest (Muskegon)	0.00%	25	0	0.00%	21	0	0.00%	10	0	0.00%	12	0	0.00
network180	4.26%	47	2	5.88%	51	3	12.50%	64	8	11.11%	45	5	8.70
Newaygo	0.00%	6	0	0.00%	5	0	0.00%	2	0	12.50%	8	1	4.76
North Country	0.00%	19	0	9.09%	22	2	8.47%	59	5	7.69%	13	1	7.08
Northeast	0.00%	3	0	6.25%	16	1	14.29%	7	1	0.00%	3	0	6.90
Northern Lakes	0.00%	11	0	12.50%	24	3	8.70%	23	2	7.14%	14	1	8.33
Northpointe	0.00%	2	0	20.00%	5	1	0.00%	6	0	20.00%	5	1	11.11
Oakland	13.64%	44	6	22.58%	31	7	5.88%	17	1	4.35%	23	1	13.04
Ottawa	0.00%	10	0	27.27%	11	3	8.33%	12	1	0.00%	14	0	8.51
Pathways	10.00%	10	1	9.09%	11	1	0.00%	7	0	23.08%	13	3	12.20
Pines	10.53%	19	2	9.09%	11	1	0.00%	8	0	0.00%	10	0	6.25
Saginaw	5.56%	36	2	7.69%	26	2	10.00%	30	3	23.33%	30	7	11.48
Sanilac	0.00%	4	0	0.00%	6	0	20.00%	5	1	0.00%	6	0	4.76
Shiawassee	33.33%	3	1	0.00%	4	0	0.00%	8	0	0.00%	2	0	5.88
St. Clair	15.79%	19	3	16.00%	25	4	7.69%	13	1	16.67%	18	3	14.67
St. Joseph	0.00%	2	0	0.00%	2	0	0.00%	5	0	-	0	0	0.00
Summit Pointe	0.00%	8	0	0.00%	4	0	0.00%	2	0	11.11%	9	1	4.35
Tuscola	0.00%	7	0	0.00%	3	0	0.00%	7	0	0.00%	1	0	0.00
Van Buren	0.00%	5	0	0.00%	2	0	0.00%	3	0	0.00%	3	0	0.00
Washtenaw	12.50%	24	3	14.29%	28	4	4.55%	22	1	8.33%	12	1	10.47
West Michigan	0.00%	3	0	0.00%	5	0	0.00%	5	0	-	0	0	0.00
Woodlands	-	0	0	-	0	0	0.00%	3	0	0.00%	1	0	0.00
	10.29%	797	82	10.51%	790	83	7.28%	852	62	9.65%	622	60	7.72

Indicator 10b (old #12b): Percentage of Adults Readmitted to Inpatient Psychiatric Units Within 30 Calendar of Discharge From a Psychiatric Inpatient Unit - 15% or Less Standard

	October - December 2014			January - March 2015			April - June 2015			July - September 2015			Fiscal Year Percentage
	Percentage Q1	# Adults Discharged Q1	# Adults Readmitted Within 30 Days Q1	Percentage Q2	# Adults Discharged Q2	# Adults Readmitted Within 30 Days Q2	Percentage Q3	# Adults Discharged Q3	# Adults Readmitted Within 30 Days Q3	Percentage Q4	# Adults Discharged Q4	# Adults Readmitted Within 30 Days Q4	
Allegan	9.76%	41	4	4.55%	44	2	2.63%	38	1	5.88%	34	2	5.73
AuSable	9.76%	41	4	0.00%	33	0	0.00%	24	0	12.90%	31	4	6.20
Barry	16.67%	12	2	3.45%	29	1	10.71%	28	3	0.00%	19	0	6.82
Bay-Arenac	7.50%	80	6	3.49%	86	3	6.17%	81	5	8.00%	75	6	6.21
Berrien	4.00%	25	1	#VALUE!	.	.	9.76%	41	4	15.56%	45	7	10.81
CEI	100.00%	82	82	12.12%	66	8	8.93%	56	5	4.17%	48	2	38.49
CMH Central MI	5.36%	56	3	9.09%	99	9	5.36%	56	3	2.90%	69	2	6.07
Copper	12.50%	8	1	11.11%	9	1	7.69%	13	1	30.00%	10	3	15.00
Detroit-Wayne	14.40%	1,042	150	16.92%	1,040	176	16.71%	1,071	179	17.06%	1,061	181	16.28
Genesee	9.36%	235	22	8.78%	262	23	11.84%	245	29	4.99%	341	17	8.40
Gogebic	0.00%	2	0	0.00%	3	0	0	0	0	0.00%	3	0	0.00
Gratiot	9.09%	11	1	7.69%	13	1	5.88%	17	1	21.05%	19	4	11.67
Hiawatha	0.00%	10	0	0.00%	12	0	12.50%	8	1	60.00%	10	6	17.50
Huron	22.73%	22	5	11.11%	18	2	0.00%	14	0	7.14%	14	1	11.76
Ionia	5.56%	18	1	5.56%	18	1	11.11%	18	2	4.17%	24	1	6.41
Kalamazoo	11.34%	97	11	7.89%	114	9	8.85%	113	10	11.50%	113	13	9.84
Lapeer	8.00%	25	2	19.51%	41	8	3.03%	33	1	8.57%	35	3	10.45
Lenawee	6.67%	45	3	9.43%	53	5	15.79%	57	9	15.91%	44	7	12.06
LifeWays	13.33%	120	16	14.68%	109	16	14.79%	169	25	11.11%	135	15	13.51
Livingston	15.38%	39	6	7.69%	26	2	10.53%	38	4	8.11%	37	3	10.71
Macomb	16.08%	423	68	18.27%	312	57	20.53%	302	62	24.09%	357	86	19.58
Centra Wellness (Manistee-Benzie)	0.00%	6	0	0.00%	5	0	0.00%	3	0	0.00%	10	0	0.00
Monroe	9.26%	54	5	10.42%	48	5	0.00%	49	0	16.67%	36	6	8.56
Montcalm	5.71%	35	2	10.00%	30	3	5.13%	39	2	4.17%	24	1	6.25
HealthWest (Muskegon)	9.52%	84	8	8.00%	100	8	14.29%	49	7	14.42%	104	15	11.28
network180	17.95%	195	35	12.90%	248	32	12.55%	255	32	11.20%	259	29	13.38
Newaygo	20.00%	20	4	12.50%	8	1	7.14%	14	1	0.00%	21	0	9.52
North Country	2.78%	36	1	5.45%	55	3	6.67%	15	1	8.00%	50	4	5.77
Northeast	16.67%	36	6	14.29%	42	6	3.13%	32	1	11.36%	44	5	11.69
Northern Lakes	13.64%	110	15	3.00%	100	3	8.04%	112	9	13.33%	105	14	9.60
Northpointe	9.09%	11	1	26.67%	15	4	18.18%	22	4	25.00%	16	4	20.31
Oakland	8.46%	319	27	10.53%	266	28	12.90%	217	28	9.29%	269	25	10.08
Ottawa	10.53%	38	4	9.09%	33	3	24.24%	33	8	0.00%	46	0	10.00
Pathways	16.00%	25	4	5.56%	18	1	13.64%	22	3	22.86%	35	8	16.00
Pines	0.00%	10	0	0.00%	24	0	7.69%	26	2	6.98%	43	3	4.85
Saginaw	6.10%	82	5	6.67%	75	5	8.33%	84	7	10.78%	102	11	8.16
Sanilac	24.00%	25	6	11.11%	18	2	4.00%	25	1	16.00%	25	4	13.98
Shiawassee	12.50%	32	4	16.67%	12	2	11.54%	26	3	22.58%	31	7	15.84
St. Clair	13.98%	93	13	6.25%	80	5	25.53%	94	24	25.25%	99	25	18.31
St. Joseph	7.69%	13	1	0.00%	19	0	3.70%	27	1	5.56%	18	1	3.90
Summit Pointe	8.47%	59	5	4.76%	42	2	0.00%	37	0	5.71%	70	4	5.29
Tuscola	8.00%	25	2	11.11%	18	2	15.79%	19	3	18.52%	27	5	13.48
Van Buren	4.55%	22	1	4.35%	23	1	0.00%	14	0	10.00%	20	2	5.06
Washtenaw	10.29%	68	7	7.25%	69	5	9.78%	92	9	12.22%	90	11	10.03
West Michigan	10.00%	20	2	4.55%	22	1	7.14%	14	1	0.00%	14	0	5.71
Woodlands	20.00%	5	1	0.00%	8	0	16.67%	6	1	16.67%	6	1	12.00
	14.18%	3,857	547	11.85%	3,765	446	13.15%	3,748	493	13.41%	4,088	548	10.71

SECTION 904 (k)
ADMINISTRATIVE EXPENDITURES
FY 2015

CMH	Executive Position	Name	Annual Gross Salary	Annual Employer Cost for Health+Vision+Dental*	Annual Employer Cost for Pension**
Allegan	CEO/Director	Marianne Huff	\$ 128,187	\$ 14,709	\$ 7,107
Allegan	COO	Gary Smith	\$ 92,443	\$ 17,932	\$ 5,546
AuSable	CEO/Director	David Beck, E. D. LPC.	\$ 124,999	\$ 13,443	\$ 8,750
AuSable	CEO	Frederick Overhold	\$ 88,621	\$ 13,443	\$ 6,204
AuSable	CCO	Teresa Tokarczyk	\$ 97,283	\$ 16,930	\$ 6,810
AuSable	CCO	Diane Pelts	\$ 88,621	\$ 5,677	\$ 6,515
AuSable	CFO	Glenn Gray	\$ 93,069	\$ 13,443	\$ 6,204
Barry	CEO/Director	Jan McLean	\$ 118,789	\$ 19,728	\$ 24,768
Barry	COO	Kelly Jenkins	\$ 75,483	\$ 19,728	\$ 7,669
Barry	CCO	Jill Bishop	\$ 70,637	\$ 19,728	\$ 7,177
Bay-Arenac	CEO/Director	Christopher Plinter	\$ 126,500	\$ 11,890	\$ 12,798
Bay-Arenac	Medical Director	Roderick Smith M.D.	\$ 240,000	\$ 14,702	\$ 23,863
Bay-Arenac	CFO	Marci Rozek	\$ 91,650	\$ 2,500	\$ 9,768
Berrien	CEO/Director	Ric Compton	\$ 177,624	\$ 17,942	\$ 10,675
Berrien	CCO	Gail Hackworth	\$ 121,045	\$ 14,354	\$ 7,275
Berrien	CFO	Michael Reed	\$ 109,941	\$ 3,600	\$ 6,607
CEI	CEO/Director	Sara Lurie	\$ 127,890	\$ 7,386	\$ 1,079
CEI	CFO	Stacia Chick	\$ 87,006	\$ 15,471	\$ 734
Central MI	CEO/Director	Linda Kaufmann	\$ 127,525	\$ 12,732	\$ 15,304
Central MI	COO	John Obermesik	\$ 95,980	\$ 12,732	\$ 11,878
Central MI	CCO	Kathie Swan	\$ 95,891	\$ 12,732	\$ 11,507
Central MI	CFO	Bryan Krogman	\$ 88,020	\$ 12,732	\$ 10,562
Copper Country	CEO/Director	Vicki Mikkola	\$ 122,400	\$ 12,581	\$ 8,568
Copper Country	COO	Carl Raboin	\$ 83,164	\$ 18,044	\$ 5,821
Copper Country	CFO	Susan Serafini	\$ 83,164	\$ 5,396	\$ 5,821
Genesee	CEO/Director	Danis Russell	\$ 175,534	\$ 7,110	\$ 50,220
Genesee	COO	Brian Swiecicki	\$ 114,479	\$ 13,813	\$ 29,891
Genesee	CCO	Lauren Tompkins	\$ 124,452	\$ 18,408	\$ 32,495
Genesee	CFO	Anna Tack	\$ 117,408	\$ 18,408	\$ 5,870
Gogebic	CEO/Director	Lisa Lavasseur	\$ 88,613	\$ 2,689	\$ 22,883
Gogebic	CFO	Jennifer Ahonen	\$ 66,050	\$ 16,788	\$ 16,475
Gratiot	CEO/director	Carolyn Hiley	\$ 143,725	\$ 3,993	\$ 8,624
Gratiot	CCO	Kim Boulier	\$ 100,605	\$ 17,539	\$ 6,036
Gratiot	CFO	Steve Vernon	\$ 86,123	\$ 13,586	\$ 5,167
Hiawatha	CEO/Director	Dan McKinney	\$ 90,000	\$ 19,810	\$ 5,400
Hiawatha	CFO	Lisa Harris	\$ 75,500	\$ 15,724	\$ 4,530
Huron	CEO/Director	Suzanne Prich	\$ 115,832	\$ 10,841	\$ 9,824
Huron	COO	Tracey Dore	\$ 64,920	\$ 10,839	\$ 5,635
Huron	CCO	Dr. Yolanda Edler	\$ 13,453	\$ 218	\$ 998
Huron	CFO	Anthony Ferzo	\$ 87,186	\$ 4,925	\$ 7,577
Ionia	CEO/Director	Robert S. Lathers	\$ 143,519	\$ 17,037	\$ 14,351
Ionia	CFO	Kerry Possehn	\$ 95,198	\$ 17,037	\$ 7,616
Kalamazoo	CEO/Director	Jeff Patton	\$ 168,230	\$ 13,835	\$ 16,646
Kalamazoo	COO	Jane Konyndyk	\$ 113,630	\$ 17,433	\$ 11,244
Kalamazoo	CFO	Tom Noverr	\$ 113,630	\$ 17,433	\$ 11,244
Lapeer	CEO/Director	Robert Sprague	\$ 93,636	\$ 11,328	\$ 8,521
Lapeer	COO	Lauren Emmons	\$ 63,773	\$ 11,328	\$ 5,803
Lapeer	CFO	Larry Smith	\$ 48,000	\$ -	\$ -
Lenawee	CEO/Director	Sandy Keener	\$ 120,000	\$ 15,605	\$ 13,732
Lenawee	COO	Debi Andrews	\$ 75,641	\$ 2,291	\$ 4,160
Lenawee	CFO	Deborah Strayer	\$ 79,424	\$ 12,580	\$ 9,089
Lifeways	CEO/Director	Maribeth Leonard	\$ 129,890	\$ 18,915	\$ 9,742
Lifeways	COO	Shannan Clevenger	\$ 75,000	\$ 18,942	\$ 5,625
Lifeways	CCO	Leslie Wireman	\$ 85,000	\$ 7,439	\$ 6,375
Livingston	CEO/Director	Constance Conklin	\$ 137,812	\$ 6,071	\$ 11,500
Livingston	CFO	Gerard Noel	\$ 87,024	\$ 6,071	\$ -
Manistee-Benzie	CEO/Director	Joseph Johnston	\$ 117,974	\$ 20,071	\$ 8,258
Manistee-Benzie	COO	Ingemar Johansson	\$ 85,943	\$ 12,921	\$ 6,016
Manistee-Benzie	CCO	Cheryl Koremik	\$ 88,783	\$ 20,071	\$ 6,215
Manistee-Benzie	CFO	Konna Nieman	\$ 92,174	\$ 16,152	\$ 6,452
Manistee-Benzie	Director of CAPS	Amy Taylor	\$ 88,783	\$ 16,152	\$ 6,215
Monroe	CEO/Director	Jane Terwilliger	\$ 131,566	\$ 9,970	\$ 22,527
Monroe	COO	Geraly Harris	\$ 113,727	\$ 20,795	\$ 12,081
Monroe	CFO	Vickie Bagherzadeh	\$ 116,530	\$ 15,950	\$ 12,378
Montcalm	CEO/Director	Tammy J. Quillan	\$ 124,195	\$ 13,934	\$ 8,818
Montcalm	CCO	Juliana M. Kozara	\$ 94,498	\$ 4,880	\$ 6,709
Montcalm	CFO	James R. Wise	\$ 95,048	\$ 9,180	\$ 6,748
Muskegon	CEO/Director	Julia Rupp	\$ 132,679	\$ 13,403	\$ 3,980
Muskegon	COO	Dave Parnin	\$ 101,588	\$ 13,341	\$ 13,493
Muskegon	CFO	Tom Best	\$ 89,021	\$ 13,341	\$ 11,826
Muskegon	CEO	Dave McElfish	\$ 81,792	\$ 14,210	\$ 10,879
Muskegon	director of access & correctional Services	Pamela Beane	\$ 79,405	\$ 16,282	\$ 10,549
Muskegon	Director of Medical Services	Cyndi Blair	\$ 79,305	\$ 16,282	\$ 10,537
Network 180	CEO/Director	Scott Gilman	\$ 147,702	\$ 17,570	\$ 8,862
Network 180	CEO	Ramaswamy Srinivasan	\$ 100,781	\$ 18,183	\$ 7,055
Network 180	CCO	Kathy Freberg	\$ 101,000	\$ 2,509	\$ 6,060
Network 180	CFO	vacant	\$ 104,770	\$ 18,183	\$ 6,286
Newaygo	CEO/Director	Michael Geoghan	\$ 127,170	\$ 20,016	\$ 11,445
Newaygo	COO	Carol Mills	\$ 112,715	\$ 20,016	\$ 10,144
North Country	CEO/Director	Alexis Kaczynski	\$ 125,998	\$ 16,695	\$ 7,560
North Country	COO	Christine Gebhard	\$ 90,231	\$ 6,802	\$ 5,414
North Country	CFO	Donna Wheeler	\$ 83,031	\$ 14,129	\$ 4,982
Northeast	CEO/Director	Edwin LaFramboise	\$ 126,742	\$ 733	\$ 9,506
Northeast	CCO	Cathy Meske	\$ 102,680	\$ 11,786	\$ 7,701
Northeast	CFO	Cheryl Jaworowski	\$ 92,631	\$ 13,635	\$ 6,947
Northern Lakes	CEO/Director	Karl Kovacs	\$ 125,000	\$ 12,532	\$ 5,500
Northern Lakes	COO	Joanie Blamer	\$ 94,731	\$ 16,751	\$ 4,737
Northern Lakes	COO	Mary Hubbard	\$ 98,632	\$ 5,992	\$ 4,932
Northern Lakes	COO	Carrie Gray	\$ 90,832	\$ 12,532	\$ 4,542
Northern Lakes	CFO	Bruce Bridges	\$ 98,632	\$ 12,532	\$ 4,932
Northern Lakes	Human Resources Officer	Matt Leiter	\$ 86,932	\$ 1,100	\$ 4,347
Northern Lakes	CEO	Keith Huggat	\$ 90,832	\$ 1,100	\$ 4,542
Northern Lakes	Managed & Integrated Health Director	Becky Vincent	\$ 78,096	\$ 5,992	\$ 35,962
Northern Lakes	MI Choice Program Director	Sherrie Moseler	\$ 88,232	\$ 12,532	\$ 4,412
Northern Lakes	Oil Compliance Director	Karolyne Barker	\$ 65,847	\$ 5,992	\$ 3,292
Northern Lakes	Recipient Rights Director	Tracy Andrews	\$ 68,147	\$ 16,751	\$ 3,407
Northpointe	CEO/Director	Jennifer McCarty	\$ 92,500	\$ 18,000	\$ 6,475
Northpointe	CFO	Bill Adrian	\$ 96,685	\$ 15,216	\$ 5,878
Ottawa	CEO/Director	Lynne Doyle	\$ 124,557	\$ 16,135	\$ -
Ottawa	COO	Rich Francisco	\$ 79,140	\$ 17,720	\$ 13,335
Ottawa	CCO-MIA	Jane Longstreet	\$ 81,970	\$ 14,570	\$ 13,842
Ottawa	CCO-MIC	Ann Heerde	\$ 81,970	\$ 4,920	\$ 13,842
Ottawa	CCO-IDD	Katie Clausing	\$ 73,014	\$ 17,720	\$ 12,303
Ottawa	CFO	Joan Brown	\$ 74,325	\$ 14,570	\$ 13,205
Pathways	CEO/Director	Mary Swift	\$ 127,525	\$ 17,313	\$ 16,821
Pathways	CFO	John Blumberg	\$ 48,211	\$ -	\$ -
Pines	CEO/Director	John Bolton	\$ 130,112	\$ 29,578	\$ 18,457
Pines	COO	Sue Germann	\$ 90,392	\$ 22,653	\$ 5,875
Pines	Compliance	Pam Peterson	\$ 90,392	\$ 11,532	\$ 5,875
Pines	CFO	Robbin Wilber	\$ 82,176	\$ 22,026	\$ 5,341
Pines	Administrative Assistant	Sue Enos	\$ 54,783	\$ 27,708	\$ 3,561

	Executive	Name	Annual Gross	Annual Employer Cost for	Annual Employer Cost
CMH	Position		Salary	Health+Vision+Dental*	for Pension**
Pines	Director of out patient	Laura Sulak	\$ 73,455	\$ 5,444	\$ 4,775
Pines	Director of Community services	Tamara Winchell	\$ 82,720	\$ 11,847	\$ 5,377
Pines	Director of Substance use	Jean Weber	\$ 82,720	\$ 22,026	\$ 5,377
Saginaw	CEO/Director	Sandra Lindsey	\$ 191,179	\$ 3,779	\$ 17,206
Saginaw	COO	Delores Ford-Heinrich	\$ 103,038	\$ 10,071	\$ 9,273
Saginaw	CCO	Dr. Anne Marie Tadeo	\$ 212,987	\$ 10,071	\$ 19,169
Sanilac	CEO/Director	James Johnson	\$ 119,702	\$ 37,614	\$ 13,795
Sanilac	CCO	Wilbert Morris	\$ 86,151	\$ 21,108	\$ 9,443
Sanilac	CFO	Eric Eggert	\$ 81,159	\$ 19,551	\$ 8,587
Shiawassee	CEO/Director	Joe Sedlock	\$ 96,552	\$ 17,982	\$ 11,752
Shiawassee	CEO Clinical	Lindsey Hull	\$ 81,751	\$ 17,570	\$ 10,646
Shiawassee	CFO	Amy Keinath	\$ 75,698	\$ 8,373	\$ 9,625
Shiawassee	Director of Utilization Management	Craig Hause	\$ 74,573	\$ 17,907	\$ 10,130
Shiawassee	Director of Strategic Services	Dirk Love	\$ 71,355	\$ 18,176	\$ 9,446
St. Clair	CEO/Director	Debra Johnson	\$ 177,868	\$ 18,342	\$ 32,553
St. Clair	COO	Tracey Pingitore	\$ 92,407	\$ 16,660	\$ 11,982
St. Clair	CCO	Sandra Kammer	\$ 110,575	\$ 10,758	\$ 14,349
St. Clair	CFO	Karen Farr	\$ 111,092	\$ 762	\$ 14,213
St. Joseph	CEO/Director	Elizabeth O'Dell	\$ 119,413	\$ 17,899	\$ 11,344
St. Joseph	Chief Clinical	Lynelle Gilton-Thrasher	\$ 91,052	\$ 17,899	\$ 8,650
St. Joseph	CFO	Randy Kline	\$ 91,031	\$ 13,346	\$ 8,648
Summit Pointe	CEO/Director tenure ended 2/17/2015	Ervin Brinker	\$ 365,000	\$ 14,430	\$ 33,480
Summit Pointe	CEO/Director	Jeanie Goodrich	\$ 182,500	\$ 27,730	\$ 7,820
Summit Pointe	COO tenure ended 1/29/2015	Robert Lambert	\$ 250,000	\$ 26,370	\$ 29,950
Summit Pointe	COO	Tim Nendrof	\$ 135,000	\$ 24,960	\$ -
Summit Pointe	CCO tenure ended 8/1/2015	Ercia Gregerly	\$ 150,000	\$ -	\$ -
Summit Pointe	CCO	Amber Burnett	\$ 130,000	\$ 23,870	\$ -
Summit Pointe	CFO tenure ended 11/3/2015	Leon Karnovsky	\$ 220,000	\$ 30,220	\$ 21,120
Summit Pointe	CFO	Dave Fiero	\$ 135,000	\$ 23,870	\$ -
Tuscola	CEO/Director	Sharon Beals	\$ 128,577	\$ 7,132	\$ 5,164
Tuscola	COO	Julie Majeske	\$ 114,118	\$ 7,132	\$ 4,581
Tuscola	CFO	Marilyn Wiley	\$ 78,672	\$ 17,025	\$ 3,155
Van Buren	CEO/Director	Debra Hess	\$ 141,735	\$ 13,650	\$ 14,174
Van Buren	CFO	Tina Boyer	\$ 88,208	\$ 1,236	\$ 5,265
Van Buren	HR Manager	Claren Schweitzer	\$ 79,976	\$ 24,243	\$ 6,398
Van Buren	DD Division Manager	Mary Green	\$ 79,976	\$ 9,896	\$ 6,398
Van Buren	MI Division Manager	Liz Courtney	\$ 79,976	\$ 9,896	\$ 6,398
Washtenaw	CEO/Director	Patricia Cortes	\$ 132,401	\$ 12,880	\$ 15,672
Washtenaw	CIO	Michael Harding	\$ 106,280	\$ 12,880	\$ 13,317
Washtenaw	CCO	Deborah Pippins	\$ 78,187	\$ -	\$ -
Washtenaw	CFO	Nicole Phelps	\$ 89,008	\$ 12,880	\$ 8,812
Washtenaw	COO	Heather Linky	\$ 100,342	\$ 12,880	\$ 12,730
West MI	CEO/Director	Lisa Hotovy	\$ 139,600	\$ 6,181	\$ 16,054
West MI	CCO	Faith Nekola	\$ 102,800	\$ -	\$ 11,822
West MI	CFO	Charles Kopinski	\$ 149,300	\$ 6,181	\$ 17,170
Woodlands	CEO/Director	Kathy Emans	\$ 106,600	\$ 16,082	\$ 12,792
Woodlands	CIO	Kathy Sheffield	\$ 87,672	\$ 16,082	\$ 4,384
Woodlands	CFO	Roger Peirce	\$ 75,627	\$ 5,322	\$ 3,781
Woodlands	CCO	Richard Church	\$ 83,497	\$ 6,851	\$ 4,175
Woodlands	CCO	Mary Munson	\$ 78,705	\$ 5,322	\$ 3,935
PIHP					
CMH partnership of SE MI	CEO/Director	Mary O'Hare	\$ 65,446	\$ 4,842	\$ 2,749
CMH partnership of SE MI	COO	James Colaianne	\$ 73,932	\$ 15,490	\$ 2,099
CMH partnership of SE MI	CCO	Marci Scalera	\$ 93,477	\$ 3,219	\$ 2,375
CMH partnership of SE MI	CFO	Steve Holda	\$ 32,885	\$ 4,667	\$ 1,480
Detroit-Wayne	CEO/Director	Tom Watkins	\$ 243,709	\$ 4,716	\$ 19,497
Detroit-Wayne	COO	Jeffrey Delay	\$ 157,404	\$ 13,846	\$ 12,592
Detroit-Wayne	CMO	Carmen McIntyre	\$ 232,862	\$ 10,401	\$ 18,629
Detroit-Wayne	CFO	Stacie Durant	\$ 170,883	\$ 12,843	\$ 13,671
Detroit-Wayne	COS	William Ward	\$ 129,577	\$ 13,393	\$ 10,366
Detroit-Wayne	CSO	Corrine Mann	\$ 123,046	\$ 1,405	\$ 9,844
Detroit-Wayne	CIO	Bill Riley	\$ 150,654	\$ 11,793	\$ 12,052
Lakeshore Rentional partnership	CEO/Director	Rich Vandenheuval	\$ 145,833	\$ 14,210	\$ 17,500
Lakeshore Rentional partnership	COO	Greg Hofman	\$ 99,000	\$ 20,606	\$ 11,880
Lakeshore Rentional partnership	CIO	Forest Goodrich	\$ 91,667	\$ 15,383	\$ 11,000
Lakeshore Rentional partnership	CFO	Jeff Labun	\$ 99,000	\$ 6,094	\$ 11,880
Macomb	CEO/Director	John L. Kinch	\$ 124,582	\$ 13,064	\$ 18,588
Macomb	COO	James R. Losey Jr.	\$ 102,943	\$ 13,064	\$ 15,359
Macomb	CCO	Rosa M Thomas	\$ 92,736	\$ 13,064	\$ 13,836
Macomb	CFO	Herberth M Wendt Jr.	\$ 90,881	\$ 13,064	\$ 13,560
Mid State Health Network	CEO/Director	Nancy Miller	\$ 157,592	\$ 3,000	\$ 25,215
Mid State Health Network	COO	Amnda Horgan	\$ 122,869	\$ 17,909	\$ 12,287
Mid State Health Network	CCO	Dani Meier	\$ 85,928	\$ 20,612	\$ 8,593
Mid State Health Network	CFO	Pay Keyes	\$ 92,811	\$ 6,156	\$ 9,281
Mid State Health Network	CFO	Leslie Thomas	\$ 35,538	\$ 3,200	\$ 3,554
NMRE	CEO/Director	Dave Schneider	\$ 127,500	\$ 14,877	\$ 8,355
NMRE	CFO	Kevin Hartley	\$ 75,036	\$ 16,983	\$ 4,502
Northcare	CEO/Director	William Slavin	\$ 123,718	\$ -	\$ 17,321
Northcare	CIO	Debra Davis	\$ 78,312	\$ 18,914	\$ 3,916
Northcare	CFO	Leslie Luke	\$ 95,389	\$ 79	\$ 4,769
Oakland	CEO/Director	Willie Brooks	\$ 206,892	\$ 24,430	\$ 10,345
Oakland	COO	Kethleen Kovach	\$ 153,754	\$ 19,489	\$ 7,688
Oakland	CFO	Anya Eliassen	\$ 119,600	\$ 24,430	\$ 5,980
Region 10	CEO/Director	Michael McCartan	\$ 160,000	\$ 12,000	\$ 16,000
SW Michigan BH	CEO/Director	Bradley Casemore	\$ 178,500	\$ 15,967	\$ 11
SW Michigan BH	CIO	Robert Scheichert	\$ 153,000	\$ 19,533	\$ 7,880
SW Michigan BH	CCO	Laura Ferrara	\$ 130,050	\$ 21,172	\$ 6,503
SW Michigan BH	CFO	Tracy Dawson	\$ 110,000	\$ 15,306	\$ 5,500

SECTION 904 (3)
CMHSP CONTRACTUAL DATA
REPORTING REQUIREMENTS
FY 2015

**MDCH/CMHSP MANAGED SPECIALTY SUPPORTS AND SERVICES CONTRACT
FY15 REPORTING REQUIREMENTS**

Effective 10/1/14

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MDCH/CMHSP MANAGED SPECIALTY SUPPORTS AND SERVICES CONTRACT FY15 REPORTING REQUIREMENTS

Introduction

The Michigan Department of Community Health reporting requirements for the FY2015 Master contract with pre-paid inpatient health plans (PIHPs) are contained in this attachment. The requirements include the data definitions and dates for submission of reports on Medicaid beneficiaries for whom the PIHP is responsible: persons with mental illness and persons with developmental disabilities served by mental health programs; and persons with substance use disorders served by the mental health programs. These requirements do not cover Medicaid beneficiaries who receive their mental health benefit through the Medicaid Health Plans, and with whom the CMHSPs and PIHPs may contract (or subcontract with an entity that contracts with the Medicaid Health Plans) to provide the mental health benefit.

Companions to the requirements in this attachment are

- “Supplemental Instructions for Encounter and Quality Improvement Data Submissions” which contains clarifications, value ranges, and edit parameters for the encounter and quality improvement (demographic) data, as well as examples that will assist PIHP staff in preparing data for submission to MDCH.
- Mental Health Code list that contains the Medicaid covered services as well as services that may be paid by general fund and the CPT and HCPCs codes that MDCH and EDIT have assigned to them.
- Cost per code instructions that contain instructions on use of modifiers; the acceptable activities that may be reflected in the cost of each procedure; and whether an activity needs to be face-to-face in order to count.
- “Establishing Managed Care Administrative Costs” that provides instructions on what managed care functions should be included in the allocation of expenditures to managed care administration
- “Michigan’s Mission-Based Performance Indicator System, Version 6.0” is a codebook with instructions on what data to collect for, and how to calculate and report, performance indicators

These documents are posted on the MDCH web site and are periodically updated when federal or state requirements change, or when in consultation with representatives of the public mental health system it deemed necessary to make corrections or clarifications. Question and answer documents are also produced from time to time and posted on the web site.

Collection of each element contained in the master contract attachment is required. Data reporting must be received by 5 p.m. on the due dates (where applicable) in the acceptable format(s) and by the MDCH staff identified in the instructions. Failure to meet this standard will result in contract action.

The reporting of the data by PIHPs described within these requirements meets several purposes at MDCH including:

- Legislative boilerplate annual reporting and semi-annual updates
- Managed Care Contract Management
- System Performance Improvement
- Statewide Planning

- Centers for Medicare and Medicaid (CMS) reporting
- Actuarial activities

Where accuracy standards for collecting and reporting QI data are noted in the contract, it is expected that PIHPs will meet those standards.

Individual consumer level data received at MDCH is kept confidential and published reports will display only aggregate data. Only a limited number of MDCH staff members have access to the database that contains social security numbers, income level, and diagnosis, for example. Individual level data will be provided back to the agency that submitted the data for encounter data validation and improvement. This sharing of individual level data is permitted under the HIPAA Privacy Rules, Health Care Operations.

FY 2015 DATA REPORT DUE DATES

	Nov14	Dec	Jan15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec15	Jan16
1. Consumer level** a. Quality Improvement (monthly) ¹ b. Encounter (monthly) ¹	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
2.PIHP level a. Medicaid Utilization and Net Cost Report: annually ²				√											
b. Performance indicators (quarterly) ²					√			√			√			√	
c. Consumer Satisfaction (annually) ²										√					
d. CAFAS ³													√		
e. Critical incidents (monthly) ³															

NOTES:

1. Send data to MDCH MIS via DEG
2. Send data to MDCH, Mental Health and Substance Abuse Administration, Division of Quality Management and Planning
3. Web-based reporting. See instructions on MDCH web site at: www.michigan.gov/mhsa Click on “Reporting Requirements”

**Consumer level data must be submitted immediately within 30 days following adjudication of claims for services provided, or in cases where claims are not part of the PIHP’s business practices within 30 days following the end of the month in which services were delivered.

PIHP level reports are due at 5 p.m. on the last day of the month checked

QUALITY IMPROVEMENT DATA

Demographic or “quality improvement” (QI) data is required to be reported for each consumer for whom an encounter data record or fee-for service claim (for Children’s Waiver) is being submitted. Encounter data is reported within 30 days after the claim for the service is adjudicated, or in cases where claims payment is not part of the PIHP’s business practice, within 30 days following the end of the month in which services were delivered. QI data is reported year-to-date. The first report for the fiscal year will contain records for all consumers whose claims were adjudicated the first month, the next month’s report will contain records of all consumers whose claims were adjudicated in month one and month two, etc. Corrective QI file updates are allowed from the PIHP to replace a rejected file, or a file that contained rejected records.

Method for submission: The QI data is to be submitted in a delimited format, with the columns identified by the delimiter, rather than by column “from” and “to” indicators.

Due dates: The first QI data should be submitted during the same month the first encounter data is submitted. Encounter and QI data are due 30 days after a claim is adjudicated or services were rendered (see above note). Reporting adjudicated claims will enable the PIHP to accurately report on the amount paid for the service and on third party reimbursements.

Who to report: Report on each consumer who received a service from the PIHP, and from each CMHSP in the case of a PIHP provider network, regardless of funding stream. The exception is when a PIHP or CMHSP contracts with another PIHP or CMHSP; when a Medicaid Health Plan contracts with a PIHP or CMHSP to provide its mental health outpatient benefit; or when a PIHP or CMHSP, through a sub-contract arrangement, provides the Medicaid Health Plan mental health outpatient benefit. In those cases, the PIHP or CMHSP that delivers the service does not report the encounter. Reporting QI data for all other consumers who are seen for a one-time-only assessment, crisis intervention, or prevention service, or received face-to-face non-specialty mental health services in such settings as Federally Qualified Health Centers, county health plans, homeless shelters, primary care offices, or schools, requires only those data elements with a **. The encounter and QI file will be rejected if those data elements are not present.

Who submits consumer-level data: The PIHP must report the encounter and QI data for all mental health and developmental disabilities (MH/DD) Medicaid beneficiaries in its entire service area for all services provided under MDCH benefit plans. The PIHP must report the encounter data for all substance abuse Medicaid beneficiaries in its service area.

Notes:

1. Demographic Information must be updated at least annually, such as at the time of annual planning. A consumer demographic record must be submitted for each month the consumer receives services, and for which an encounter record or fee-for-service claim (Children’s Waiver) is being submitted. Failure to meet this standard may result in rejection of a file and contract action.
2. Numbers missing from the sequence of options represent items deleted from previous reporting requirements.

3. Items with an * require that 95% of records contain a value in that field and that the values be within acceptable ranges (see each item for the ranges). Items with ** require that 100% of the records contain a value in the field, and the values are in the proper format and within acceptable ranges. Failure to meet the 100% standard will result in rejection of the file or record.
4. A “Supplemental Instructions for Encounter and Quality Improvement Data Submissions” issued by MDCH should be used for file layouts.
5. Some demographic items are reported on both the 837 Health Care Claim transaction and the QI data report for ease of calculating population numbers during the year.

The following is a description of the individual consumer demographic elements for which data is required of Community Mental Health Services Programs.

****1. Reporting Period (REPORTPD)**

The last day of the month during which consumers received services covered by this report. Report year, month, day: ccyymmdd.

****2.a. PIHP Payer Identification Number (PIHPID)**

The MDCH-assigned 7-digit payer identification number must be used to identify the PIHP with all data transmissions.

2.b. CMHSP Payer Identification Number (CMHID)

The MDCH-assigned 7-digit payer identification number must be used to identify the CMHSP with all data transmissions.

****3. Consumer Unique ID (CONID)**

A numeric or alphanumeric code, of 11 characters that enables the consumer and related services to be identified and data to be reliably associated with the consumer across all of the PIHP’s services. The identifier should be established at the PIHP or CMHSP level so agency level or sub-program level services can be aggregated across all program services for the individual. The consumer’s unique ID must not be changed once established since it is used to track individuals, and to link to their encounter data over time. A single shared unique identifier must match the identifier used in 837 encounter for each consumer. **If the consumer identification number does not have 11 characters, it will cause rejection of a file.**

4. Social Security Number (SSNO)

The nine-digit integer must be recorded, if available.
Blank = Unreported [Leave nine blanks]

***5.a Medicaid ID Number (MCIDNO)**

Enter the ten-digit integer for consumers with a Medicaid number.
Blank = Unreported [Leave ten blanks]

5.b MICHild Number (CIN)

Blank = Unreported [Leave ten blanks]

6. Leave blank beginning with FY'06 service reporting

7. ***Corrections Related Status (CORSTAT)***

For persons under the jurisdiction of a corrections or law enforcement program during treatment, indicate the location/jurisdiction involved at the time of annual update

- 1 = In prison
- 2 = In jail
- 3 = Paroled from prison
- 4 = Probation from jail
- 5 = Juvenile detention center
- 6 = Court supervision
- 7 = Not under the jurisdiction of a corrections or law enforcement program
- 8 = Awaiting trial
- 9 = Awaiting sentencing
- 10= Consumer refused to provide information
- 11= Minor (under age 18) who was referred by the court
- 12= Arrested and booked
- 13= Diverted from arrest or booking
- Blank = Unknown

*8. ***Residential Living Arrangement (RESID)***

Indicate the consumer's residential situation or arrangement at the time of intake if it occurred during the reporting period, or at the time of annual update of consumer information during the period. Reporting categories are as follows:

- 1 = Homeless on the street or in a shelter for the homeless
- 2 = Living in a private residence with natural or adoptive family member(s). "Family member" means parent, stepparent, sibling, child, or grandparent of the primary consumer; or an individual upon whom the primary consumer is dependent for at least 50% of his or her financial support.
- 3 = Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s).
- 5 = Foster family home (Include all foster family arrangements regardless of number of beds)
- 6= Specialized residential home - Includes any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (Include all specialized residential, regardless of number of beds); or a licensed Children's Therapeutic Group Home
- 8 = General residential home (Include all general residential regardless of number of beds)
"General residential home" means a licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules)
- 10 = Prison/jail/juvenile detention center
- 11 = Deleted (AIS/MR)
- 12= Nursing Care Facility
- 13= Institutional setting (congregate care facility, boarding schools, Child Caring Institutions, state facilities)

16 = Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative.

Blank = Unreported

***9. Total Annual Income (TOTINC)**

Indicate the total amount of gross income of the individual consumer if he/she is single; or that of the consumer and his/her spouse if married; or that of the parent(s) of a minor consumer at the time of service initiation or most recent plan review. "Income" is defined as income that is identified as taxable personal income in section 30 of Act No. 281 of the Public Acts of 1967, as amended, being 206.30 of the Michigan Compiled Laws, and non-taxable income, which can be expected to be available to the individual and spouse not more than 2 years subsequent to the determination of liability.

1= Income is below \$10,000

2= Income is \$10,001 to \$20,000

3= Income is \$20,001 to \$30,000

4= Income is \$30,001 to \$40,000

5= Income is \$40,001 to \$60,000

6= Income is more than \$60,000

Blank = Income was not reported

***10. Number of Dependents (NUMDEP)**

Enter the number of dependents claimed in determining ability-to-pay. "Dependents" means those individuals who are allowed as exemptions pursuant to section 30 of Act No. 281 of the Public Acts of 1967, as amended, being 206.30 of the Michigan Compiled Laws. Single individuals living in an AFC or independently are considered one exemption, therefore enter "1" for number of dependents.

of dependents = _ _

Blank = Unreported

***11. Employment Status (EMPLOY)**

Indicate current employment status as it relates to principal employment for consumers age 18 and over. Reporting categories are as follows:

1= Employed full time (30 hours or more per week) competitively.

2= Employed part time (less than 30 hours per week) competitively.

3= Unemployed – looking for work, and/or layoff from job.

4= Deleted.

5= Deleted.

6= Deleted.

7= Participates in sheltered workshop or facility-based work.

8= Deleted.

9= Deleted.

10= Deleted.

11= In unpaid work (e.g., volunteering, internship, community service).

12= Self-employed (e.g., micro-enterprise).

13= In enclaves/mobile crews, agency-owned transitional employment.

14= Participates in facility-based activity program where an array of specialty supports and services are provided to assist an individual in achieving his/her non-work related goals.

15= Not in the competitive labor force-includes homemaker, child, student age 18 and over, retire from work, resident of an institution (including nursing home), or incarcerated.

Note: "Competitive Employment" " is work for which anyone may apply, that occurs in an integrated setting, with or without supports, for which the individual is paid at or above minimum wage, but not less than the customary wage and benefit level for all workers in that setting. This status includes persons employed as Peer Support Specialists and Peer Mentors.

12. Education (EDUC)

Indicate the level attained at the time of the most recent admission or annual update. For children attending pre-school that is not special education, use "blank=unreported." Reporting categories are as follows:

- 1 = Completed less than high school
- 2 = Completed special education, high school, or GED
- 3 = In school - Kindergarten through 12th grade
- 4 = In training program
- 6 = In Special Education
- 7 = Attended or is attending undergraduate college
- 8 = College graduate
- Blank = Unreported

Items 13 through 16 intentionally left blank

***17. Disability Designation**

Enter yes for all that apply, enter no for all that do not apply. To meet standard at least one field must have a "1."

17.01: Developmental disability (Individual meets the 1996 Mental Health Code Definition of Developmental Disability regardless of whether or not they receive services from the DD or MI services arrays) **(DD)**

- 1 = Yes
- 2 = No
- 3 = Not evaluated

17.02: Mental Illness or Serious Emotional Disturbance (Has DSM-IV diagnosis, exclusive of mental retardation, developmental disability, or substance abuse disorder) **(MI)**

- 1 = Yes
- 2 = No
- 3 = Not evaluated

17.03: Substance Abuse Disorder/SUD (as defined in Section 6107 of the public health code. Act 368 of the Public Health Acts of 1978, being section 333.6107 of the MCL). Indicate the appropriate substance use disorder related status at the time of

intake, and subsequently at annual update. (SA).

- 2= No, individual does not have an SUD
- 3= Not evaluated for SUD (e.g., person is an infant, in crisis situation, etc.)
- 4= Individual has one or more DSM-IV substance use disorder(s), diagnosis codes 291xx, 292xx, 303xx, 304xx, 305xx, with at least one disorder either active or in partial remission (use within past year).
- 5= Individual has one or more DSM-IV substance use disorder(s), diagnosis codes 291xx, 292xx, 303xx, 304xx, 305xx, and all coded substance use disorders are in full remission (no use for one year). This includes cases where the disorder is in full remission and the consumer is on agonist therapy or is in a controlled environment.
- 6= Results from a screening or assessment suggest substance use disorder. This includes indications, provisional diagnoses, or "rule-out diagnoses.

17.04: Individual received an assessment only, and was found to meet none of the disabilities listed above (NA).

- 1 = Yes
- 2 = No

18. Reporting element deleted in FY'03-04

Leave blank beginning with FY'04 service reporting

<i>Items 19-24 should be left blank beginning October 1, 2011.</i>
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25. Gender (GENDER)

Identify consumer as male or female.

M = Male

F = Female

***26. Program Eligibility (PE)**

Indicate ALL programs or plans in which the individual is enrolled and/or from which funding is received directly by the individual/family or on his/her/family's behalf.

Every item MUST have a response of "1" or "2" to meet standard.

26.1 Reporting element deleted in FY'03-04

26.2 Adoption Subsidy (PE_ASUB)

1 = Yes

2 = No

26.3 Commercial Health Insurance or Service Contract (EAP, HMO) (PE_COM)

1 = Yes

2 = No

- 26.4 Program or plan is not listed above (**PE_OTH**)
1= Yes
2= No
- 26.5 Individual is not enrolled in or eligible for a program or plan (**PE_INELG**)
1= Yes
2= No
- 26.6 Individual is enrolled in Medicare (**PE_MCARE**)
1= Yes
2= No
- 26.7 SDA, SSI, SSDI (**PE_SSI**)
1= Yes
2= No

27. Parental Status (PARSTAT)

Indicate if the consumer (no matter what age) is the natural or adoptive parent of a minor child (under 18 years old)

- 1= Yes
2= No
Blank = Unreported

28. Children Served by Department of Human Services

Indicate whether minor child is enrolled in a DHS program. If the consumer is an adult or if the consumer is a child not enrolled in any of the DHS programs, enter 2=No.

28.01 Child served by DHS for abuse and neglect (FIA_AN)

- 1= Yes
2= No
Blank = Unreported

28.02 Child served by another DHS program (FIA_OT)

- 1= Yes
2= No
Blank = Unreported

29. Children Enrolled in Early On (CHILDEOP)

Indicate whether minor child is enrolled in the Early On program. If the consumer is an adult or if the consumer is a child not enrolled in the Early On program, enter 2=No.

- 1= Yes
2= No
Blank = Unreported

***30. Date of birth (DOB)**

Date of Birth - Year, month, and day of birth must be recorded in that order. Report in a string of eight characters, no punctuation: YYYYMMDD using leading zeros for days

and months when the number is less than 10. For example, January 1, 1945 would be reported as 19450101. Use blank = Unknown

31. Intentionally Left Blank

32. *Hispanic (HIS)

Indicate whether the person is Hispanic or Latino or not, or their ethnicity is unknown.

Must use one these codes:

1. Hispanic or Latino
2. Not Hispanic or Latino
3. Unknown

33. *Race 1, Race 2, Race3 (RACE1, RACE2, RACE3)

There are three separate fields for race, each one character long. RACE1 is required for individuals with service dates after 9/30/2005. RACE2 and RACE3 are for individuals who report more than one race. Report one race in each field. RACE2 and RACE3 are optional, but please use a blank to hold the place if there is no value for either.

Use these codes:

- a. White - A person having origins in any of the original peoples of Europe
- b. Black or African American - A person having origins in any of the Black racial groups of Africa.
- c. American Indian or Alaskan Native - American Indian, Eskimo, and Aleut, having origins in any of the native peoples of North America
- d. Asian - A person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian subcontinent.
- e. Native Hawaiian or other Pacific Islander
- f. Some other race
- g. Unknown Race
- h. Consumer refused to provide

34. *Minimum Wage (MINW)

Indicate if the consumer is currently earning minimum wage or more.

- 1 = Yes
2 = No
3 = Not Applicable (e.g., person is not working)
Blank = Unreported

35. Foster Care Facility License Number

The Foster Care Facility License Number (eleven alpha-numeric characters) must be entered when the consumer resides in one of the following living arrangement reported in #8 RESID:

Foster family home (#5)
Specialized residential home (#6)
General residential home (#8)

Blank = Not Applicable (the individual does not live in a licensed foster care facility)

HEALTH AND OTHER CONDITIONS FOR ALL POPULATIONS

The following three elements should be collected for all populations. These are conditions that affect all people served by the public mental health system and impact the success of the specialty services and supports they receive. The information is obtained from the individual's record and/or observation. Complete when an individual begins receiving public mental health services for the first time and update at least annually. Information can be gathered as part of the person-centered planning process. PIHPs and CMHSPs should be aware of these conditions and assure that care for them is being provided. MDCH is collecting this data in order to have more complete information about people served by the public mental health system who are more vulnerable.

39. Hearing 95% accuracy and completeness required

- 39.1: Ability to hear (with hearing appliance normally used) (**HEARING**)
- 1 = Adequate—No difficulty in normal conversation, social interaction, listening to TV
 - 2 = Minimal difficulty—Difficulty in some environments (e.g., when person speaks softly or is more than 6 feet away)
 - 3 = Moderate difficulty—Problem hearing normal conversation, requires quiet setting to hear well
 - 4 = Severe difficulty—Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)
 - 5 = No hearing
- Blank = Missing
- 39.2: Hearing aid used (**HEAR Aid**)
- 1 = Yes
 - 2 = No
- Blank = Missing

40. Vision 95% accuracy and completeness required

- 40.1: Ability to see in adequate light (with glasses or with other visual appliance normally used) (**VISION**)
- 1 = Adequate—Sees fine detail, including regular print in newspapers/books or small items in pictures
 - 2 = Minimal difficulty—Sees large print, but not regular print in newspapers/books or cannot identify large objects in pictures
 - 3 = Moderate difficulty—Limited vision; not able to see newspaper headlines or small items in pictures, but can identify objects in his/her environment
 - 4 = Severe difficulty—Object identification in question, but the person's eyes appear to follow objects, or the person sees only light, colors, shapes
 - 5 = No vision—eyes do not appear to follow objects; absence of sight
- Blank = Missing
40. 2: Visual appliance used (**VISAPP**)
- 1= Yes
 - 2 = No
- Blank = Missing

41. Health Conditions 95% accuracy and completeness required

Indicate whether or not the individual had the presence of each of the following health conditions, as reported by the individual, a health care professional or family member, in the past 12 months.

- 41.1: Pneumonia (2 or more times within past 12 months) – including Aspiration Pneumonia (**PNEUM**)
1 = Never present
2 = History of condition, but not treated for the condition within the past 12 months
3 = Treated for the condition within the past 12 months
4 = Information unavailable
Blank = Missing
- 41.2: Asthma (**ASTHMA**)
1 = Never present
2 = History of condition, but not treated for the condition within the past 12 months
3 = Treated for the condition within the past 12 months
4 = Information unavailable
Blank = Missing
- 41.3: Upper Respiratory Infections (3 or more times within past 12 months) (**RESP**)
1 = Never present
2 = History of condition, but not treated for the condition within the past 12 months
3 = Treated for the condition within the past 12 months
4 = Information unavailable
Blank = Missing
- 41.4: Gastroesophageal Reflux, or GERD (**GERD**)
1 = Never present
2 = History of condition, but not treated for the condition within the past 12 months
3 = Treated for the condition within the past 12 months
4 = Information unavailable
Blank = Missing
- 41.5: Chronic Bowel Impactions (**BOWEL**)
1 = Never present
2 = History of condition, but not treated for the condition within the past 12 months
3 = Treated for the condition within the past 12 months
4 = Information unavailable
Blank = Missing
- 41.6: Seizure disorder or Epilepsy (**SEIZURE**)
1 = Never present
2 = History of condition, but not treated for the condition within the past 12 months
3 = Treated for the condition within the past 12 months and seizure free

- 4 = Treated for the condition within the past 12 months, but still experience occasional seizures (less than one per month)
- 5 = Treated for the condition within the past 12 months, but still experience frequent seizures
- 6 = Information unavailable
- Blank = Missing
- 41.7: Progressive neurological disease, e.g., Alzheimer's (**NEURO**)
 - 1 = Not present
 - 2 = Treated for the condition within the past 12 months
 - 3 = Information unavailable
 - Blank = Missing
- 41.8: Diabetes (**DIABETES**)
 - 1 = Never present
 - 2 = History of condition, but not treated for the condition within the past 12 months
 - 3 = Treated for the condition within the past 12 months
 - 4 = Information unavailable
 - Blank = Missing
- 41.9: Hypertension (**HYPERTEN**)
 - 1 = Never present
 - 2 = History of condition, but not treated for the condition within the past 12 months
 - 3 = Treated for condition within the past 12 months and blood pressure is stable
 - 4 = Treated for condition within the past 12 months, but blood pressure remains high or unstable
 - 5 = Information is unavailable
 - Blank = Missing
- 41.10: Obesity (**OBESITY**)
 - 1 = Not present
 - 2 = Medical diagnosis of obesity present or Body Mass Index (BMI) > 30
 - Blank = Missing

PROXY MEASURES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

The following 11 elements are proxy measures for people with developmental disabilities. The information is obtained from the individual's record and/or observation. Complete when an individual begins receiving public mental health services for the first time and update at least annually. Information can be gathered as part of the person-centered planning process.

For purposes of these data elements, when the term "support" is used, it means support from a paid or un-paid person or technological support needed to enable the individual to achieve his/her desired future. The kinds of support a person might need are:

- *"Limited" means the person can complete approximately 75% or more of the activity without support and the caregiver provides support for approximately 25% or less of the activity.*
- *"Moderate" means the person can complete approximately 50% of the activity and the caregiver supports the other 50%.*
- *"Extensive" means the person can complete approximately 25% of the activity and relies on the caregiver to support 75% of the activity.*
- *"Total" means the person is unable to complete the activity and the caregiver is providing 100% support.*

42. Predominant Communication Style (People with developmental disabilities only) (COMTYPE) 95% completeness and accuracy required

Indicate from the list below how the individual communicates **most of the time**:

- 1 = English language spoken by the individual
- 2 = Assistive technology used (includes computer, other electronic devices) or symbols such as Bliss board, or other "low tech" communication devices.
- 3 = Interpreter used - this includes a foreign language or American Sign Language (ASL) interpreter, or someone who knows the individual well enough to interpret speech or behavior.
- 4 = Alternative language used - this includes a foreign language, or sign language without an interpreter.
- 5 = Non-language forms of communication used – gestures, vocalizations or behavior.
- 6 = No ability to communicate
- Blank = Missing

43. Ability to Make Self Understood (People with developmental disabilities only) (EXPRESS) 95% completeness and accuracy required.

Ability to communicate needs, both verbal and non-verbal, to family, friends, or staff

- 1 = Always Understood – Expresses self without difficulty
- 2 = Usually Understood – Difficulty communicating BUT if given time and/or familiarity can be understood, little or no prompting required
- 3 = Often Understood – Difficulty communicating AND prompting usually required
- 4 = Sometimes Understood - Ability is limited to making concrete requests or understood only by a very limited number of people
- 5 = Rarely or Never Understood – Understanding is limited to interpretation of very person-specific sounds or body language
- Blank = Missing

44. Support with Mobility (People with developmental disabilities only) (MOBILITY) 95% completeness and accuracy required

- 1 = Independent - Able to walk (with or without an assistive device) or propel wheelchair and move about
- 2 = Guidance/Limited Support - Able to walk (with or without an assistive device) or propel wheelchair and move about with guidance, prompting, reminders, stand by support, or with limited physical support.
- 3 = Moderate Support - May walk very short distances with support but uses wheelchair as primary method of mobility, needs moderate physical support to transfer, move the chair, and/or shift positions in chair or bed
- 4 = Extensive Support - Uses wheelchair exclusively, needs extensive support to transfer, move the wheelchair, and/or shift positions in chair or bed
- 5 = Total Support - Uses wheelchair with total support to transfer, move the wheelchair, and/or shift positions or may be unable to sit in a wheelchair; needs total support to shift positions throughout the day
- Blank = Missing

45. Mode of Nutritional Intake (People with developmental disabilities only) (INTAKE) 95% completeness and accuracy required

- 1 = Normal – Swallows all types of foods
- 2 = Modified independent – e.g., liquid is sipped, takes limited solid food, need for modification may be unknown
- 3 = Requires diet modification to swallow solid food – e.g., mechanical diet (e.g., purée, minced) or only able to ingest specific foods
- 4 = Requires modification to swallow liquids – e.g., thickened liquids
- 5 = Can swallow only puréed solids AND thickened liquids
- 6 = Combined oral and parenteral or tube feeding
- 7 = Enteral feeding into stomach – e.g., G-tube or PEG tube
- 8 = Enteral feeding into jejunum – e.g., J-tube or PEG-J tube
- 9 = Parenteral feeding only—Includes all types of parenteral feedings, such as total parenteral nutrition (TPN)
- Blank = Missing

46. Support with Personal Care (People with developmental disabilities only) (PERSONAL) 95% completeness and accuracy required.

Ability to complete personal care, including bathing, toileting, hygiene, dressing and grooming tasks, including the amount of help required by another person to assist. This measure is an overall estimation of the person's ability in the category of personal care. If the person requires guidance only for all tasks but bathing, where he or she needs extensive support, score a "2" to reflect the overall average ability. The person may or may not use assistive devices like shower or commode chairs, long-handled brushes, etc. Note: assistance with medication should NOT be included.

- 1 = Independent - Able to complete all personal care tasks without physical support
- 2 = Guidance/Limited Support - Able to perform personal care tasks with guidance, prompting, reminding or with limited physical support for less than 25% of the

- activity
- 3 = Moderate Physical Support - Able to perform personal care tasks with moderate support of another person
 - 4 = Extensive Support - Able to perform personal care tasks with extensive support of another person
 - 5 = Total Support – Requires full support of another person to complete personal care tasks (unable to participate in tasks)
 - Blank = Missing

47. Relationships (People with developmental disabilities only) (RELATION) 95% completeness and accuracy required

Indicate whether or not the individual has “natural supports” defined as persons outside of the mental health system involved in his/her life who provide emotional support or companionship.

- 1 = Extensive involvement, such as daily emotional support/companionship
- 2 = Moderate involvement, such as several times a month up to several times a week
- 3 = Limited involvement, such as intermittent or up to once a month
- 4 = Involved in planning or decision-making, but does not provide emotional support/companionship
- 5 = No involvement
- Blank = Missing

48. Status of Family/Friend Support System (People with developmental disabilities only) (SUPPSYS) 95% completeness and accuracy required

Indicate whether current (unpaid) family/friend caregiver status is at risk in the next 12 months; including instances of caregiver disability/illness, aging, and/or re-location. “At risk” means caregiver will likely be unable to continue providing the current level of help, or will cease providing help altogether but no plan for replacing the caregiver’s help is in place.

- 1 = Care giver status is not at risk
- 2 = Care giver is likely to reduce current level of help provided
- 3 = Care giver is likely to cease providing help altogether
- 4 = Family/friends do not currently provide care
- 5 = Information unavailable
- Blank = Missing

49. Support for Accommodating Challenging Behaviors (People with developmental disabilities only) (BEHAV) 95% completeness and accuracy required

Indicate the level of support the individual needs, if any, to accommodate challenging behaviors. “Challenging behaviors” include those that are self-injurious, or place others at risk of harm. (Support includes direct line of sight supervision)

- 1 = No challenging behaviors, or no support needed
- 2 = Limited Support, such as support up to once a month
- 3 = Moderate Support, such as support once a week
- 4 = Extensive Support, such as support several times a week
- 5 = Total Support – Intermittent, such as support once or twice a day
- 6 = Total Support – Continuous, such as full-time support

Blank = Missing

50. Presence of a Behavior Plan (People with developmental disabilities only) (PLAN) 95% accuracy and completeness required

Indicate the presence of a behavior plan during the past 12 months.

1 = No Behavior Plan

2 = Positive Behavior Support Plan or Behavior Treatment Plan without restrictive and/or intrusive techniques requiring review by the Behavior Treatment Plan Review Committee

3 = Behavior Treatment Plan with restrictive and/or intrusive techniques requiring review by the Behavior Treatment Plan Review Committee

Blank = Missing

51. Use of Psychotropic Medications (People with developmental disabilities only) 95% accuracy and completeness required

Fill in the number of anti-psychotic and other psychotropic medications the individual is prescribed. See the codebook for further definition of “anti-psychotic” and “other psychotropic” and a list of the most common medications.

51.1: Number of Anti-Psychotic Medications (**AP**) ____

Blank = Missing

51.2: Number of Other Psychotropic Medications (**OTHPSYCH**) ____

Blank = Missing

52. Major Mental Illness (MMI) Diagnosis (People with developmental disabilities only) 95% accuracy and completeness required

This measure identifies major mental illnesses characterized by psychotic symptoms or severe affective symptoms. Indicate whether or not the individual has one or more of the following major mental illness diagnoses: Schizophrenia, Schizophreniform Disorder, or Schizoaffective Disorder (ICD code 295.xx); Delusional Disorder (ICD code 297.1); Psychotic Disorder NOS (ICD code 298.9); Psychotic Disorder due to a general medical condition (ICD codes 293.81 or 293.82); Dementia with delusions (ICD code 294.42); Bipolar I Disorder (ICD codes 296.0x, 296.4x, 296.5x, 296.6x, or 296.7); or Major Depressive Disorder (ICD codes 296.2x and 296.3x). The ICD code must match the codes provided above. Note: Any digit or no digit at all, may be substituted for each “x” in the codes.

1 = One or more MMI diagnosis present

2 = No MMI diagnosis present

Blank = Missing

**ENCOUNTERS PER MENTAL HEALTH, DEVELOPMENTAL DISABILITY, AND
SUBSTANCE ABUSE BENEFICIARY
DATA REPORT**

Due dates: Encounter data are due within 30 days following adjudication of the claim for the service provided, or in the case of a PIHP whose business practices do not include claims payment, within 30 days following the end of the month in which services were delivered. It is expected that encounter data reported will reflect services for which providers were paid (paid claims), third party reimbursed, and/or any services provided directly by the PIHP. Submit the encounter data for an individual on any claims adjudicated, regardless of whether there are still other claims outstanding for the individual for the month in which service was provided. In order that the department can use the encounter data for its federal and state reporting, it must have the count of units of service provided to each consumer during the fiscal year. Therefore, the encounter data for the fiscal year must be reconciled within 90 days of the end of the fiscal year. Claims for the fiscal year that are not yet adjudicated by the end of that period, should be reported as encounters with a monetary amount of "0." Once claims have been adjudicated, a replacement encounter must be submitted.

Encounters per Beneficiary

Encounter data is collected and reported for every beneficiary for which a claim was adjudicated or service rendered during the month by the PIHP (directly or via contract) regardless of payment source or funding stream. Every MH/DD encounter record reported must have a corresponding quality improvement (QI) or demographic record reported at the same time. Failure to report both an encounter record and a QI record for a consumer receiving services will result in contract action. SA encounter records do not require a corresponding quality improvement (QI) or demographic record to be reported by the PIHP. * PIHP's and CMHSPs that contract with another PIHP or CMHSP to provide mental health services should include that consumer in the encounter and QI data sets. In those cases the PIHP or CMHSP that provides the service via a contract should not report the consumer in this data set. Likewise, PIHPs or CMHSPs that contract directly with a Medicaid Health Plan, or sub-contract via another entity that contracts with a Medicaid Health Plan to provide the Medicaid mental health outpatient benefit, should not report the consumer in this data set.

The Health Insurance Portability and Accountability Act (HIPAA) mandates that all consumer level data reported after October 16, 2002 must be compliant with the transaction standards. Beginning January 1, 2012, all health care providers, billing agents and clearinghouses currently submitting version 4010A1 electronic transactions will need to convert to the version 5010, including the approved errata version. Version 4010A1 will be used for production transactions submitted through 3/31/2012 and Version 5010 must be used for all transactions submitted 1/1/2012 and after.

A summary of the relevant requirements is:

- Encounter data (service use) is to be submitted electronically on a Health Care Claim

4010A1 or 5010 as appropriate.

- The encounter requires a small set of specific demographic data: gender, diagnosis, Medicaid number, race, and social security number, and name of the consumer.
- Information about the encounter such as provider name and identification number, place of service, and amount paid for the service is required.
- The 837/4010A includes a “header” and “trailer” that allows it to be uploaded to the CHAMPS system.
- The remaining demographic data, in HIPAA parlance called “Quality Improvement” data, shall be submitted in a separate file to CHAMPS and must be accompanied by required headers and trailers.

The information on HIPAA contained in this contract relates only to the data that MDCH is requiring for its own monitoring and/or reporting purposes, and does not address all aspects of the HIPAA transaction standards with which PIHPs must comply for other business partners (e.g., providers submitting claims, or third party payers). Further information is available at www.michigan.gov/mdch.

Data that is uploaded to CHAMPS must follow the HIPAA-prescribed formats for the 837/4010A1 and 5010 (institutional and professional) and MDCH-prescribed formats for QI data. The 837/4010A1 and 5010 includes header and trailer information that identifies the sender and receiver and the type of information being submitted. If data does not follow the formats, entire files could be rejected by the electronic system.

HIPAA also requires that procedure codes, revenue codes and modifiers approved by the CMS be used for reporting encounters. Those codes are found in the Current Procedural Terminology (CPT) Manual, Fifth Edition, published by the American Medical Association, the Health Care Financing Administration Common Procedure Coding System (HCPCS), the National Drug Codes (NDC), the Code on Dental Procedures and Nomenclature (CDPN), the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), and the Michigan Uniform Billing Manual. The procedure codes in these coding systems require standard units that must be used in reporting on the 837/4010A1 and 5010.

MDCH has produced a code list of covered Medicaid specialty and Habilitation Supports waiver supports and services names (as found in the Medicaid Provider Manual) and the CPT or HCPCS codes/service definition/units as soon as the majority of mental health services have been assigned CPT or HCPCS codes. This code list is available on the MDCH web site.

The following elements reported on the 837/4010A1 and 5010 encounter format will be used by MDCH Quality Management and Planning Division for its federal and state reporting, the Contracts Management Section and the state’s actuary. The items with an ** are required by HIPAA, and when they are absent will result in rejection of a file. Items with an ** must have 100% of values recorded within the acceptable range of values. Failure to meet accuracy standards on these items will result in contract action.

Refer to HIPAA 837 transaction implementation guides for exact location of the elements. Please consult the HIPAA implementation guides, and clarification documents (on MDCH’s web

site) for additional elements required of all 837/4010A1 and 5010 encounter formats. The Supplemental Instructions contain field formats and specific instructions on how to submit encounter level data.

****1.a. PIHP Plan Identification Number (PIHPID)**

The MDCH-assigned 7-digit payer identification number must be used to identify the PIHP with all data transactions.

1.b. CMHSP Plan Identification Number (CMHID)

The MDCH-assigned 7-digit payer identification number must be used to identify the CMHSP with all mental health and/or developmental disabilities transactions.

1.c. CA Plan Identification Number (CAID)

The MDCH-assigned 7-digit payer identification number must be used to identify the Substance Abuse Coordinating Agency with all Substance Abuse data transactions

****2. Identification Code/Subscriber Primary Identifier (please see the details in the submitter's manual)**

Ten-digit Medicaid number must be entered for a **Medicaid, ABW or MICHild** beneficiary.

If the consumer is not a beneficiary, enter the nine-digit **Social Security** number.

If consumer has neither a Medicaid number nor a Social Security number, enter the unique identification number assigned by the CMHSP or **CONID**.

****3. Identification Code/Other Subscriber Primary Identifier (please see the details in the submitter's manual)**

Enter the consumer's unique identification number (**CONID**) assigned by the CMHSP **regardless** of whether it has been used above.

****4. Date of birth**

Enter the date of birth of the beneficiary/consumer.

****5. Diagnosis**

Enter the ICD-9 primary diagnosis of the consumer.

****6. EPSDT**

Enter the specified code indicating the child was referred for specialty services by the EPSDT screening.

****7. Encounter Data Identifier**

Enter specified code indicating this file is an encounter file.

****8. Line Counter Assigned Number**

A number that uniquely identifies each of up to 50 service lines per claim.

****9. Procedure Code**

Enter procedure code from code list for service/support provided. The code list is located on the MDCH web site. Do not use procedure codes that are not on the code list.

10. *Procedure Modifier Code

Enter modifier as required for Habilitation Supports Waiver services provided to enrollees; for Community Living Supports and Personal Care levels of need; for Nursing Home Monitoring; and for evidence-based practices. See Costing per Code List.

11. *Monetary Amount (effective 10/1/12):

Enter the charge amount, paid amount, adjustment amount (if applicable), and adjustment code in claim information and service lines

****12. *Quantity of Service***

Enter the number of units of service provided according to the unit code type. **Only whole numbers should be reported.**

13. *Place of Service Code*

Enter the specified code for where the service was provided, such as an office, inpatient hospital, etc.

14. *Diagnosis Code Pointer*

Points to the diagnosis code at the claim level that is relevant to the service.

****15. *Date Time Period***

Enter date of service provided (how this is reported depends on whether the Professional, or the Institutional format is used).

FY'15 SUB-ELEMENT COST REPORT

This report provides the total service data necessary for MDCH management of CMHSP contracts and reporting to the Legislature. The data set reflects and describes the support activity provided to or on behalf of all consumers receiving services from the CMHSP **regardless of funding stream** (Medicaid, general fund, grant funds, private pay, third party pay, autism iSPA, contracts). The format is presented by procedure code, beginning with facility services reported by revenue code. Most of the activity reported here will also have been reported in the encounter data system. Refer to the PIHP/CMHSP Encounter Reporting Costing per Code and Code Chart on the MDCH web site for a crosswalk between services and the appropriate codes.

Instructions and reporting templates can be found at:

http://www.michigan.gov/mdch/0,4612,7-132-2941_38765---,00.html

FY'15 CMHSP GENERAL FUND COST REPORT

This report provides the general fund cost and service data necessary for MDCH management of CMHSP contracts. The data set of cases, units and costs reflects and describes the support activity provided to or on behalf of all uninsured and underinsured consumers receiving services from the CMHSP paid with general funds. This report also includes information on consumers who are enrolled in a benefit plan (i.e., Medicaid, or Children's Waiver) but who are also receiving a general fund-covered service like family friend respite or state inpatient, or are on spend-down and receiving some of their services funded by general fund. The format is presented by procedure code, beginning with facility services reported by revenue code. Most of the activity reported here will also have been reported in the encounter data system. Refer to the PIHP/CMHSP Encounter Reporting Costing per Code and Code Chart on the MDCH web site for a crosswalk between services and the appropriate codes.

Instructions and reporting templates can be found at:

http://www.michigan.gov/mdch/0,4612,7-132-2941_38765---,00.html

**MICHIGAN MISSION-BASED PERFORMANCE INDICATOR SYSTEM
VERSION 6.0
FOR CMHSPS**

The Michigan Mission Based Performance Indicator System (version 1.0) was first implemented in FY'97. That original set of indicators reflected nine months of work by more than 90 consumers, advocates, CMHSP staff, MDCH staff and others. The original purposes for the development of the system remain. Those purposes include:

- To clearly delineate the dimensions of quality that must be addressed by the Public Mental Health System as reflected in the Mission statements from Delivering the Promise and the needs and concerns expressed by consumers and the citizens of Michigan. Those domains are: ACCESS, EFFICIENCY, and OUTCOME.
- To develop a state-wide aggregate status report to address issues of public accountability for the public mental health system (including appropriation boilerplate requirements of the legislature, legal commitments under the Michigan Mental Health Code, etc.)
- To provide a data-based mechanism to assist MDCH in the management of CMHSP contracts that would impact the quality of the service delivery system statewide.
- To the extent possible, facilitate the development and implementation of local quality improvement systems; and
- To link with existing health care planning efforts and to establish a foundation for future quality improvement monitoring within a managed health care system for the consumers of public mental health services in the state of Michigan.

All of the indicators here are measures of CMHSP performance. Therefore, performance indicators should be reported by the CMHSP for all the Medicaid beneficiaries for whom it is responsible. Medicaid beneficiaries who are not receiving specialty services and supports (1915(b)(c) waivers) but are provided outpatient services through contracts with Medicaid Health Plans, or sub-contracts with entities that contract with Medicaid Health Plans are not covered by the performance indicator requirements. Due dates for indicators vary and can be found on the table following the list of indicators. Instructions and reporting tables are located in the "Michigan's Mission-Based Performance Indicator System, Codebook. Electronic templates for reporting will be issued by MDCH six weeks prior to the due date and also available on the MDCH website: www.michigan.gov/mdch. Click on Mental Health and Substance Abuse, then Reporting Requirements.

CMHSP PERFORMANCE INDICATOR SYSTEM

NOTE: Consumers covered by the Medicaid autism benefits are to be excluded from the calculations.

ACCESS

1. The percent of all adults and children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.
 - a. Standard = 95% in three hours
 - b. Quarterly report
 - c. PIHP for all Medicaid beneficiaries
 - d. CMHSP for all consumers
2. The percent of new persons receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service (MI adults, MI children, DD adults, and DD children).
 - a. Standard = 95% in 14 days
 - b. Quarterly report
 - c. PIHP for all Medicaid beneficiaries
 - d. CMHSP for all consumers
 - e. Scope: MI adults, MI children, DD adults, DD children, and Medicaid SA
3. The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional. (MI adults, MI children, DD adults and DD children)
 - a. Standard = 95% in 14 days
 - b. Quarterly report
 - c. PIHP for all Medicaid beneficiaries
 - d. CMHSP for all consumers
 - e. Scope: MI adults, MI children, DD adults, DD children, and Medicaid SA
4. The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days. (All children and all adults -MI, DD).
 - a. Standard = 95%
 - b. Quarterly report
 - c. PIHP for all Medicaid beneficiaries
 - d. CMHSP for all consumers

Scope: All children and all adults (MI, DD) - Do not include dual eligibles (Medicare/Medicaid) in these counts.
5. The percent of face-to-face assessments with professionals that result in decisions to deny CMHSP services. (MI and DD) (Old Indicator #6)
 - a. Quarterly report
 - b. CMHSP
 - c. Scope: all MI/DD consumers

6. The percent of Section 705 second opinions that result in services. (MI and DD) (Old Indicator #7)

- a. Quarterly report
- b. CMHSP
- c. Scope: all MI/DD consumers

EFFICIENCY

*7. The percent of total expenditures spent on administrative functions for CMHSPs. (Old Indicator #9)

- a. Annual report (MDCH calculates from cost reports)
- b. PIHP for Medicaid administrative expenditures
- c. CMHSP for all administrative expenditures

OUTCOMES

*8. The percent of adults with mental illness, the percent of adults with developmental disabilities, and the percent of dual MI/DD adults served by CMHSP who are in competitive employment. (Old Indicator #10)

- a. Annual report (MDCH calculates from QI data)
- b. PIHP for Medicaid adult beneficiaries
- c. CMHSP for all adults
- d. Scope: MI only, DD only, dual MI/DD consumers

*9. The percent of adults with mental illness, the percent of adults with developmental disabilities, and the percent of dual MI/DD adults served by the CMHSP who earn minimum wage or more from employment activities (competitive, supported or self employment, or sheltered workshop). (Old Indicator #11)

- a. Annual report (MDCH calculates from QI data)
- b. PIHP for Medicaid adult beneficiaries
- c. CMHSP for all adults
- d. Scope: MI only, DD only, dual MI/DD consumers

10. The percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge. (Old Indicator #12)

- a. Standard = 15% or less within 30 days
- b. Quarterly report
- c. PIHP for all Medicaid beneficiaries
- c. CMHSP
- d. Scope: All MI and DD children and adults - Do not include dual eligibles (Medicare/Medicaid) in these counts.

11. The annual number of substantiated recipient rights complaints per thousand persons served with MI and with DD served, in the categories of Abuse I and II, and Neglect I and II. (Old Indicator #13)

*13. The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).

- a. Annual report (MDCH calculates from QI data)
- b. PIHP for Medicaid beneficiaries
- c. CMHSP for all adults
- d. Scope: DD adults only

*14. The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).

- a. Annual report (MDCH calculates from QI data)
- b. PIHP for Medicaid beneficiaries
- c. CMHSP for all adults
- d. Scope: DD adults only

CMHSP PERFORMANCE INDICATOR REPORTING DUE DATES

FY 2015 Due Dates

Indicator Title	Period	Due	Period	Due	Period	Due	Period	Due	From
1. Pre-admission screening	10/01 to 12/31	3/31/15	1/01 to 3/31	6/30/15	4/01 to 6/30	9/30/15	7/01 to 9/30	12/31/15	CMHSPs
2. 1 st request	10/01 to 12/31	3/31/15	1/01 to 3/31	6/30/15	4/01 to 6/30	9/30/15	7/01 to 9/30	12/31/15	CMHSPs
3. 1 st service	10/01 to 12/31	3/31/15	1/01 to 3/31	6/30/15	4/01 to 6/30	9/30/15	7/01 to 9/30	12/31/15	CMHSPs
4. Follow-up	10/01 to 12/31	3/31/15	1/01 to 3/31	6/30/15	4/01 to 6/30	9/30/15	7/01 to 9/30	12/31/15	CMHSPs
5. Denials	10/01 to 12/31	3/31/15	1/01 to 3/31	6/30/15	4/01 to 6/30	9/30/15	7/01 to 9/30	12/31/15	CMHSPs
6. 2 nd Opinions	10/01 to 12/31	3/31/15	1/01 to 3/31	6/30/15	4/01 to 6/30	9/30/15	7/01 to 9/30	12/31/15	CMHSPs
7. Admin Costs*	10/01 to 9/30	2/27/16							CMHSPs
8. Competitive employment*	10/01 to 9/30	N/A							MDCH
9. Minimum wage*	10/01 to 9/30	N/A							MDCH
10. Readmissions	10/01 to 12/31	3/31/15	1/01 to 3/31	6/30/15	4-01 to 6-30	9/30/15	7/01 to 9/30	12/31/15	CMHSPs
11. RR complaints	10/01 to 9/30	12/31/15							CMHSPs
13. Residence (DD)*	10/01 to 9/30	N/A							MDCH
14. Residence (MI)*	10/01 to 9/30	N/A							MDCH
15. DD Children Services*	10/01 to 12/31	N/A	1/01 to 3/31	N/A	4/01 to 6/30	N/A	7/01 to 9/30	N/A	MDCH

*Indicators with *: MDCH collects data from encounters, quality improvement or cost reports and calculates performance indicators

STATE LEVEL DATA COLLECTION

CAFAS

Child and Adolescent Functional Assessment Scale (CAFAS) shall be performed for each child with serious emotional disturbance at intake, quarterly thereafter, and at exit. Scale scores shall be exported using the FAS Outcomes application in xml format. In order that the scores along with de-identified data are automatically sent to the Eastern Michigan University Level of Functioning (LOF) Project, the CMHSP must assure the research box remains checked. MDCH uses aggregate reports from the LOF Project for internal planning and decision-making. In FY'11 MDCH will cover 50% of the FAS Outcomes annual licensing fee of \$400 per CMHSP, and 50% of the per usage fee of \$2.95.

Annually each CMHSP shall submit an aggregate CAFAS report to MDCH. The report is automatically generated by the FAS Outcomes program. **Methodology and instructions for submitting the reports are posted on the MDCH web site at www.michigan.gov/mdch. Click on Mental Health and Substance Abuse, then “Reporting Requirements.”**

Preschool and Early Childhood Functional Assessment Scale (PECFAS) shall be performed for each child, four through six year olds, with serious emotional disturbance at intake, quarterly thereafter, and at intake.

Consumer Satisfaction Survey: Adults with Serious Mental Illness & Children with Serious Emotional Disturbance

- An annual survey using MHSIP 44 items for adults with MI and substance use disorder, and MHSIP Youth and Family survey for families of children with SED will be conducted. Surveys are available on the MHSIP web site and have been translated into several languages. See www.mhsip.org/surveylink.htm
- The PIHPs will conduct the survey in the month of May for all people (regardless of medical assistance eligibility) currently receiving services in specific programs.
- Programs to be selected annually by QIC based on volume of units, expenditures, complaints and site review information.
- The raw data is due August 31st to MDCH each year on an Excel template to be provided by MDCH.

Critical Incident Reporting

PIHPs will report the following events, except Suicide, within 60 days after the end of the month in which the event occurred for individuals actively receiving services, with individual level data on consumer ID, event date, and event type:

- **Suicide** for any individual actively receiving services at the time of death, and any who have received emergency services within 30 days prior to death. Once it has been determined whether or not a death was suicide, the suicide must be reported within 30 days after the end of the month in which the death was determined. If 90 calendar days have elapsed without a determination of cause of death, the PIHP must submit a “best judgment” determination of whether the death was a suicide. In this event the time frame described in “a” above shall be followed, with the

submission due within 30 days after the end of the month in which this “best judgment” determination occurred.

- **Non-suicide death** for individuals who were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving community living supports, supports coordination, targeted case management, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED waiver or Children’s Waiver services. If reporting is delayed because the PIHP is determining whether the death was due to suicide, the submission is due within 30 days after the end of the month in which the PIHP determined the death was not due to suicide.
- **Emergency Medical treatment due to Injury or Medication Error** for people who at the time of the event were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving either Habilitation Supports Waiver services, SED Waiver services or Children’s Waiver services.
- **Hospitalization due to Injury or Medication Error** for individuals who living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.
- **Arrest of Consumer** for individuals who living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.

Methodology and instructions for reporting are posted on the MDCH web site at www.michigan.gov/mdch. Click on Mental Health and Substance Abuse, then “Reporting Requirements”

FINANCIAL PLANNING, REPORTING AND SETTLEMENT

The CMHSP shall provide the financial reports to MDCH as listed below. Forms and instructions are posted to the MDCH website address at: http://www.michigan.gov/mdch/0,1607,7-132-2941_38765---,00.html

Submit completed reports electronically (Excel or Word) to: MDCH-MHSA-Contracts-MGMT@michigan.gov except for reports noted in table below.

<u>Due Date</u>	<u>Report Title</u>	<u>Report Period</u>
1/31/2015	1Q Special Fund Account – Section 226a, PA of the MHC	October 1 to December 31
4/30/2015	2Q Special Fund Account – Section 226a, PA of the MHC	October 1 to March 31
5/31/2015	Mid-Year Status Report	October 1 to March 31
8/15/2015	3Q Special Fund Account – Section 226a, PA of the MHC	October 1 to June 30
8/15/2015	Projection Financial Status Report – All Non-Medicaid,	October 1 to September 30
8/15/2015	Projection State Services Utilization, Reconciliation & Cash Analysis	October 1 to September 30
8/15/2015	Projection General Fund Contract Settlement Worksheet	October 1 to September 30
8/15/2015	Projection General Fund Reconciliation and Cash Settlement	October 1 to September 30
10/15/2015	General Fund – Year End Accrual Schedule	October 1 to September 30
11/10/2015	Interim Financial Status Report – All Non-Medicaid,	October 1 to September 30
11/10/2015	Interim State Services Utilization, Reconciliation & Cash Analysis	October 1 to September 30
11/10/2015	Interim Special Fund Account – Section 226a, PA of the MHC	October 1 to September 30
11/10/2015	Interim General Fund Contract Settlement Worksheet	October 1 to September 30
11/10/2015	Interim General Fund Reconciliation and Cash Settlement	October 1 to September 30
11/10/2015	Categorical Funding – Multi-cultural Annual Report	October 1 to September 30
1/31/2016	Annual Report on Fraud and Abuse Complaints	October 1 to September 30
2/29/2016	Final Financial Status Report – All Non-Medicaid	October 1 to September 30
2/29/2016	Final State Services Utilization, Reconciliation & Cash Analysis	October 1 to September 30
2/29/2016	Final Special Fund Account – Section	October 1 to September 30

	226a, PA of the MHC	
2/29/2016	Final General Fund Reconciliation and Cash Settlement	October 1 to September 30
2/29/2016	Final General Fund Contract Settlement Worksheet	October 1 to September 30
2/29/2016	Sub-Element Cost Report	See Attachment 6.5.1.1 Submit report to: QMPMeasures@michigan.gov
2/29/2016	Annual Submission Requirement Form – Estimated FTE Equivalents	For the fiscal year ending October 1 to September 30, 2014
2/29/2016	Annual Submission Requirement Form – Requests for Services and Disposition of Requests	For the fiscal year ending October 1 to September 30, 2014
2/29/2016	Annual Submission Requirement Form – Summary of Current Contracts for MH Services Delivery – Form 1	For the fiscal year ending October 1 to September 30, 2014
2/29/2016	Annual Submission Requirement Form – Summary of Current Contracts for MH Services Delivery – Form 2	For the fiscal year ending October 1 to September 30, 2014
2/29/2016	Annual Submission Requirement Form – Waiting List	For the fiscal year ending October 1 to September 30, 2014
2/29/2016	Annual Submission Requirement Form – Specialized Residential	For the fiscal year ending October 1 to September 30, 2014
2/29/2016	Annual Submission Requirement Form – Community Needs Assessment	For the fiscal year ending October 1 to September 30, 2014
3/31/2016	CMHSP Administrative Cost Report	For the fiscal year ending October 1 to September 30, 2014
30 days after receipt, but no later than June 30, 2015	Annual Audit Report, Management Letter, and CMHSP Response to the Management Letter. Compliance exam and plan of correction	October 1 to September 30 th Submit reports to: MDCHAuditReports@michigan.gov

RECIPIENT RIGHTS DATA REPORT

INSTRUCTIONS FOR COMPLETING THE RECIPIENT RIGHTS DATA REPORT

Use the CURRENT (DCH 0046 REV01/2014) excel form and email the report. The annual report letter can be sent by USPS or a signed PDF copy can be sent via email. The semi annual report memo can be sent by email

Demographic Data

THIS SECTION IS REQUIRED FOR THE ANNUAL REPORT ONLY

FTE's are defined as hours paid for recipient rights functions. For example if a patient advocate/recipient rights advisor splits their time, and only .4 FTE is for recipient rights, put only 4. You may also list this as hours per week. Explain the breakdown of staff (if there is one); investigators/administrators, clerical/support, trainers. This will appear as the first tab "demographics" in the report.

CMHSPs will report:

- Geographic Area: _____ sq. mi (One time-completed by DCH)
- Number of Consumers Served (unduplicated count):
- Number of Service Sites:
- Program Site: Out Patient; Residential MI; Residential DD; Residential MI & DD; Inpatient; Day Program MI; Day Program DD; Workshop (prevocational); Supported Employment; ACT; Case Management; Psychosocial Rehab; Partial Hospitalization; SIP; Other
- In Catchment Area; Out of Catchment; Site Visit Required
- Total Number of Service Sites that Require Site Visits:
- Total Number of Site Visits Conducted:
- Number of Rights FTEs*: Explain the breakdown of staff (if there is one)
investigators/ administrators, clerical/support, trainers
- Number of Complainants (unduplicated count):

LPH/Us will report:

- Number of Patient Days
- Populations Served:
- Number of Rights hours worked/40*: Explain the breakdown of staff (if there is one);
investigators/ administrators, clerical/support, trainers
- Number of Complainants (unduplicated count)

State Facilities will report:

- Number of Patient Days:
- Number of Complainants (unduplicated count):

RECIPIENT RIGHTS DATA REPORT

Section 1: Complaint Data Summary

⇒ THIS SECTION IS REQUIRED TO BE COMPLETED) FOR THE ANNUAL REPORT AND SEMI-ANNUAL REPORT

Part A: Totals

Complaints Received: Enter the total number of complaints received for the reporting period.
Allegations Involved: Some complaints contain more than 1 allegation. The allegation number will fill in as Allegations Substantiated: enter the numbers of “received” column. Allegations substantiated will also fill in as you fill in the report columns.
Complaint Source: Enter the category of the complainant: Recipient; Staff; ORR; Guardian/ Family; Anonymous; Community/General Public; Total. The total of “Complaint Sources” must be the same as the “Complaints Received”.

Part A: Totals Complaint Source: Please enter 1 complaint source for each complaint (NOT ALLEGATION). This should match the number of complaints in the section above.

<u>Recipient</u>	
<u>Staff</u>	
<u>ORR</u>	
<u>Guardian/Family</u>	
<u>Anonymous</u>	
<u>Community/General Public</u>	
<u>Total</u>	<u>0</u>

(this will self-fill & should = C14)

Timeframes of Completed Investigations: The total in this section will self-fill. Fill in the timeframe to complete each investigation (not including any time following submission to the director).

-	<u>Total</u>	<u>≤30</u>	<u>≤60</u>	<u>≤90</u>	<u>>90</u>
<u>Abuse/Neglect I & II</u>	<u>0</u>				
<u>All others</u>	<u>0</u>				

Part B: Aggregate Summary of Allegations By Category

For each sub-category, the report will auto-fill with the following:

- Number of complaints received (from C14)

- Number of allegations involved
- Number of these **investigated** *
- Number of these in which some **intervention** ** was conducted
- Number of allegations substantiated by investigation.
- Number of allegations substantiated by intervention.

In each subcategory: If “0”, enter 0 in ALL appropriate boxes of the row where an allegation is received

- The recipient population for targeted allegations; adult MI (MI), Developmental Disability (DD), Seriously Emotionally Disturbed (SED)

* Investigation: A detailed inquiry into, and systematic examination of, an allegation raised in a rights complaint and reported in accordance with Chapter 7A, Report of Investigative Findings.

**Intervention: To act on behalf of a recipient to resolve a complaint alleging a violation of a code protected right when the facts are clear and the remedy, if applicable, is clear, easily obtainable and does not involve statutorily required disciplinary action.

*Interventions are not allowed in allegations of abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation or retaliation/harassment.

The semi-annual report has a “pending” column, to account for cases that are still open. If any cases are unfinished during the completion of the annual report, that information should be shared with the Advisory Committee at the time of the report review, but added to the report as the data is finalized, prior to the December 30 deadline for submission to the department. It is not required that the entire report be re-presented to the Advisory Committee.

Part C: Remediation of Substantiated Rights Violations:

For each allegation, which, through investigation **or intervention**, it was established that a recipient's right was violated indicate:

- The category and specific allegation
- The number of the type of Provider (see table)
- The number of the type of remedial action taken
- The number of the type of population

<u>Provider</u>	<u>Type</u>	<u>Remedial Action</u>	<u>Type</u>
<u>Outpatient</u>	<u>01</u>	<u>Verbal Counseling</u>	<u>01</u>
<u>Residential MI</u>	<u>02</u>	<u>Written Counseling</u>	<u>02</u>
<u>Residential DD</u>	<u>03</u>	<u>Written Reprimand</u>	<u>03</u>
<u>Inpatient</u>	<u>04</u>	<u>Suspension</u>	<u>04</u>
<u>Day Program MI</u>	<u>05</u>	<u>Demotion</u>	<u>05</u>
<u>Day Program DD</u>	<u>06</u>	<u>Staff Transfer</u>	<u>06</u>
<u>Workshop (Prevocational)</u>	<u>07</u>	<u>Training</u>	<u>07</u>

<u>Supported Employment</u>	<u>08</u>	<u>Employment Termination</u>	<u>8</u>
<u>ACT</u>	<u>09</u>	<u>Employee left the agency, but substantiated (letter placed in HR file)</u>	<u>*08</u>
<u>Case Management</u>	<u>10</u>	<u>Contract Action</u>	<u>09</u>
<u>Psychosocial Rehabilitation</u>	<u>11</u>	<u>Policy Revision/Development</u>	<u>10</u>
<u>Partial Hospitalization</u>	<u>12</u>	<u>Environmental Repair/Enhancement</u>	<u>11</u>
<u>SIP</u>	<u>13</u>	<u>Plan of Service Revision</u>	<u>12</u>
<u>Other</u>	<u>14</u>	<u>Recipient Transfer to Another Provider/Site</u>	<u>13</u>
<u>Residential MI/DD</u>	<u>15</u>	<u>Other</u>	<u>14</u>

<u>Population</u>
<u>MI</u>
<u>DD</u>
<u>SED</u>
<u>SEDW</u>
<u>DD-CWP</u>
<u>HSW</u>
<u>ABW</u>

SEDW

This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with serious emotional disturbance. This waiver is administered through Community Mental Health Services Programs (CMHSPs) in partnership with other community agencies and is available in a limited number of counties. Eligible consumers must meet current MDCH contract criteria for the state psychiatric hospital for children and demonstrate serious functional limitations that impair the child's ability to function in the community.

DD- CWP

This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with developmental disabilities who have challenging behaviors and/or complex medical needs. This waiver is administered through Community Mental Health Services Programs (CMHSPs) and is available statewide. Eligible consumers must be eligible for, and at risk of, placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

HSW

The Habilitation Supports Waiver is a 1915(c) waiver (Home and Community-Based Services Waiver) for people who have developmental disabilities and who meet the eligibility requirements: have active Medicaid, live in the community, and otherwise need the level of services provided by an intermediate care facility for mental retardation (ICF/MR) if not for the HSW. There are no age limitations for enrollment in the HSW. This waiver is administered through Prepaid Inpatient Health Plans (PIHPs) and affiliate Community Mental Health Services Programs (CMHSPs). The HSW is available statewide.

RECIPIENT RIGHTS DATA REPORT

THE FOLLOWING SECTION IS REQUIRED FOR THE ANNUAL REPORT ONLY

Section II: Training Activity

Part A: Training Received by Rights Office Staff

Indicate, for each rights staff, the kind of rights related training received during the period and the number of hours for each.

CEU's Type:
Operations - I, Legal Foundations - II, Leadership - III, Augmented Training - IV

Staff Name	Topic	# Hours	CEUs Type I	CEUs Type II	CEUs Type III	CEUs Type IV
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Part B: Training Provided by Rights Office

Indicate if update training is required. If it is required, indicate how often.

Indicate the kind of training provided during the period, the number of hours for each, the number of CMH or Hospital Staff involved, the number of contractual staff involved, the number and type of other staff involved, and the number of consumers trained. Beginning in 2008, indicate the type of training provided:

<u>Method of Training</u>	
<u>01</u>	<u>Face-to-Face</u>
<u>02</u>	<u>Video</u>
<u>03</u>	<u>Computer</u>
<u>04</u>	<u>Paper</u>
<u>05</u>	<u>training includes face to face follow up</u>
<u>14</u>	<u>Other (please describe)</u>

<u>Topic</u>	<u># Hours</u>	<u># Agency Staff</u>	<u># Contractual Staff</u>	<u># and Type Other Staff</u>	<u># of Consumers</u>	<u>Method of Training</u>
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If the training is conducted by someone else, indicate, in addition to the aforementioned information, the date the training was reviewed by the rights office.

Section III: Desired Outcomes for the Office

List the outcomes establish for the office from the last fiscal year (from last year's report) and progress made on each.

List the outcomes establish for the office during the next fiscal year.

Section IV: Recommendations to the CMHSP Board or LPH Governing Board

List any recommendations made to the governing Board regarding the rights office or recipient rights activity as part of the annual report. Be sure to include issues identified by the Advisory Committee throughout the year or discussed as part of the annual and semi-annual report review.

LPH/Us are to include ALL data regarding complaints on the Annual & Semi-Annual Reports.

LPH/Us must fill out one Annual report for each facility.

CMHSPs are NOT to include LPH/U data on the Annual & Semi-Annual Reports

REPORT DATES:

<u>Semi-Annual</u>	<u>Annual</u>
October 1 through March 31	October 1 through September 30
Section I	Section, I, II, III, IV

Cover letter from Rights Office	Cover Letter from Executive Director or Hospital Director
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To “the department” & Advisory Committee	To “the department” & Board of CMHSP or governing board of licensed hospital
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Due at MDCH: April 30	Due at MDCH: December 30
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Demographic Data

CMHSP:

Geographic Area: _____ **sq. mi** (One time- completed by DCH)

Number of Consumers Served (unduplicated count): _____

Number of Service Sites:

<u>Program Type/Site</u>	<u>In Catchment Area</u>	<u>Out of Catchment</u>	<u>Site Visit Required</u>
<u>Out Patient</u>	-	-	-
<u>Residential MI</u>	-	-	-
<u>Residential DD</u>	-	-	-
<u>Residential MI & DD</u>	-	-	-
<u>Inpatient</u>	-	-	-
<u>Day Program MI</u>	-	-	-
<u>Day Program DD</u>	-	-	-
<u>Workshop (prevocational)</u>	-	-	-
<u>Supported Employment</u>	-	-	-
<u>ACT</u>	-	-	-
<u>Case Management</u>	-	-	-
<u>Psychosocial Rehab</u>	-	-	-
<u>Partial Hospitalization</u>	-	-	-
<u>SIP</u>	-	-	-
<u>Other</u>	-	-	-

Total Number of Service Sites that Require Site Visits: _____

Total Number of Site Visits Conducted: _____

Number of Rights FTEs*: _____

Please explain the breakdown of staff (if there is one); investigators/administrators, clerical/support, trainers

Number of Complainants (unduplicated count): _____

LPH/U:

Number of Patient Days: _____

Populations Served: _____

Number of Rights hours/40*: _____

Please explain the breakdown of staff (if there is one); investigators/administrators, clerical/support, trainers

Number of Complainants (unduplicated count): _____

State Facility:

Number of Patient Days: _____

Number of Complainants (unduplicated count): _____

Michigan Department of Community Health
Recipient Rights Data Report

Agency: _____

CMHSP's: Indicate DCH assigned two-digit CMHSP Board Number: _____

Officer: _____

Reporting Period: _____ 10/1 _____ to _____ 9/30

☒ **Annual**

☐ **Semi-Annual**

Section I: Complaint Data Summary:

Part A: Totals

<u>Allegations Involved</u>	
<u>Allegations Investigated</u>	
<u>Interventions Substantiated</u>	
<u>Investigations Substantiated</u>	

Complaint Source

<u>Recipient</u>	
<u>Staff</u>	
<u>ORR</u>	
<u>Guardian/Family</u>	
<u>Anonymous</u>	
<u>Community/General Public</u>	
<u>Total</u>	<u>0</u>

(this will self-fill & should fill C14)

Timeframes of Completed Investigations

-	<u>Total</u>	<u>≤30</u>	<u>≤60</u>	<u>≤90</u>	<u>>90</u>
Abuse/Neglect I & II	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
All others	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part B: Aggregate Summary

1. Freedom from Abuse

<u>Code</u>	<u>Category</u>	<u>Received</u>	<u>Investigation</u>	<u>Intervention</u>	<u>Interventions Substantiated</u>	<u>Investigations Substantiated</u>	<u>Recipient Population</u>		
-	-	-	-	-	-	-	<u>MI</u>	<u>DD</u>	<u>SED</u>
<u>72210</u>	<u>abuse class I</u>	-	-	-	-	-	-	-	-
<u>72221</u>	<u>abuse class II - nonaccidental act</u>	-	-	-	-	-	-	-	-
<u>72222</u>	<u>abuse class II - unreasonable force</u>	-	-	-	-	-	-	-	-
<u>72223</u>	<u>abuse class II - emotional harm</u>	-	-	-	-	-	-	-	-
<u>72224</u>	<u>abuse class II - treating as incompetent</u>	-	-	-	-	-	-	-	-
<u>72225</u>	<u>abuse class II - exploitation</u>	-	-	-	-	-	-	-	-
<u>72230</u>	<u>abuse class III</u>	-	-	-	-	-	-	-	-
<u>72240</u>	<u>abuse class I - sexual abuse</u>	-	-	-	-	-	-	-	-

2. Freedom from Neglect

<u>Code</u>	<u>Category</u>	<u>Received</u>	<u>Investigation</u>	<u>Intervention</u>	<u>Interventions Substantiated</u>	<u>Investigations Substantiated</u>	<u>Recipient Population</u>		
-	-	-	-	-	-	-	<u>MI</u>	<u>DD</u>	<u>SED</u>
<u>72251</u>	<u>neglect class I</u>	-	-	-	-	-	-	-	-
<u>72252</u>	<u>neglect class I - failure to report</u>	-	-	-	-	-	-	-	-
<u>72261</u>	<u>neglect class II</u>	-	-	-	-	-	-	-	-
<u>72262</u>	<u>neglect class II - failure to report</u>	-	-	-	-	-	-	-	-
<u>72271</u>	<u>neglect class III</u>	-	-	-	-	-	-	-	-
<u>72272</u>	<u>neglect class III - failure to report</u>	-	-	-	-	-	-	-	-

3. Rights Protection System

<u>Code</u>	<u>Category</u>	<u>Received</u>	<u>Investigation</u>	<u>Intervention</u>	<u>Interventions Substantiated</u>	<u>Investigations Substantiated</u>	<u>Recipient Population</u>		
							<u>MI</u>	<u>DD</u>	<u>SED</u>
-	-	-	-	-	-	-	-	-	-
7060	<u>notice/explanation of rights</u>				-	-	-	-	-
7520	<u>failure to report</u>			-	-	-	-	-	-
7545	<u>retaliation/harassment</u>			-	-	-	-	-	-
7760	<u>access to rights system</u>				-	-	-	-	-
7780	<u>complaint investigation process</u>				-	-			
7840	<u>appeal process/mediation</u>			-	-	-			

4. Admission/Discharge/Second Opinion

<u>Code</u>	<u>Category</u>	<u>Received</u>	<u>Investigation</u>	<u>Intervention</u>	<u>Interventions Substantiated</u>	<u>Investigations Substantiated</u>	<u>Recipient Population</u>		
							<u>MI</u>	<u>DD</u>	<u>SED</u>
4090	<u>second opinion - denial of hospitalization</u>								
4190	<u>termination of voluntary hospitalization (adult)</u>				-	-	-	-	-
4510	<u>court hearing/process</u>				-	-	-	-	-
4630	<u>independent clinical examination</u>			-	-	-	-	-	-
4980	<u>objection to hospitalization (minor)</u>			-	-	-			
7050	<u>second opinion - denial of services</u>			-	-	-			

5. Civil Rights

<u>Code</u>	<u>Category</u>	<u>Received</u>	<u>Investigation</u>	<u>Intervention</u>	<u>Interventions Substantiated</u>	<u>Investigations Substantiated</u>	<u>Recipient Population</u>		
							<u>MI</u>	<u>DD</u>	<u>SED</u>
7041	<u>civil rights: discrimination, accessibility, accommodation, etc</u>		-	-	-	-			
7044	<u>religious practice</u>	-		-	-	-	-	-	-
7045	<u>voting</u>	-	-	-	-	-	-	-	-
7047	<u>presumption of competency</u>	-	-	-	-	-			

7284	search/seizure	-	-	-	-	-			
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6. Family Rights

<u>Code</u>	<u>Category</u>	<u>Received</u>	<u>Investigation</u>	<u>Intervention</u>	<u>Interventions Substantiated</u>	<u>Investigations Substantiated</u>	<u>Recipient Population</u>		
							<u>MI</u>	<u>DD</u>	<u>SED</u>
7111	family dignity & respect		-		-	-	-	-	-
7112	receipt of general education information	-			-	-	-	-	-
7113	opportunity to provide information	-	-	-	-	-			

7. Communication & Visits

<u>Code</u>	<u>Category</u>	<u>Received</u>	<u>Investigation</u>	<u>Intervention</u>	<u>Interventions Substantiated</u>	<u>Investigations Substantiated</u>	<u>Recipient Population</u>		
							<u>MI</u>	<u>DD</u>	<u>SED</u>
7261	visits	-	-	-	-	-	-	-	-
7262	contact with attorneys or others regarding legal matters		-	-	-	-	-	-	-
7263	access to telephone, mail	-		-	-	-			
7264	usage	-	-	-	-	-			
7265	written and posted limitations, if established		-	-	-	-			
7266	uncensored mail	-		-	-	-			

8. Confidentiality/Privileged Communications/Disclosure

<u>Code</u>	<u>Category</u>	<u>Received</u>	<u>Investigation</u>	<u>Intervention</u>	<u>Interventions Substantiated</u>	<u>Investigations Substantiated</u>	<u>Recipient Population</u>		
							<u>MI</u>	<u>DD</u>	<u>SED</u>
7481	disclosure of confidential information	-	-	-	-	-	-	-	-
7485	withholding of information (includes recipient access to records)	-	-	-	-	-	-	-	-
7486	correction of record	-	-	-	-	-			
7487	access by p & a to records	-	-	-	-	-			
7501	privileged communication	-	-	-	-	-			

9. Treatment Environment

<u>Code</u>	<u>Category</u>	<u>Received</u>	<u>Investigation</u>	<u>Intervention</u>	<u>Interventions Substantiated</u>	<u>Investigations Substantiated</u>	<u>Recipient Population</u>		
							<u>MI</u>	<u>DD</u>	<u>SED</u>
-	-	-	-	-	-	-			

7081	safe environment	-			-	-	-	-	-
7082	sanitary/ humane environment	-	-	-	-	-			
7086	least restrictive setting		-	-	-	-			

10. Freedom of Movement

<u>Cod e</u>	<u>Category</u>	<u>Received</u>	<u>Investiga tion</u>	<u>Interv ention</u>	<u>Intervention s Substantiate d</u>	<u>Investigation s Substantiate d</u>	<u>Recipient Population</u>		
-	-	-	-	-	-	-	<u>MI</u>	<u>DD</u>	<u>SED</u>
7441	restrictions/limitations	-		-	-	-			
7400	restraint	-	-	-	-	-	-	-	-
7420	seclusion	-	-	-	-	-	-	-	-

11. Financial Rights

<u>Cod e</u>	<u>Category</u>	<u>Received</u>	<u>Investiga tion</u>	<u>Interv ention</u>	<u>Intervention s Substantiate d</u>	<u>Investigation s Substantiate d</u>	<u>Recipient Population</u>		
							<u>MI</u>	<u>DD</u>	<u>SED</u>
7301	safeguarding money	-	-	-	-	-			
7302	facility account		-	-	-	-			
7303	easy access to money in account	-		-	-	-			
7304	ability to spend or use as desired	-	-	-	-	-			
7305	delivery of money upon release	-	-	-	-	-			
7360	labor & compensation	-	-	-	-	-			

12. Personal Property

<u>Cod e</u>	<u>Category</u>	<u>Received</u>	<u>Investiga tion</u>	<u>Interventi on</u>	<u>Interventions Substantiated</u>	<u>Investigations Substantiated</u>	<u>Recipient Population</u>		
							<u>MI</u>	<u>DD</u>	<u>SED</u>
7267	access to entertainment materials, information, news								
7281	possession and use	-	-	-	-	-	-	-	-
7281	possession and use	-	-	-	-	-			
7282	storage space	-	-	-	-	-			
7283	inspection at reasonable times	-	-	-	-	-			
7285	exclusions	-	-	-	-	-			
7286	limitations	-	-	-	-	-			
7287	receipts to recipient and to designated individual	-	-	-	-	-			
7288	waiver	-	-	-	-	-			
7289	protection	-	-	-	-	-			

13. Suitable Services

<u>C</u> <u>od</u> <u>e</u>	<u>Category</u>	<u>Received</u>	<u>Investiga</u> <u>tion</u>	<u>Interventi</u> <u>on</u>	<u>Interventions</u> <u>Substantiated</u>	<u>Investigations</u> <u>Substantiated</u>	<u>Recipient Population</u>		
-	-	-	-	-	-	-	<u>MI</u>	<u>DD</u>	<u>SED</u>
17 08	dignity & respect								
70 03	informed consent				-	-	-	-	-
70 29	information on family planning			-	-	-			
70 49	treatment by spiritual means			-	-	-			
70 80	MH services suited to condition			-	-	-			
71 00	Physical and mental exams				-	-			
71 30	choice of physician/mental health professional			-	-	-			
71 40	notice of clinical status/progress	-			-	-			
71 50	services of mental health professional	-	-	-	-	-			
71 60	surgery	-	-	-	-	-			
71 70	electro convulsive therapy (ect.)	-	-	-	-	-			
71 80	psychotropic drugs	-	-	-	-	-			
71 90	notice of medication side effects		-	-	-	-			

14. Treatment Planning

<u>C</u> <u>od</u> <u>e</u>	<u>Category</u>	<u>Received</u>	<u>Investigation</u>	<u>Interv</u> <u>ention</u>	<u>Interventions</u> <u>Substantiated</u>	<u>Investigations</u> <u>Substantiated</u>	<u>Recipient Population</u>		
							<u>MI</u>	<u>DD</u>	<u>SED</u>
71 21	person-centered process		-		-	-			
71 22	timely development	-	-		-	-			
71 23	requests for review	-	-	-	-	-			
71 24	participation by individual(s) of choice		-	-	-	-			
71 25	assessment of needs	-			-	-			

15. Photographs, Fingerprints, Audiotapes, One-way Glass

<u>Code</u>	<u>Category</u>	<u>Received</u>	<u>Investigation</u>	<u>Intervention</u>	<u>Interventions Substantiated</u>	<u>Investigations Substantiated</u>	<u>Recipient Population</u>		
							<u>MI</u>	<u>DD</u>	<u>SED</u>
7241	prior consent	-	-	-	-	-			
7242	identification	-	-	-	-	-			
7243	objection	-	-	-	-	-			
7244	release to others/return	-	-	-	-	-			
7245	storage/destruction	-	-	-	-	-			

17. No Right Involved

<u>Code</u>	<u>Category</u>	<u>Received</u>
0000	no right involved	-

insert the same number



18. Outside Provider Jurisdiction

<u>Code</u>	<u>Category</u>	<u>Received</u>
0001	outside provider jurisdiction	-

insert the same number



0 0 0 0 0 0 0 0

Section I Part C: Remediation of Substantiated Rights Violations (includes complaints investigated and those addressed through other interventions) Identify service sites & remedial action. If you have more than one action it should all be placed in 1 box with the lower number first. List the **NUMBER** of recipients in each population involved:

				<u>population</u>						
				<u>waiver populations</u>						
<u>Code (from Section I)</u>	<u>Category (from Section I)</u>	<u>Specific Provider Type (number only)</u>	<u>Specific Remedial Action Type (number only)</u>	<u>MI</u>	<u>DD</u>	<u>SED</u>	<u>SED-W</u>	<u>DD-CWP</u>	<u>HSW</u>	<u>ABW</u>

SECTION II: TRAINING ACTIVITY

Part A: Training Received by Office Staff

<u>Staff Name</u>	<u>Topic</u>	<u># Hours</u>
		-
		-

SECTION II: TRAINING ACTIVITY

Part B: Training Provided by Rights Office

Is Update Training Required?		Yes	No			
If Yes, how often: (Annual, Every 2 years, etc.)						
Topic	# Hours	# Agency Staff	# Contractual Staff	# and Type Other Staff	# of Consumers	Method of Training
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-

SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES

Progress on Outcomes established by the office for FY 05/06

1.

☐ Accomplished

☐ Ongoing

2.

☐ Accomplished

☐ Ongoing

Outcomes established by the office for FY 06/07:

1.

2.

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The Advisory Committee recommends the following:

1.

2.

EVENT NOTIFICATION

In addition to other reporting requirements outlined in this contract, the CMHSP shall immediately notify MDCH of the following events:

1. Any death that occurs as a result of suspected staff member action or inaction, or any death that is the subject of a recipient rights, licensing, or police investigation. This report shall be submitted electronically within 48 hours of either the death, or the CMHSP's receipt of notification that a rights, licensing, and/or police investigation has commenced to QMPMeasures@michigan.gov and include the following information:
 - a. Name of person
 - b. Beneficiary ID number
 - c. Consumer ID (CONID) if there is no beneficiary ID number
 - d. Date, time and place of death (if a licensed foster care facility, include the license #)
 - e. Preliminary cause of death
 - f. Contact person's name and E-mail address
2. Relocation of a consumer's placement due to licensing issues.
3. An occurrence that requires the relocation of any CMHSP or provider panel service site, governance, or administrative operation for more than 24 hours.
4. The conviction of a CMHSP or provider panel staff members for any offense related to the performance of their job duties or responsibilities.

Except for deaths, notification of the remaining events shall be made telephonically or other forms of communication within five (5) business days to contract management staff members in MDCH's Mental Health and Substance Abuse Administration.