COMMUNITY MENTAL HEALTH SERVICES PROGRAMS REPORT

(FY2014 Appropriation Bill - Public Act 59 of 2013)

Section 404: (1) Not later than May 31 of the current fiscal year, the department shall provide a report on the community mental health services programs to the members of the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that includes the information required by this section. (2) The report shall contain information for each CMHSP or PIHP and a statewide summary, each of which shall include at least the following information: (a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis. (b) Per capita expenditures by client population group. (c) Financial information that, minimally, includes a description of funding authorized; expenditures by client group and fund source; and cost information by service category, including administration. Service category includes all department-approved services. (d) Data describing service outcomes that includes, but is not limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment. (e) Information about access to community mental health services programs that includes, but is not limited to, the following: (i) The number of people receiving requested services. (ii) The number of people who requested services but did not receive services. (f) The number of second opinions requested under the code and the determination of any appeals. (g) An analysis of information provided by CMHSPs in response to the needs assessment requirements of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, including information about the number of individuals in the service delivery system who have requested and are clinically appropriate for different services. (h) Lapses and carryforwards during the immediately preceding fiscal year for CMHSPs or PIHPs. (i) Information about contracts for mental health services entered into by CMHSPs or PIHPs with providers, including, but not limited to, all of the following: (i) The amount of the contract, organized by type of service provided. (ii) Payment rates, organized by the type of service provided. (iii) Administrative costs for services provided to CMHSPs or PIHPs. (j) Information on the community mental health Medicaid managed care program, including, but not limited to, both of the following: (i) Expenditures by each CMHSP or PIHP organized by Medicaid eligibility group, including per eligible individual expenditure averages. (ii) Performance indicator information required to be submitted to the department in the contracts with CMHSPs or PIHPs. (k) An estimate of the number of direct care workers in local residential settings and paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training, and personal care services are provided by CMHSPs and PIHPs as of September 30 of the prior fiscal year employed directly or through contracts with provider organizations. (3) The department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP or PIHP. (4) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs or PIHPs.

Michigan Department of Community Health

MDCH

Rick Snyder, Governor
James K. Haveman, Director

REPORT FOR SECTION 404

COMMUNITY MENTAL HEALTH SERVICE PROGRAMS DEMOGRAPHIC AND COST DATA FY 2013

STATE OF MICHIGAN

Michigan Department of Community Health

MDCH

Rick Snyder, Governor
James K. Haveman, Director

May 2014

REPORT FOR
SECTION 404 (2) (3)

COMMUNITY MENTAL HEALTH SERVICE PROGRAMS
DEMOGRAPHIC AND COST DATA
2013

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May 2014

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SECTION 404 (2)
CMHSP DEMOGRAPHIC AND COST DATA
FY 2013

Introduction

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
REPORT ADDRESSING PA 59 (2013) SECTION 404(2) & 404(3)

Section 404(2)(a, b) requires a report containing information for each Community Mental Health Services Program (CMHSP) or Specialty Prepaid Health Plan (PIHP) with 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, and per capita expenditures per client population group. This information is provided in the attached document for persons with mental illness (MI), developmental disabilities (DD), dual diagnosis (MI & DD) and substance abuse for each CMHSP or PIHP, as well as statewide.

Information to address these sections is current as of April 2014, from all 46 CMHSP programs for the reporting period October 1, 2012 through September 30, 2013. In FY 2013, there were 198,695 persons with MI, 29.258 persons with DD, 14,642 persons with MI & DD, 1,623 persons who received substance abuse services only, 1,207 persons reported as assessment only and therefore their disability designation could not be determined, and 5,594 persons for whom diagnosis is unknown, for a total 251,019 persons who received services in CMHSPs or PIHPs throughout Michigan. Of those individuals with MI, 42,808 (22 percent) are 17 years or under and 6,145 (21 percent) of the persons with DD are 17 years or younger. Of those persons for whom race or ethnicity are reported, 78,422 (34 percent) are members of a minority group. The total costs reported across the 46 CMHSPs for FY 2013 was $2,731,919,790. The attached material provides cost information by CMHSP for adults and children with MI, and persons with 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 404(2)(c) requires financial information that includes a description of funding authorized, expenditures by client group and fund sources, and cost information by service category including administration. Information to address this section was obtained in February 2012, from all 46 CMHSPs for the period October 1, 2012 through September 30, 2013. The attached report provides a summary of the costs specific groups of services for adults and children with MI, and persons with DD for each CMHSP, as well as statewide.

Section 404(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 2013, all beneficiaries enrolled in Assertive Community Treatment (ACT) were asked to complete the 44-item 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 referred elsewhere, and numbers placed on a waiting list. This information is presented for each disability designation group by CMHSP.

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 2012-2013. This information is provided in the attached for each CMHSP and PIHP.

Section 404(2)(i)*(i, ii, iii)* requires information regarding CMHSP or PIHP provider contracts, 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 program, including, but not limited to, (*i)* expenditures by each CMHSP or PIHP organized by Medicaid eligibility group, including per eligible individual expenditure averages and *(ii)* performance indicator information required to be submitted to the Department in the contracts with CMHSPs or PIHPs. The expenditures by Medicaid eligibility group are provided in this section as are the data for the CMHSP Performance Indicators FY13.

Section 404(2)(k) requires an estimate of the number of direct care workers in local residential settings and paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training, and personal care services are provided by CMHSPs or PIHPs as of September 30, 2013, employed directly or through contracts with provider organizations. This information is provided for each CMHSP.

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. The CMHSP contract for FY13 is included in the attached.

SECTION 404 (2)(a)
DEMOGRAPHIC & DIAGNOSIS
SUMMARY DATA
FY 2013

Statewide Summary & CMHSP Specific

CMHSP Demographic Summary
Numbers and Percentages of Persons with Mental Illnesses and Developmental Disabilities
Who Received Services from CMHSPs
Fiscal Year 2013
State of Michigan

Demographic Characteristics	MI Consumers		DD Consumers		* Substance Abuse Consumers		Dual Diagnosis (MI & DD)		** Assessment Only		Unknown Disability		Total Served	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Gender														
Males	98,902	49.78%	17,771	60.74%	1,056	65.06%	8,863	60.53%	607	50.29%	2,993	53.50%	130,192	51.87%
Females	99,537	50.10%	11,479	39.23%	567	34.94%	5,778	39.46%	596	49.38%	2,599	46.46%	120,556	48.03%
Unknown Gender	256	0.13%	8	0.03%	0	0.00%	1	0.01%	4	0.33%	2	0.04%	271	0.11%
	198,695	100.00%	29,258	100.00%	1,623	100.00%	14,642	100.00%	1,207	100.00%	5,594	100.00%	251,019	100.00%
Age														
Age 0 through 3	1,719	0.87%	505	1.73%	1	0.06%	56	0.38%	83	6.88%	98	1.75%	2,462	0.98%
Age 4 through 12	19,293	9.71%	3,589	12.27%	0	0.00%	1,321	9.02%	119	9.86%	494	8.83%	24,816	9.89%
Age 13 through 17	21,796	10.97%	2,051	7.01%	128	7.89%	1,221	8.34%	111	9.20%	766	13.69%	26,073	10.39%
Age 18 through 26	27,049	13.61%	6,377	21.80%	325	20.02%	3,042	20.78%	265	21.96%	1,206	21.56%	38,264	15.24%
Age 27 through 64	119,999	60.39%	15,051	51.44%	1,153	71.04%	7,971	54.44%	573	47.47%	2,794	49.95%	147,541	58.78%
Age 65 and Over	8,839	4.45%	1,685	5.76%	16	0.99%	1,031	7.04%	56	4.64%	236	4.22%	11,863	4.73%
Unknown Age	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	198,695	100.00%	29,258	100.00%	1,623	100.00%	14,642	100.00%	1,207	100.00%	5,594	100.00%	251,019	100.00%
Race/Ethnicity														
White/Caucasian	115,231	57.99%	18,739	64.05%	1,054	64.94%	11,338	77.43%	811	67.19%	2,384	42.62%	149,557	59.58%
African American/Black	45,982	23.14%	6,308	21.56%	353	21.75%	1,831	12.51%	193	15.99%	607	10.85%	55,274	22.02%
American Indian or Alaskan Native	1,630	0.82%	124	0.42%	26	1.60%	100	0.68%	8	0.66%	18	0.32%	1,906	0.76%
Asian	540	0.27%	212	0.72%	3	0.18%	70	0.48%	4	0.33%	28	0.50%	857	0.34%
Native Hawaiian or other Pacific Islander	60	0.03%	11	0.04%	0	0.00%	4	0.03%	1	0.08%	2	0.04%	78	0.03%
Other Race	5,731	2.88%	900	3.08%	57	3.51%	306	2.09%	21	1.74%	130	2.32%	7,145	2.85%
Multiracial	9,938	5.00%	1,983	6.78%	62	3.82%	810	5.53%	56	4.64%	313	5.60%	13,162	5.24%
Unknown/Refused/Missing	19,583	9.86%	981	3.35%	68	4.19%	183	1.25%	113	9.36%	2,112	37.75%	23,040	9.18%
	198,695	100.00%	29,258	100.00%	1,623	100.00%	14,642	100.00%	1,207	100.00%	5,594	100.00%	251,019	100.00%
Hispanic														
Hispanic or Latino	7,785	3.92%	800	2.73%	85	5.24%	436	2.98%	45	3.73%	183	3.27%	9,334	3.72%
Not Hispanic or Latino	156,187	78.61%	24,314	83.10%	1,264	77.88%	12,426	84.87%	851	70.51%	2,727	48.75%	197,769	78.79%
Unknown/Missing	34,723	17.48%	4,144	14.16%	274	16.88%	1,780	12.16%	311	25.77%	2,684	47.98%	43,916	17.50%
	198,695	100.00%	29,258	100.00%	1,623	100.00%	14,642	100.00%	1,207	100.00%	5,594	100.00%	251,019	100.00%
Corrections Status														
In Prison	90	0.05%	2	0.01%	0	0.00%	4	0.03%	2	0.17%	2	0.04%	100	0.04%
In Jail	2,863	1.44%	7	0.02%	89	5.48%	43	0.29%	7	0.58%	51	0.91%	3,060	1.22%
Paroled from Prison	4,047	2.04%	23	0.08%	71	4.37%	51	0.35%	30	2.49%	43	0.77%	4,265	1.70%
Probation from Jail	9,605	4.83%	109	0.37%	225	13.86%	182	1.24%	44	3.65%	172	3.07%	10,337	4.12%
Juvenile Detention Center	586	0.29%	11	0.04%	1	0.06%	9	0.06%	6	0.50%	19	0.34%	632	0.25%
Court Supervision	3,573	1.80%	93	0.32%	71	4.37%	118	0.81%	18	1.49%	29	0.52%	3,902	1.55%
Not in a Correction's Status	149,770	75.38%	27,734	94.79%	903	55.64%	13,706	93.61%	847	70.17%	2,525	45.14%	195,485	77.88%
Awaiting Trial	1,114	0.56%	17	0.06%	14	0.86%	35	0.24%	4	0.33%	31	0.55%	1,215	0.48%
Awaiting Sentencing	1,100	0.55%	9	0.03%	22	1.36%	20	0.14%	12	0.99%	36	0.64%	1,199	0.48%
Minor Referred by the Court	1,143	0.58%	27	0.09%	23	1.42%	31	0.21%	10	0.83%	46	0.82%	1,280	0.51%
Arrested and Booked	286	0.14%	5	0.02%	7	0.43%	8	0.05%	2	0.17%	9	0.16%	317	0.13%
Diverted from Arrest or Booking	174	0.09%	15	0.05%	1	0.06%	19	0.13%	2	0.17%	7	0.13%	218	0.09%
Corrections Status Refused/Unreported	24,344	12.25%	1,206	4.12%	196	12.08%	416	2.84%	223	18.48%	2,624	46.91%	29,009	11.56%
	198,695	100.00%	29,258	100.00%	1,623	100.00%	14,642	100.00%	1,207	100.00%	5,594	100.00%	251,019	100.00%

CMHSP Demographic Summary
Numbers and Percentages of Persons with Mental Illnesses and Developmental Disabilities
Who Received Services from CMHSPs
Fiscal Year 2013
State of Michigan

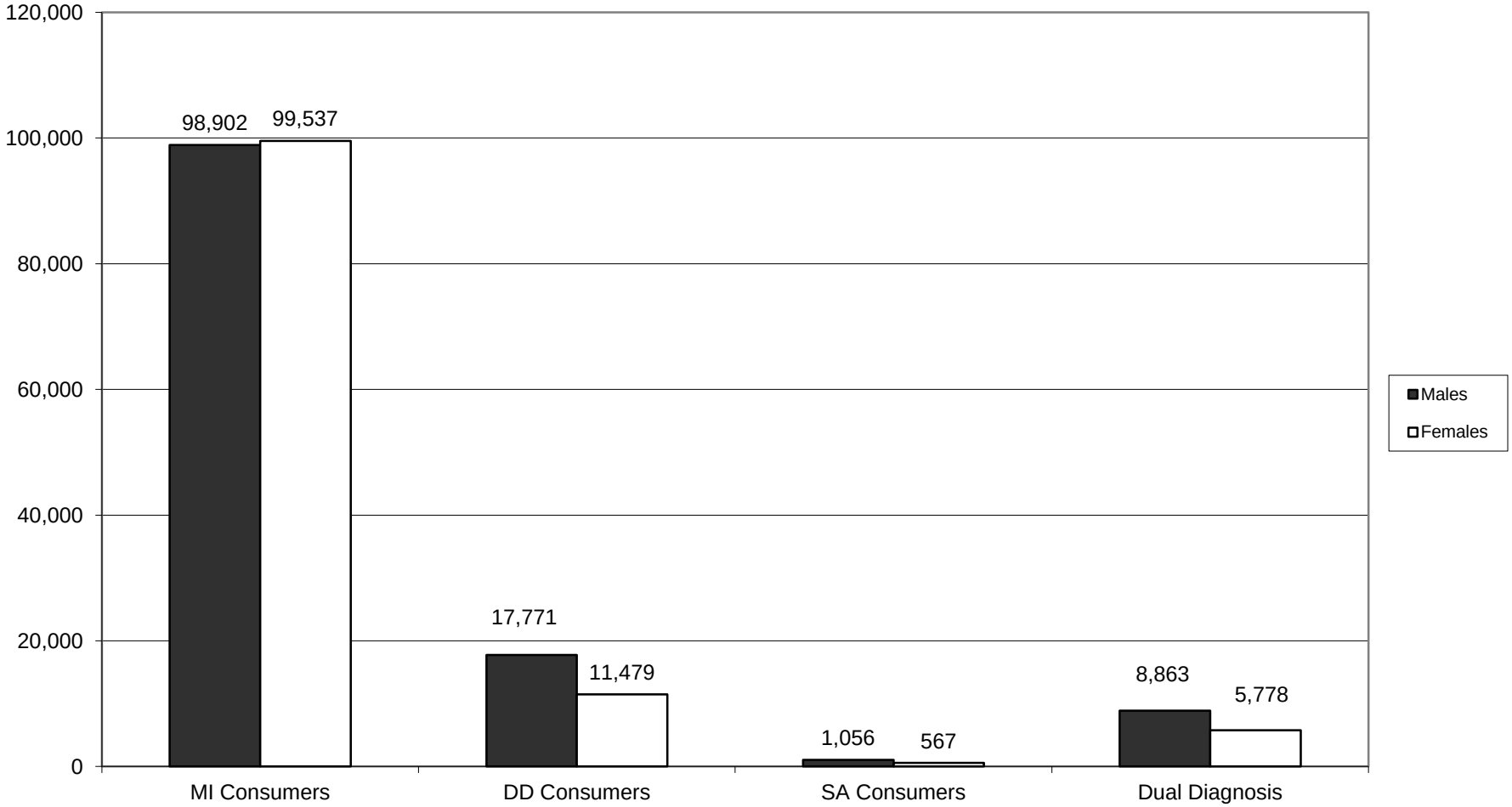
Demographic Characteristics	MI Consumers		DD Consumers		* Substance Abuse Consumers		Dual Diagnosis (MI & DD)		** Assessment Only		Unknown Disability		Total Served	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Residence														
Homeless/Homeless Shelter	8,194	4.12%	51	0.17%	167	10.29%	89	0.61%	52	4.31%	118	2.11%	8,671	3.45%
Private - with Relatives	96,916	48.78%	17,967	61.41%	640	39.43%	6,405	43.74%	593	49.13%	1,596	28.53%	124,117	49.45%
Private - non-Relatives	59,954	30.17%	4,319	14.76%	521	32.10%	2,832	19.34%	356	29.49%	653	11.67%	68,635	27.34%
Foster Family	2,637	1.33%	254	0.87%	2	0.12%	180	1.23%	22	1.82%	36	0.64%	3,131	1.25%
Specialized Residential	4,660	2.35%	4,481	15.32%	7	0.43%	3,365	22.98%	0	0.00%	22	0.39%	12,535	4.99%
General Residential	3,986	2.01%	1,048	3.58%	11	0.68%	820	5.60%	3	0.25%	32	0.57%	5,900	2.35%
Prison/Jail/Juvenile Detention	2,632	1.32%	16	0.05%	56	3.45%	42	0.29%	10	0.83%	61	1.09%	2,817	1.12%
Nursing Care Facility	2,466	1.24%	233	0.80%	2	0.12%	175	1.20%	6	0.50%	61	1.09%	2,943	1.17%
Other Institutional Setting	930	0.47%	39	0.13%	11	0.68%	49	0.33%	4	0.33%	10	0.18%	1,043	0.42%
Supported Independence Program	2,140	1.08%	320	1.09%	9	0.55%	404	2.76%	1	0.08%	5	0.09%	2,879	1.15%
Residential Arrangement Unknown/Unreported	14,180	7.14%	530	1.81%	197	12.14%	281	1.92%	160	13.26%	3,000	53.63%	18,348	7.31%
	198,695	100.00%	29,258	100.00%	1,623	100.00%	14,642	100.00%	1,207	100.00%	5,594	100.00%	251,019	100.00%
Total Annual Household Income														
Income Below $10,000	106,315	53.51%	16,115	55.08%	1,033	63.65%	8,162	55.74%	696	57.66%	3,021	54.00%	135,342	53.92%
Income $10,001 to $20,000	27,352	13.77%	6,938	23.71%	150	9.24%	3,925	26.81%	114	9.44%	250	4.47%	38,729	15.43%
Income $20,001 to $30,000	7,748	3.90%	725	2.48%	42	2.59%	420	2.87%	35	2.90%	96	1.72%	9,066	3.61%
Income $30,001 to $40,000	2,890	1.45%	342	1.17%	12	0.74%	170	1.16%	17	1.41%	26	0.46%	3,457	1.38%
Income $40,001 to $60,000	1,938	0.98%	395	1.35%	5	0.31%	161	1.10%	16	1.33%	19	0.34%	2,534	1.01%
Income Over $60,000	1,261	0.63%	345	1.18%	2	0.12%	112	0.76%	5	0.41%	21	0.38%	1,746	0.70%
Income Unreported	51,191	25.76%	4,398	15.03%	379	23.35%	1,692	11.56%	324	26.84%	2,161	38.63%	60,145	23.96%
	198,695	100.00%	29,258	100.00%	1,623	100.00%	14,642	100.00%	1,207	100.00%	5,594	100.00%	251,019	100.00%
Program Eligibility (Counts Can be More than One Group)														
Adoption Subsidy	549	0.28%	105	0.36%	4	0.25%	76	0.52%	5	0.41%	1	0.02%	740	0.29%
Medicaid	129,570	65.21%	27,211	93.00%	597	36.78%	13,793	94.20%	577	47.80%	2,574	46.01%	174,322	69.45%
Habilitation Supports Waiver	33	0.02%	5,300	18.11%	0	0.00%	2,806	19.16%	0	0.00%	6	0.11%	8,145	3.24%
Medicare	38,774	19.51%	12,367	42.27%	106	6.53%	7,082	48.37%	107	8.86%	399	7.13%	58,835	23.44%
SSA, SSI or SSDI	27,252	13.72%	8,774	29.99%	110	6.78%	6,608	45.13%	87	7.21%	209	3.74%	43,040	17.15%
Commercial Health Insurance	17,129	8.62%	5,768	19.71%	61	3.76%	2,140	14.62%	88	7.29%	366	6.54%	25,552	10.18%
Other Public Sources - not DCH	15,860	7.98%	1,610	5.50%	131	8.07%	1,609	10.99%	49	4.06%	107	1.91%	19,366	7.71%
Not Eligible for Program/Plan	41,912	21.09%	1,677	5.73%	752	46.33%	516	3.52%	466	38.61%	2,655	47.46%	47,978	19.11%
Program Eligibility Unknown/Unreported	52	0.03%	6	0.02%	0	0.00%	1	0.01%	3	0.25%	91	1.63%	153	0.06%
	198,695	100.00%	29,258	100.00%	1,623	100.00%	14,642	100.00%	1,207	100.00%	5,594	100.00%	251,019	100.00%

CMHSP Demographic Summary
Numbers and Percentages of Persons with Mental Illnesses and Developmental Disabilities
Who Received Services from CMHSPs
Fiscal Year 2013
State of Michigan

Demographic Characteristics	MI Consumers		DD Consumers		* Substance Abuse Consumers		Dual Diagnosis (MI & 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	7,592	3.82%	202	0.69%	136	8.38%	124	0.85%	68	5.63%	150	2.68%	8,272	3.30%
Employed Part Time (less than 30 hours/week)	10,899	5.49%	1,419	4.85%	100	6.16%	766	5.23%	82	6.79%	173	3.09%	13,439	5.35%
Unemployed - Looking for Work	45,310	22.80%	1,085	3.71%	620	38.20%	994	6.79%	328	27.17%	530	9.47%	48,867	19.47%
Sheltered Workshop/Work Services, Non-Integrated	593	0.30%	3,105	10.61%	0	0.00%	1,662	11.35%	0	0.00%	5	0.09%	5,365	2.14%
In Unpaid Work	423	0.21%	391	1.34%	4	0.25%	173	1.18%	1	0.08%	7	0.13%	999	0.40%
Self-employed	875	0.44%	138	0.47%	18	1.11%	103	0.70%	7	0.58%	8	0.14%	1,149	0.46%
Enclaves/Mobile Crews	254	0.13%	1,004	3.43%	0	0.00%	383	2.62%	0	0.00%	5	0.09%	1,646	0.66%
Participates in Facility-based Activity Program	419	0.21%	3,542	12.11%	0	0.00%	1,303	8.90%	1	0.08%	4	0.07%	5,269	2.10%
Not in the Competitive Labor Force, includes retired, child, homemaker	120,787	60.79%	18,092	61.84%	454	27.97%	9,046	61.78%	464	38.44%	1,504	26.89%	150,347	59.89%
Employment Status Unknown/Unreported	11,543	5.81%	280	0.96%	291	17.93%	88	0.60%	256	21.21%	3,208	57.35%	15,666	6.24%
	198,695	100.00%	29,258	100.00%	1,623	100.00%	14,642	100.00%	1,207	100.00%	5,594	100.00%	251,019	100.00%
Education														
Completed Less than High School	35,022	17.63%	3,997	13.66%	303	18.67%	2,981	20.36%	161	13.34%	411	7.35%	42,875	17.08%
Completed High School or More	57,194	28.78%	11,762	40.20%	628	38.69%	6,173	42.16%	316	26.18%	830	14.84%	76,903	30.64%
In School - K to 12	37,694	18.97%	2,589	8.85%	148	9.12%	1,634	11.16%	139	11.52%	741	13.25%	42,945	17.11%
In Training Program	465	0.23%	775	2.65%	2	0.12%	301	2.06%	1	0.08%	9	0.16%	1,553	0.62%
In Special Education	2,855	1.44%	7,444	25.44%	4	0.25%	2,703	18.46%	9	0.75%	59	1.05%	13,074	5.21%
Attended or Attending Undergraduate College	25,543	12.86%	271	0.93%	211	13.00%	253	1.73%	148	12.26%	415	7.42%	26,841	10.69%
College Graduate	8,185	4.12%	126	0.43%	35	2.16%	61	0.42%	31	2.57%	126	2.25%	8,564	3.41%
Education Unreported	31,737	15.97%	2,294	7.84%	292	17.99%	536	3.66%	402	33.31%	3,003	53.68%	38,264	15.24%
	198,695	100.00%	29,258	100.00%	1,623	100.00%	14,642	100.00%	1,207	100.00%	5,594	100.00%	251,019	100.00%
Total Served														
Persons Served by CMHSPs	198,695		29,258		1,623		14,642		1,207		5,594		251,019	

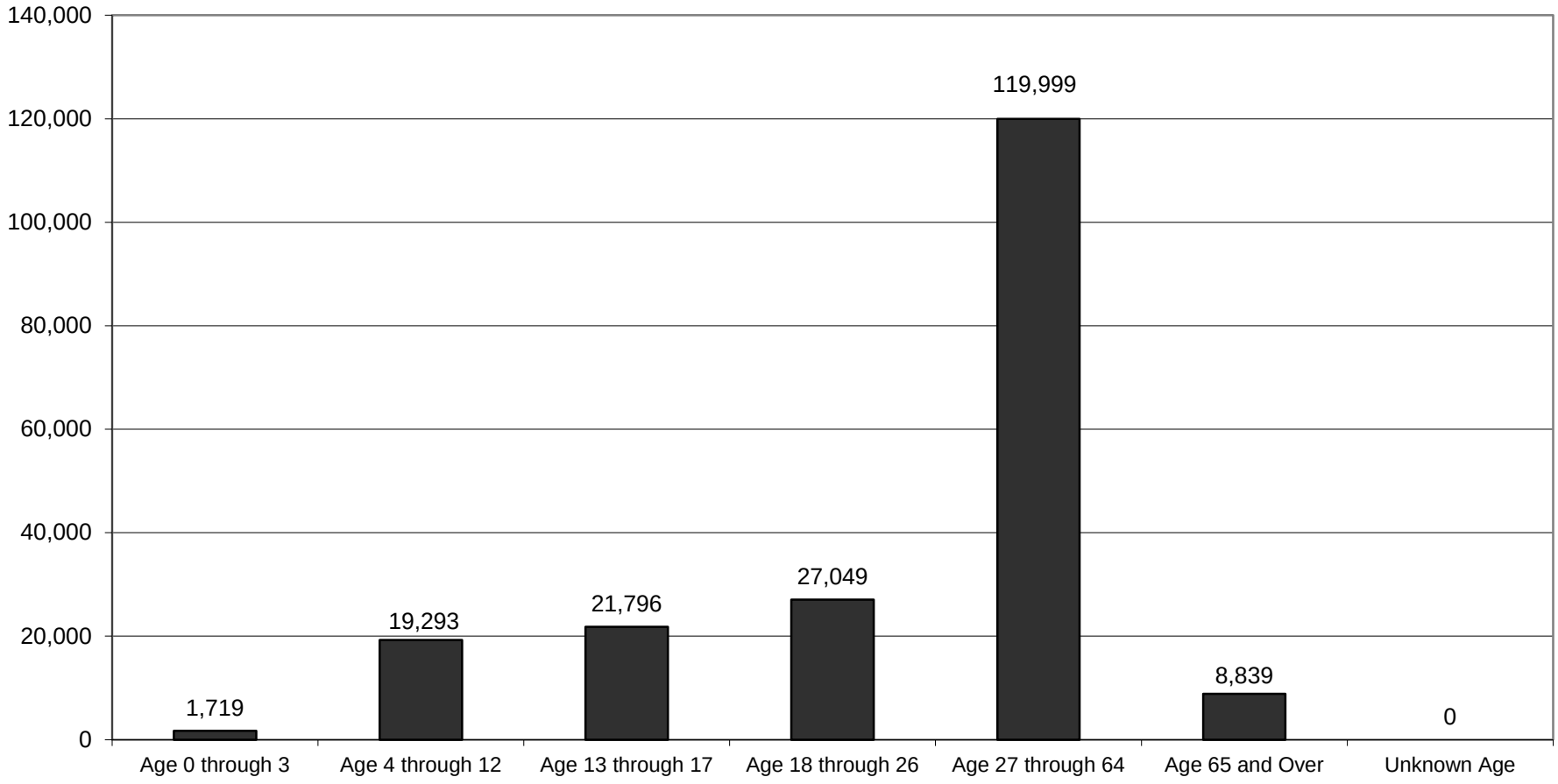
* The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.
**The Assessment Only Consumers in this report represent those consumers who were reported as "Assessment Only" within the disability designation and not having a 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 2013
State of Michigan

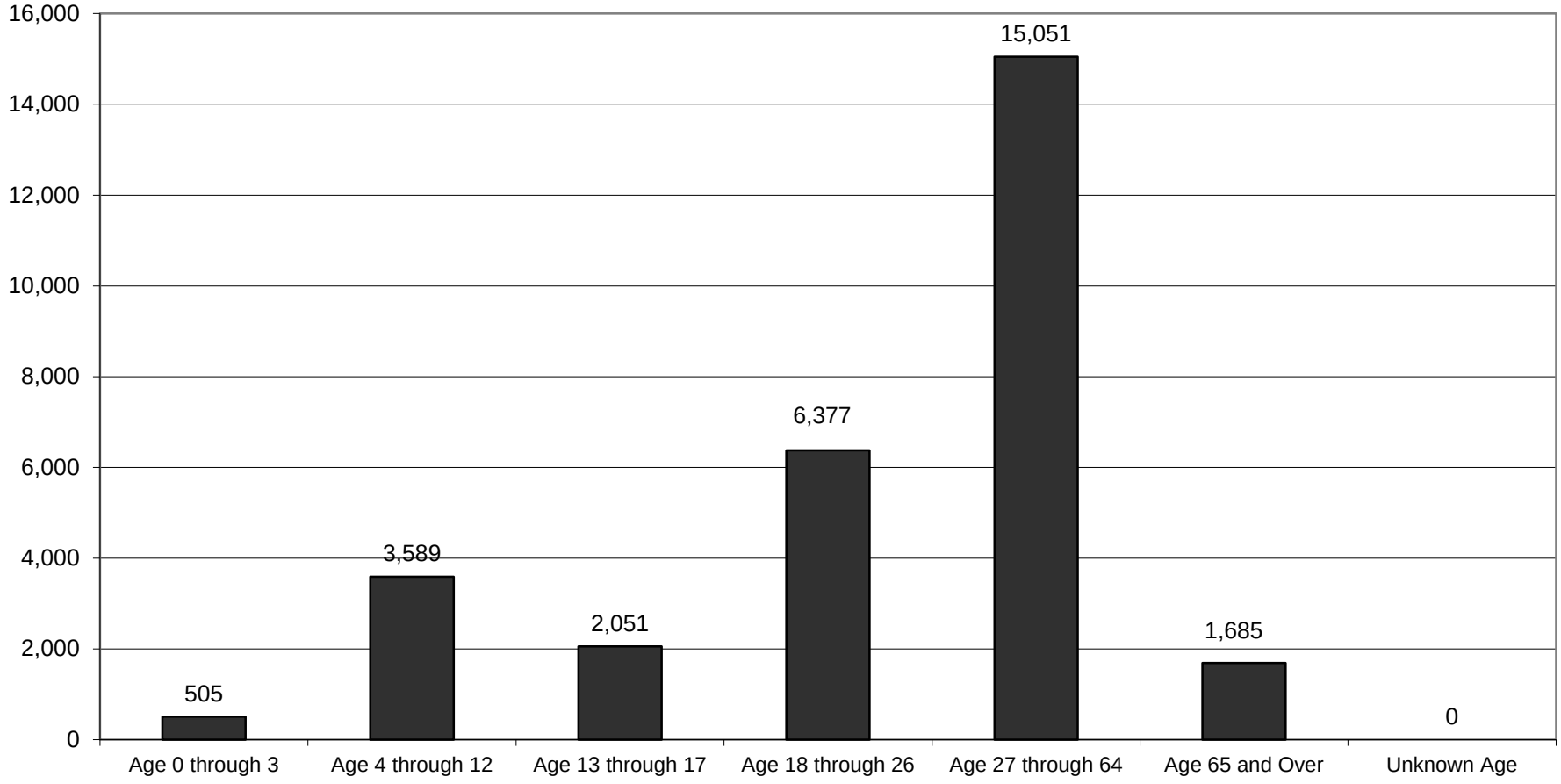


The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

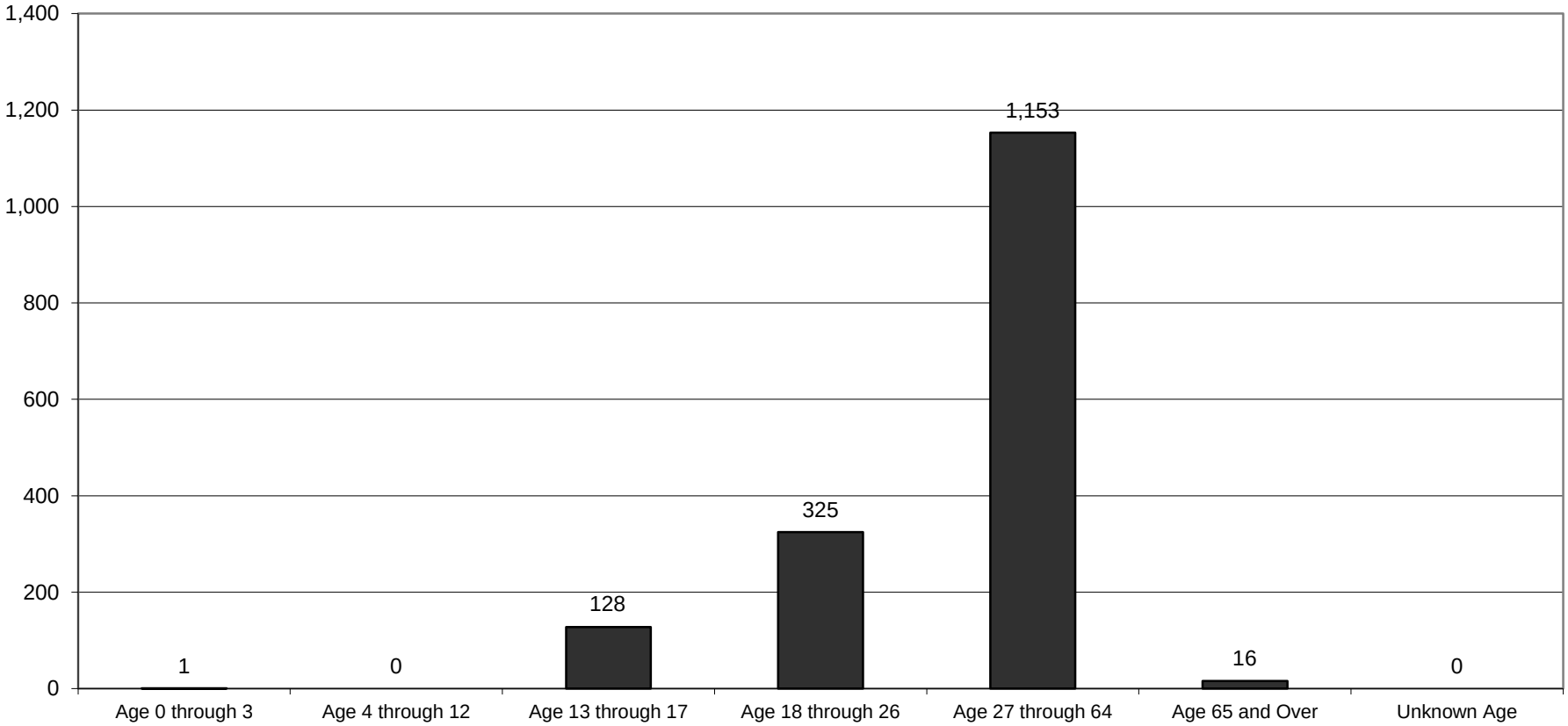
Persons with Mental Illness
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2013
State of Michigan



Persons with Developmental Disabilities
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2013
State of Michigan

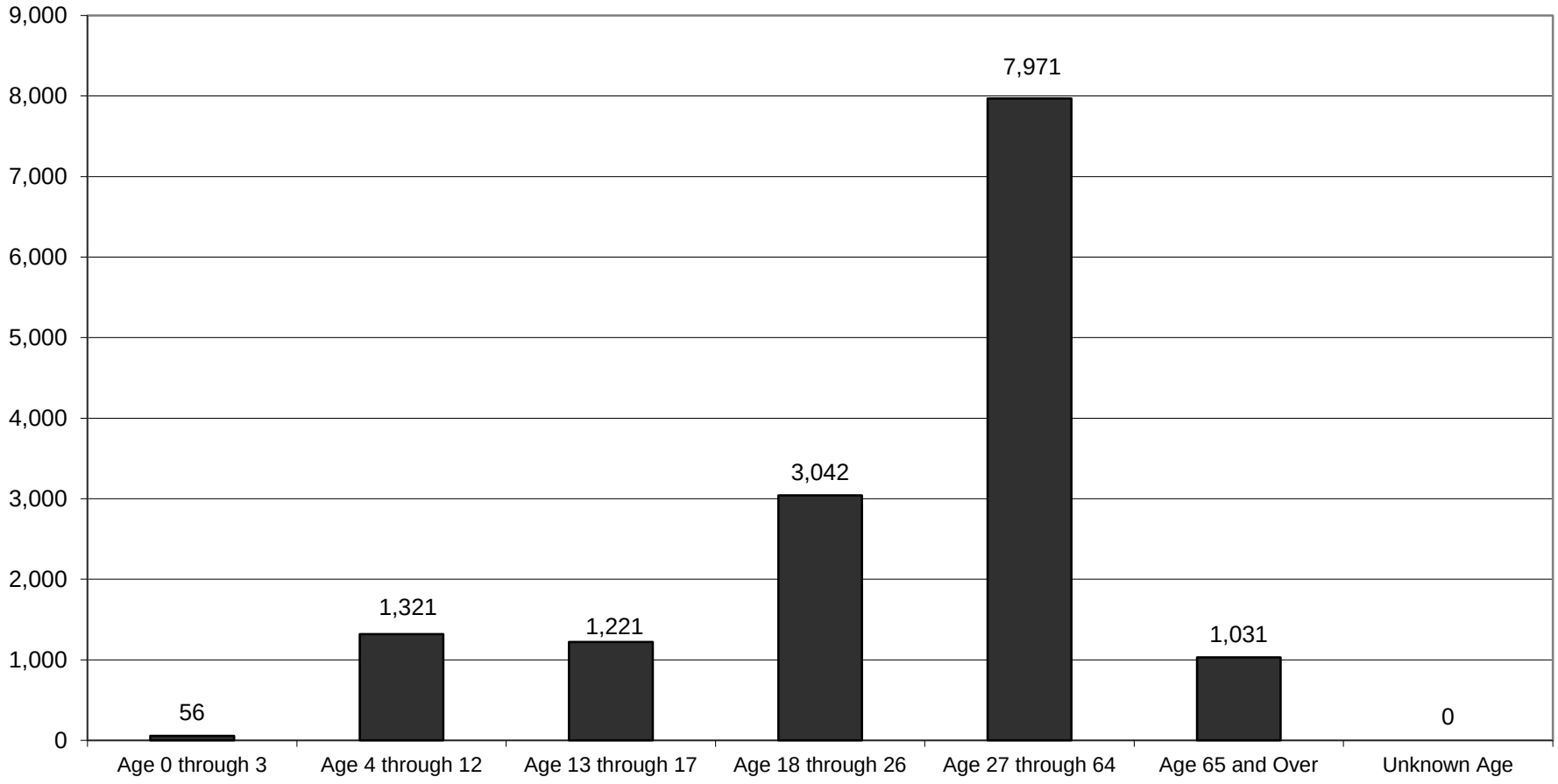


Persons with Substance Abuse Disorder
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2013
State of Michigan

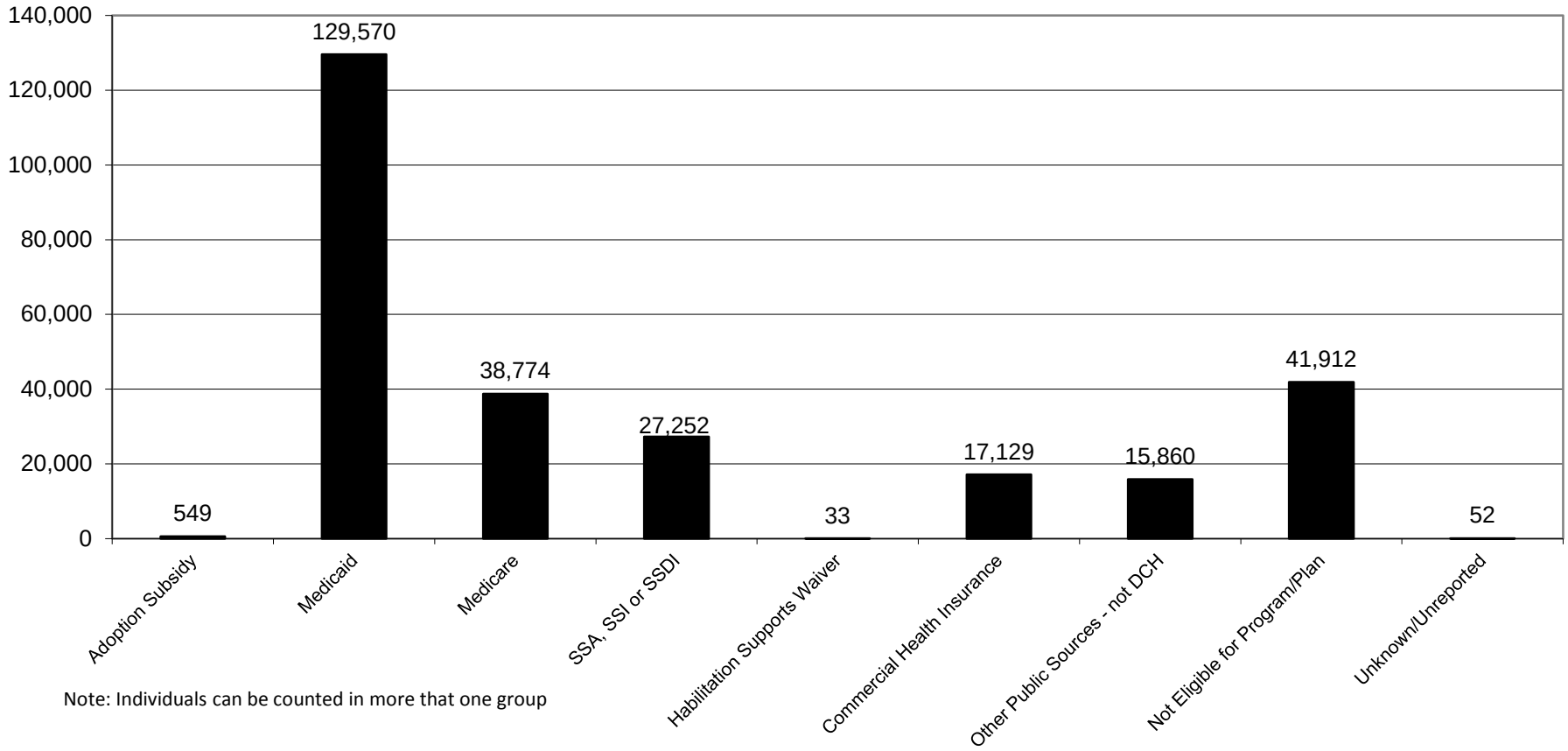


The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

Persons with Dual Diagnosis
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2013
State of Michigan

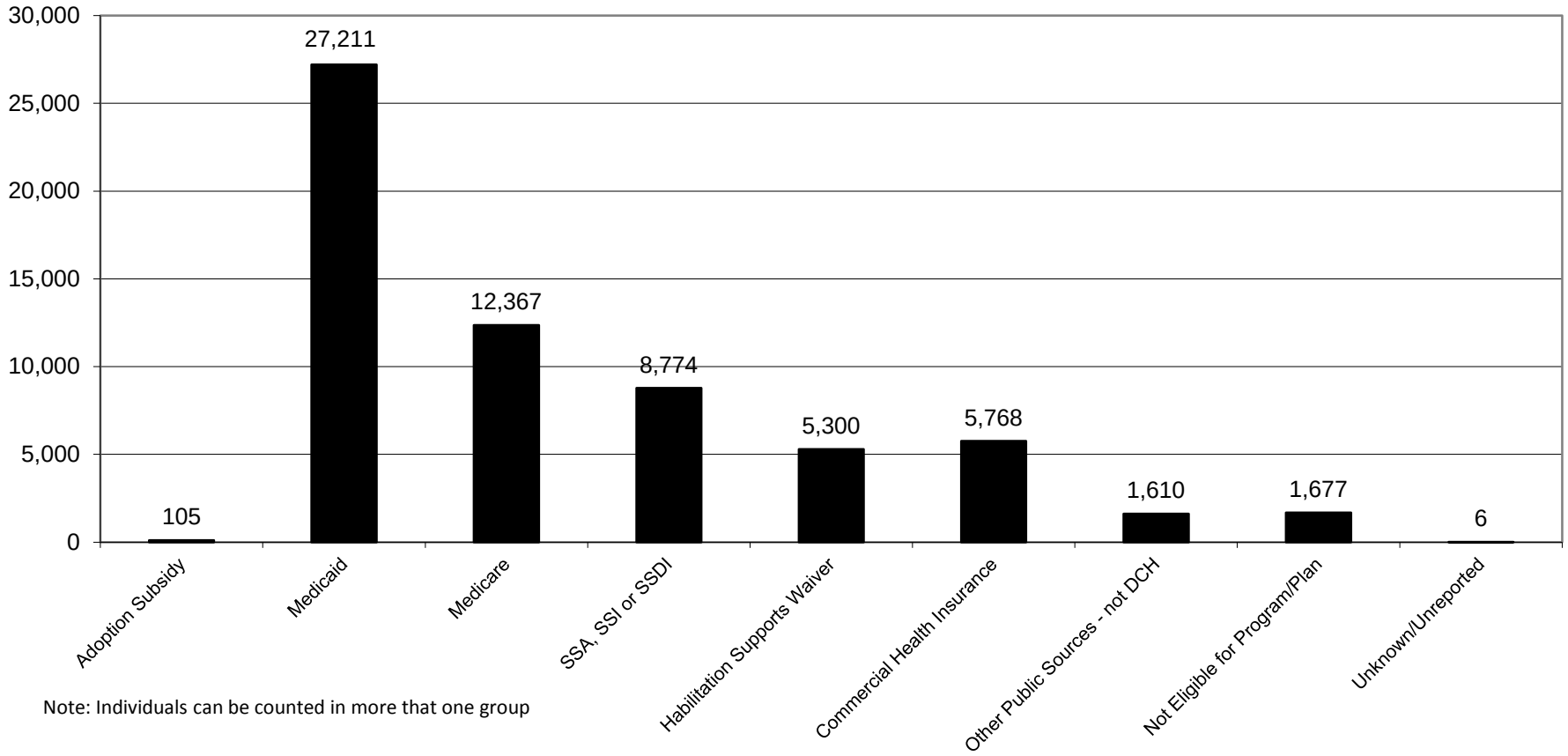


Persons with Mental Illness
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2013
State of Michigan



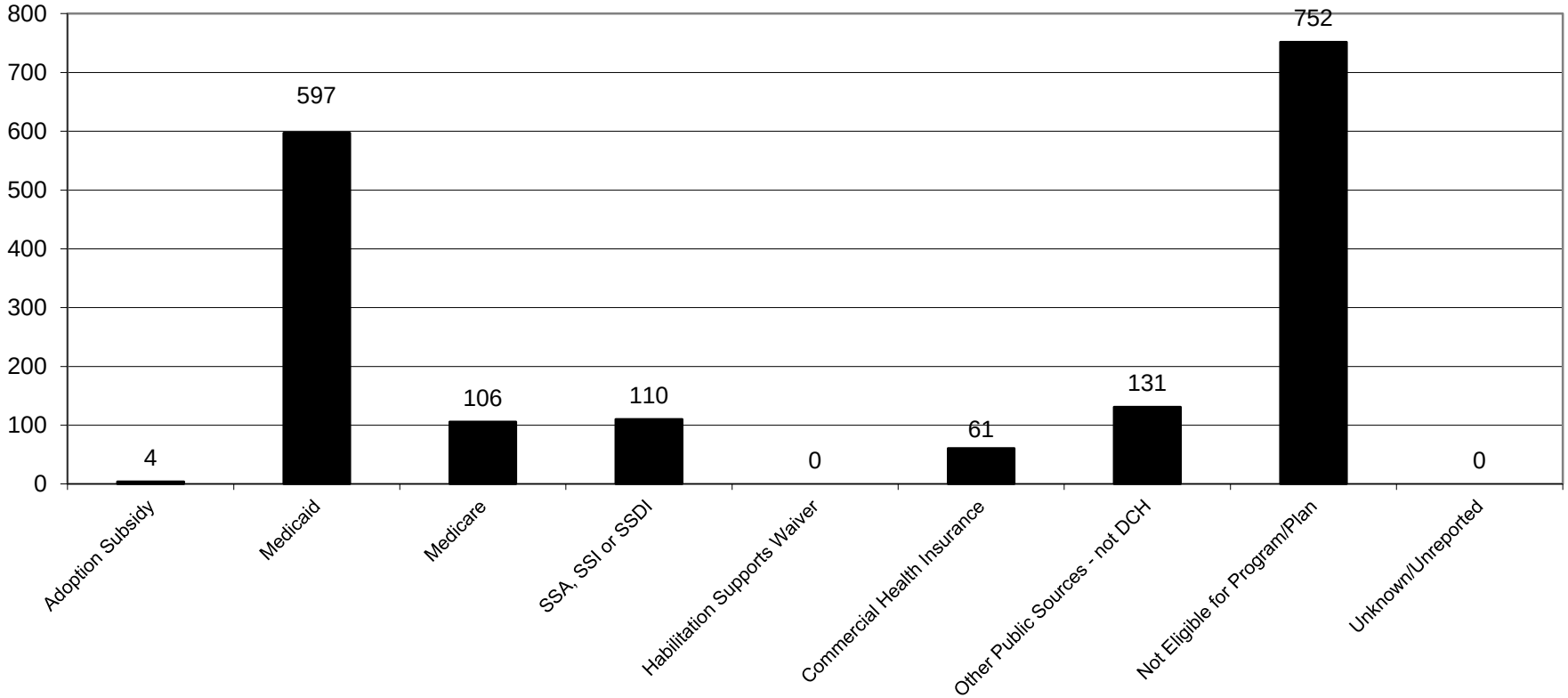
Note: Individuals can be counted in more that one group

Persons with Developmental Disabilities
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2013
State of Michigan



Note: Individuals can be counted in more that one group

Persons with Substance Abuse Disorder
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2013
State of Michigan



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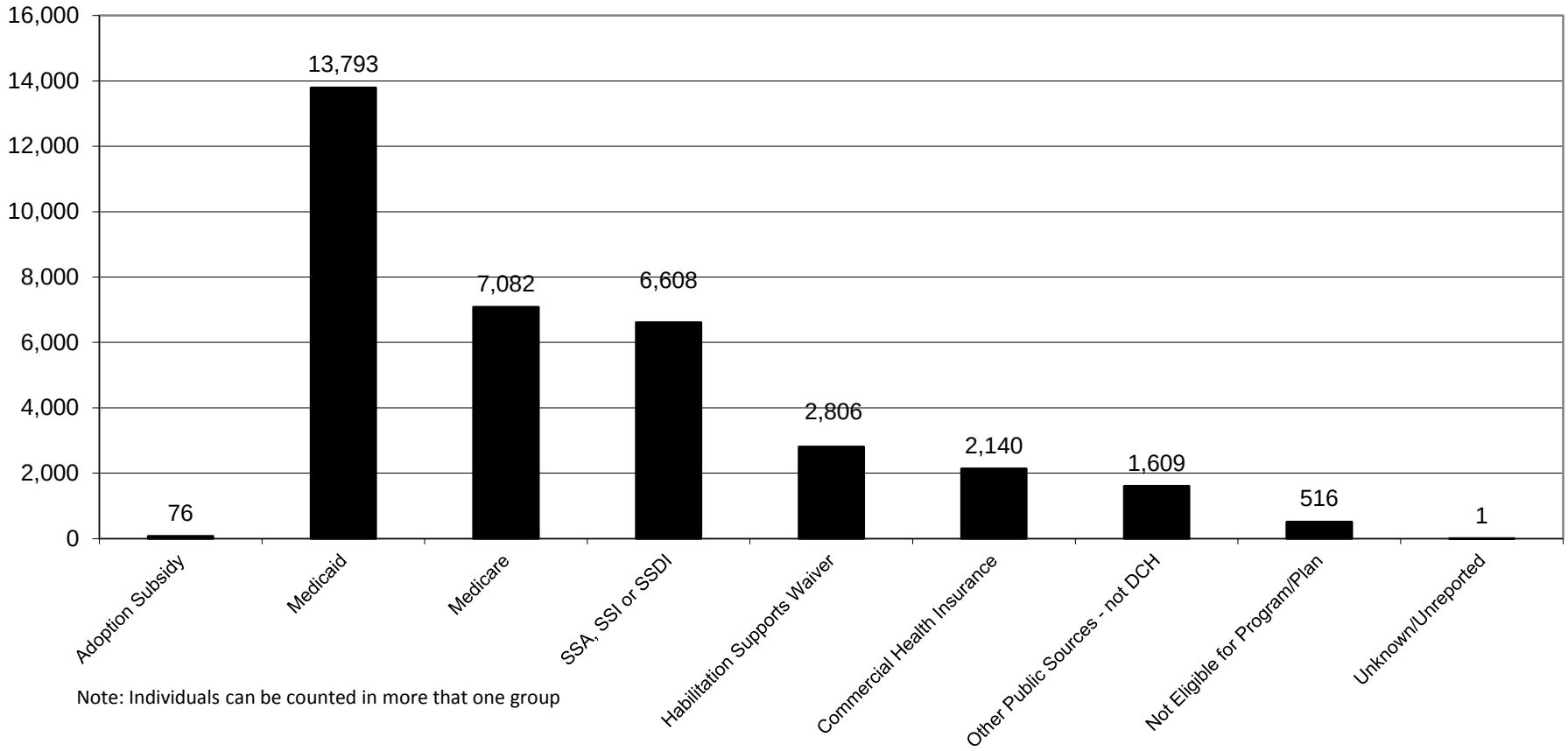
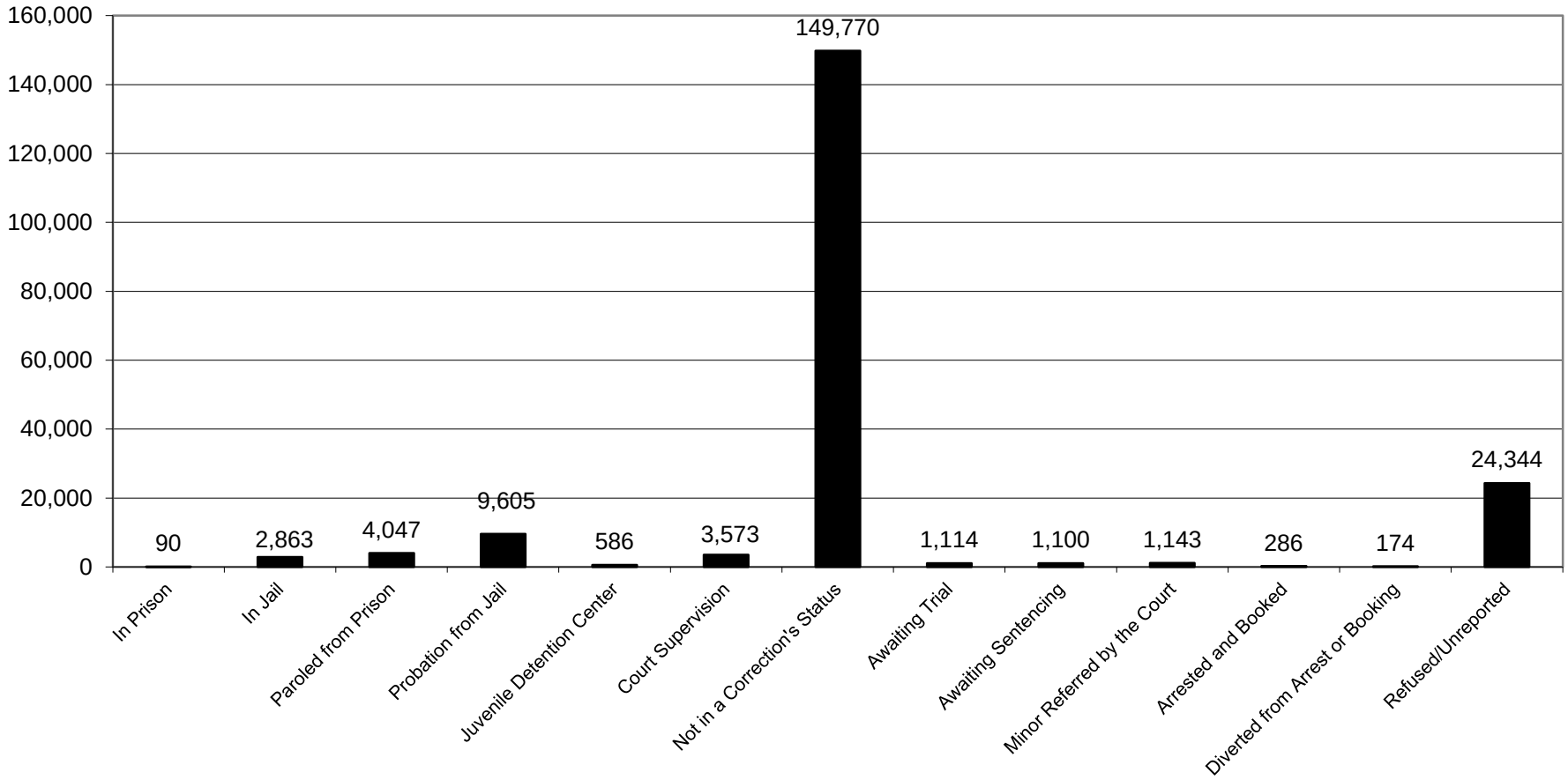
Note: Individuals can be counted in more that one group

Persons with Dual Diagnosis
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2013
State of Michigan

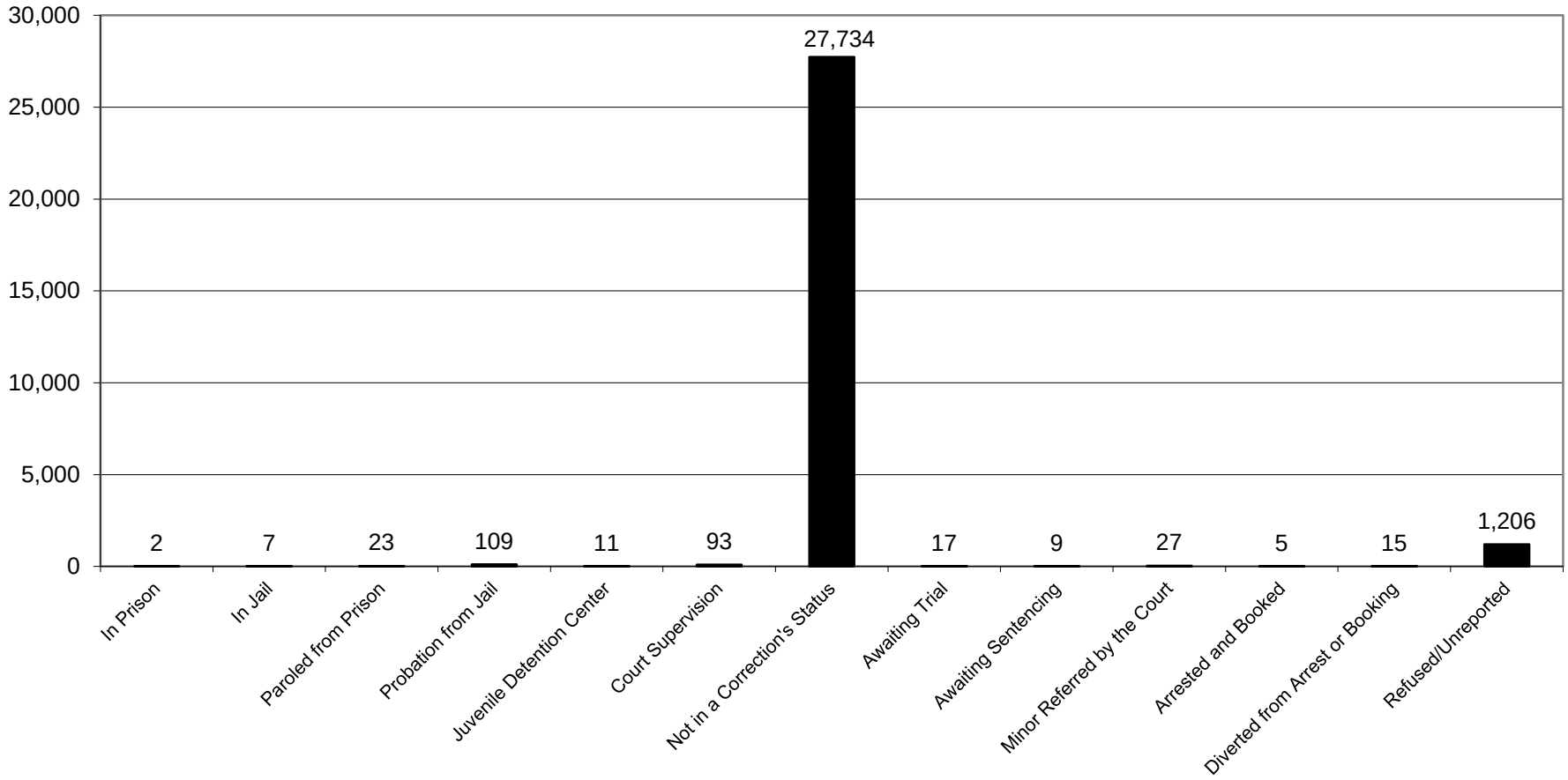


Note: Individuals can be counted in more that one group

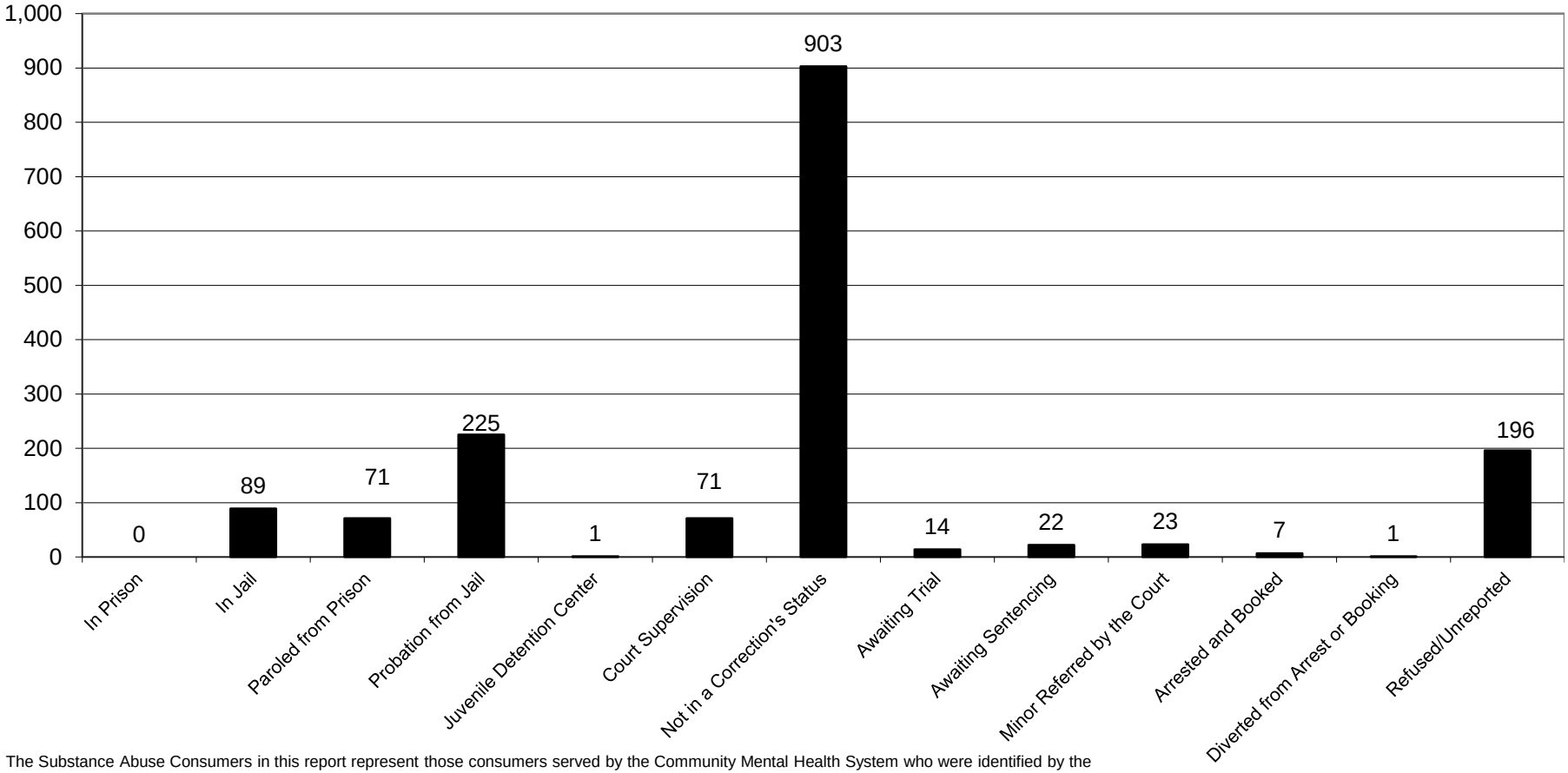
Persons with Mental Illness
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2013
State of Michigan



Persons with Developmental Disabilities
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2013
State of Michigan



Persons with Substance Abuse Disorder
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2013
State of Michigan



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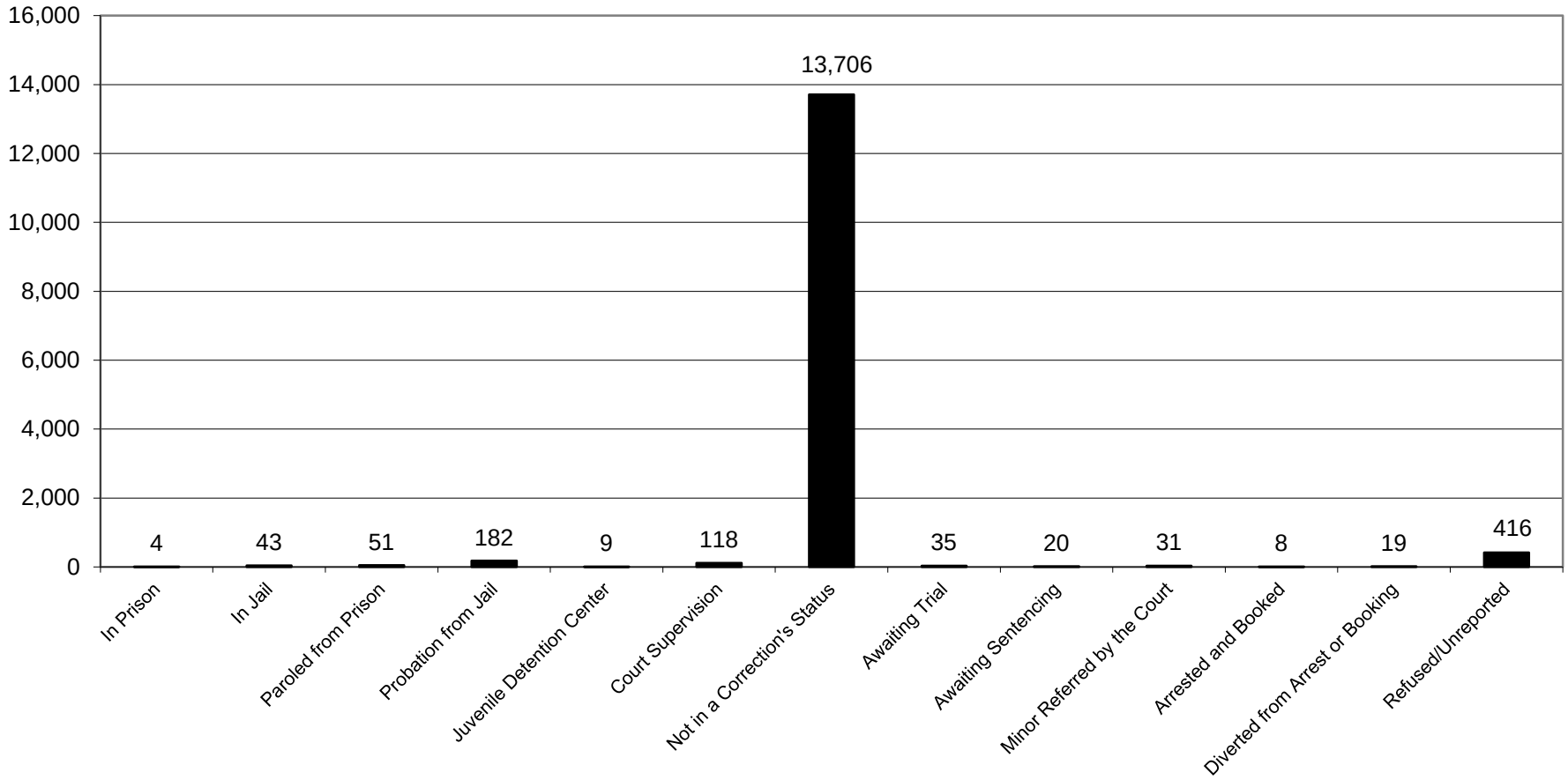
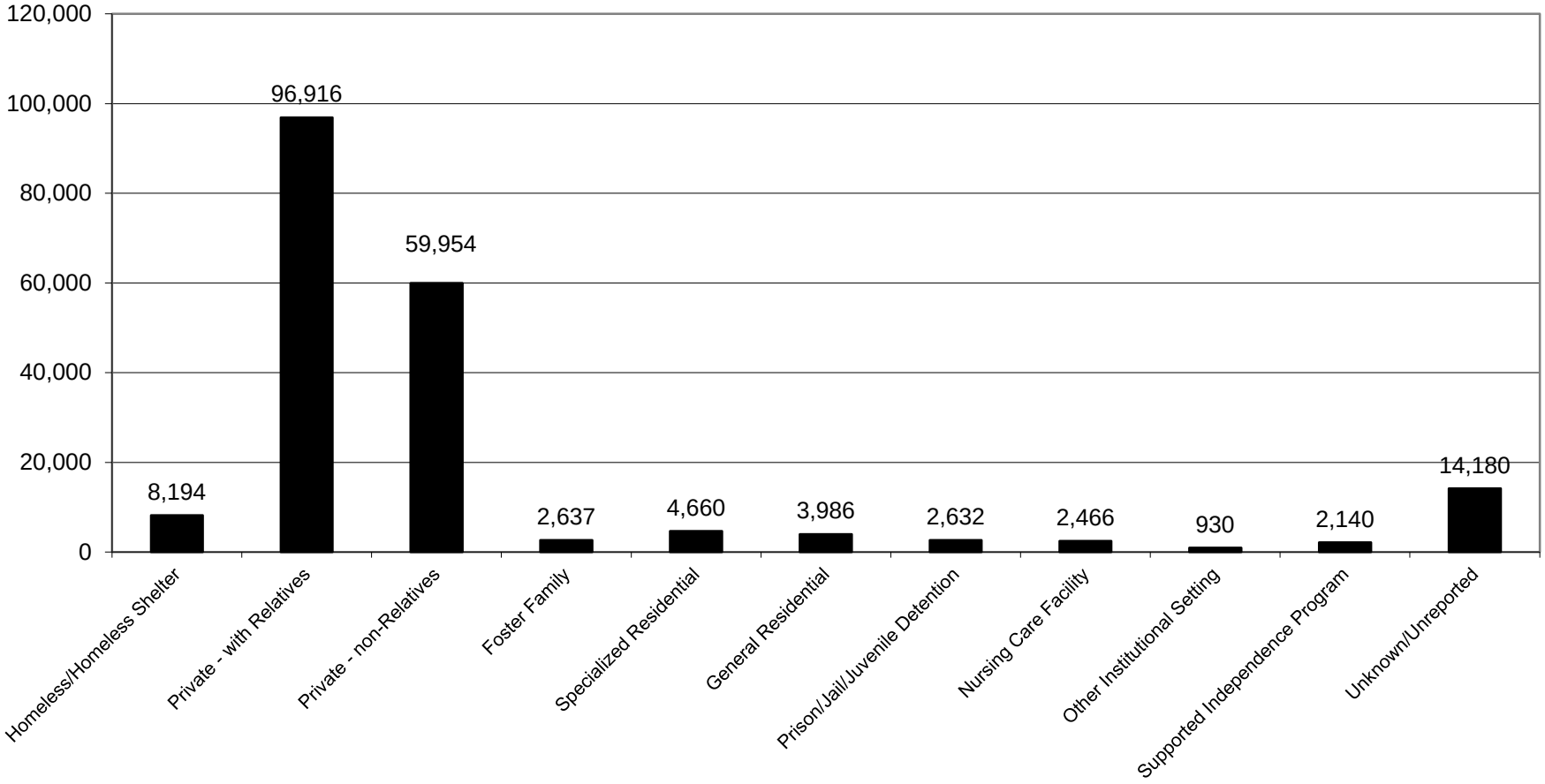
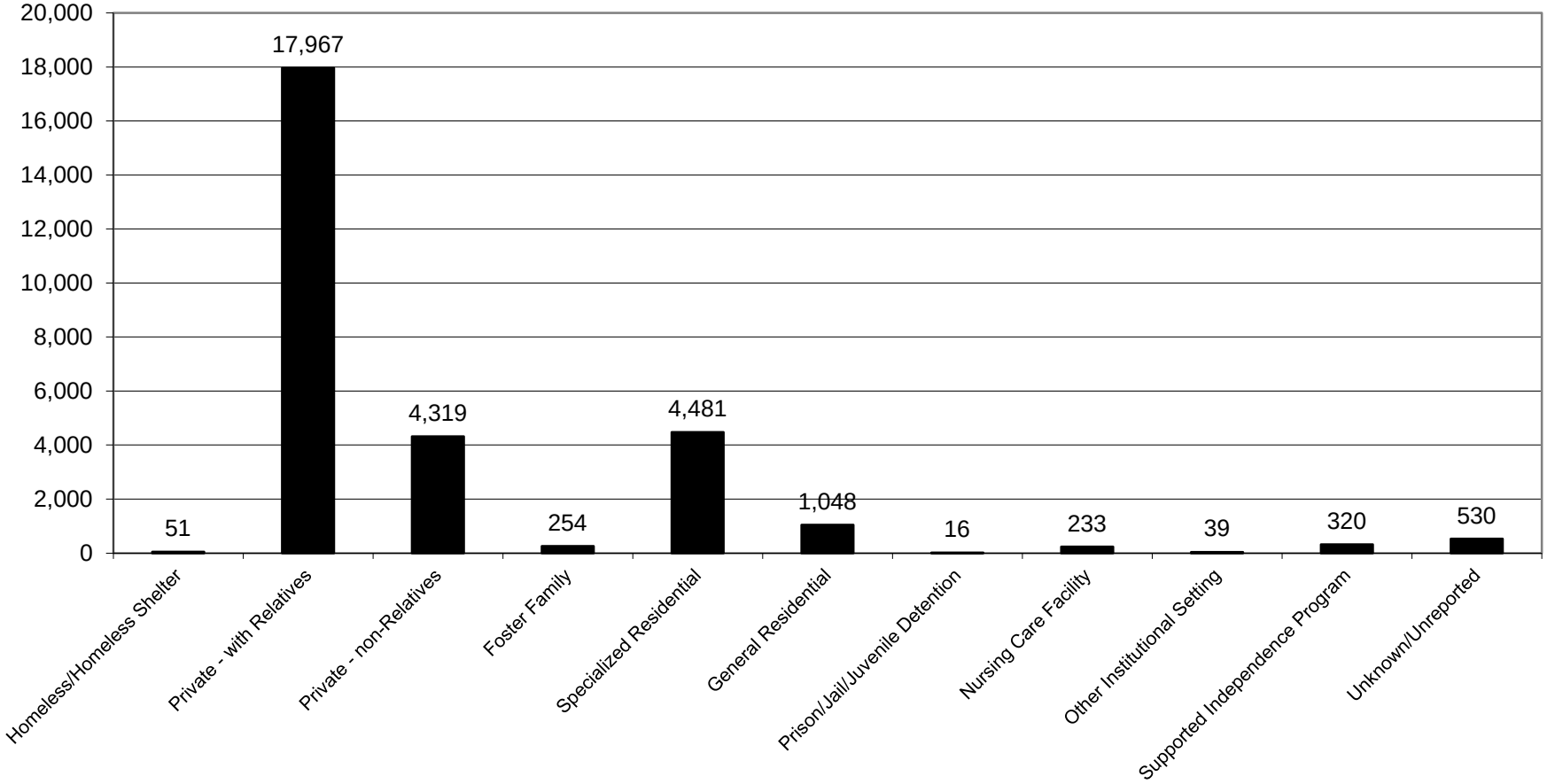
Persons with Dual Diagnosis
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2013
State of Michigan



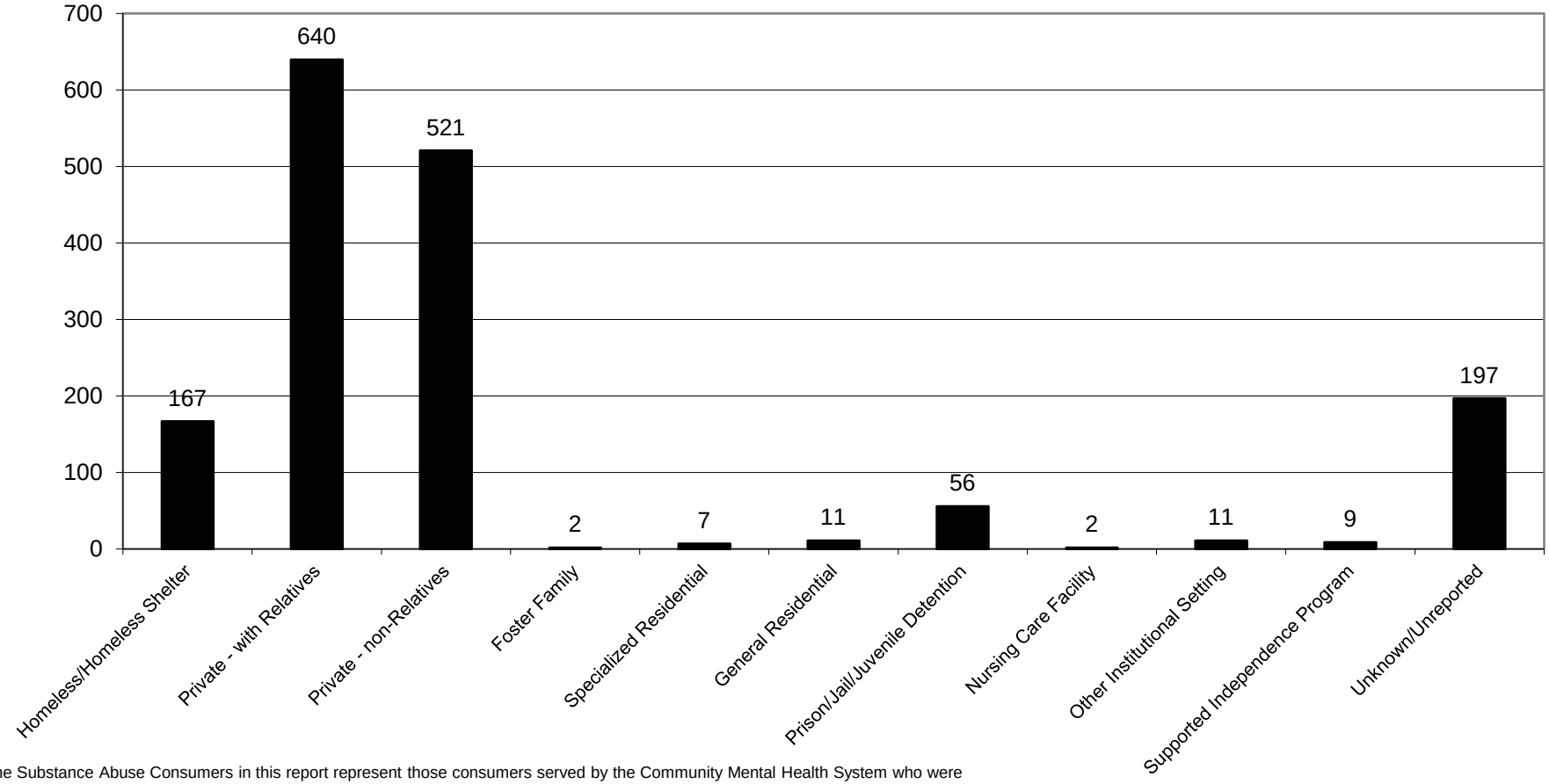
Persons with Mental Illness
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2013
State of Michigan



Persons with Developmental Disabilities
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2013
State of Michigan

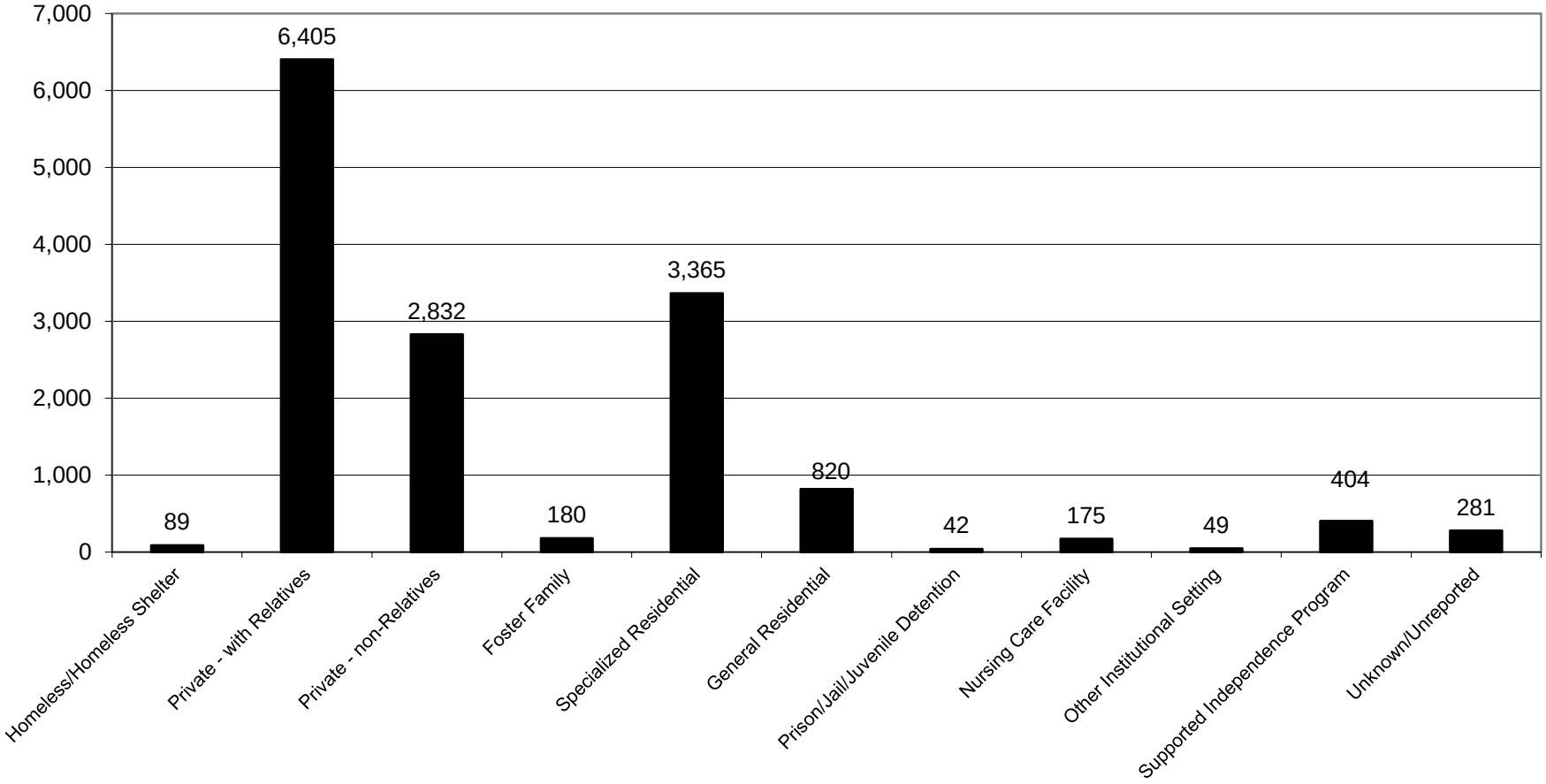


Persons with Substance Abuse Disorder
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2013
State of Michigan



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 abuse disorder, but neither a developmental disability nor a mental illness.

Persons with Dual Diagnosis
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2013
State of Michigan



Number of Persons Receiving Services from CMHSPs
by CMHSP and Gender
Fiscal Year 2013
State of Michigan

CMHSP	Persons with Mental Illness			Developmental Disabilities			Dual Diagnosis			* Substance Abuse 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	461	558	5	101	94	1	131	103	0	8	1	0	10	15	0	711	771	6
AuSable	816	792	0	129	89	0	20	9	0	9	1	0	25	13	0	999	904	0
Barry	496	641	9	43	33	0	40	23	0	3	1	0	3	5	3	585	703	12
Bay Arenac	2,248	2,593	8	235	174	0	150	130	0	13	7	0	62	60	0	2,708	2,964	8
Berrien	2,200	2,213	5	124	92	0	183	125	0	3	6	0	18	12	1	2,528	2,448	6
Clinton Eaton Ingham	3,183	2,750	0	545	327	0	493	311	0	78	40	0	6	12	0	4,305	3,440	0
CMH for Central Michigan	3,040	3,470	0	453	358	0	411	253	0	14	7	0	111	122	0	4,029	4,210	0
Copper	382	398	0	98	60	0	61	39	0	16	3	0	12	14	0	569	514	0
Detroit	31,120	28,726	64	5,872	3,435	2	402	260	1	17	10	0	232	119	0	37,643	32,550	67
Genesee	4,572	4,051	0	770	514	0	309	200	0	220	144	0	208	218	0	6,079	5,127	0
Gogebic	155	169	0	45	26	0	41	19	0	2	3	0	14	10	0	257	227	0
Gratiot	643	693	0	57	50	0	79	43	0	11	4	0	0	1	0	790	791	0
Hiawatha	412	453	0	121	71	0	80	40	0	16	7	0	30	38	0	659	609	0
Huron	443	486	0	62	35	0	56	38	0	0	1	0	3	3	0	564	563	0
Ionia	827	880	0	57	40	0	80	40	0	4	2	0	6	4	0	974	966	0
Kalamazoo	2,330	2,223	2	310	163	0	357	224	0	1	1	0	29	11	0	3,027	2,622	2
Lapeer	590	657	0	159	84	0	88	44	0	4	3	0	0	0	0	841	788	0
Lenewee	831	831	0	122	103	0	33	33	0	7	4	0	34	47	0	1,027	1,018	0
Lifeways	2,525	2,521	0	201	153	0	329	183	0	84	43	0	276	367	0	3,415	3,267	0
Livingston	736	884	0	283	160	0	56	52	0	31	16	0	35	44	0	1,141	1,156	0
Macomb	4,481	4,891	0	1,151	745	0	911	612	0	30	22	0	388	322	0	6,961	6,592	0
Manistee-Benzie	518	607	0	56	46	0	67	39	0	2	0	0	0	0	0	643	692	0
Monroe	939	950	0	226	156	0	117	74	0	17	4	0	86	82	0	1,385	1,266	0
Montcalm	422	487	1	41	23	0	61	35	0	6	2	0	7	7	0	537	554	1
Muskegon	1,771	1,663	1	306	235	0	248	170	0	2	2	0	73	65	0	2,400	2,135	1
network180	6,142	6,124	0	729	540	0	613	407	0	174	92	0	199	148	0	7,857	7,311	0
Newaygo	809	832	0	50	40	0	73	51	0	0	0	0	0	0	0	932	923	0
North Country	1,310	1,454	1	341	238	0	145	60	0	50	24	0	70	76	0	1,916	1,852	1
Northeast	707	786	0	129	98	0	117	74	0	3	1	0	109	105	0	1,065	1,064	0
Northern Lakes	2,495	2,414	0	265	151	0	291	195	0	0	0	0	0	0	0	3,051	2,760	0
Northpointe	604	678	0	80	49	0	161	80	0	1	2	0	11	13	0	857	822	0
Oakland	6,534	7,106	0	2,161	1,396	0	879	590	0	44	36	0	1,315	1,067	0	10,933	10,195	0
Ottawa	871	847	0	270	216	0	104	96	0	7	2	0	7	3	0	1,259	1,164	0
Pathways	843	847	0	264	166	0	121	77	0	8	4	0	28	32	0	1,264	1,126	0
Pines	813	1,017	38	86	44	0	89	56	0	37	7	0	17	14	1	1,042	1,138	39
Saginaw	1,622	1,721	0	299	224	0	268	181	0	48	18	0	54	41	0	2,291	2,185	0
Sanilac	440	498	0	106	51	0	80	63	0	4	0	0	3	3	0	633	615	0
Shiawassee	669	714	0	74	70	0	62	39	0	0	1	0	7	11	0	812	835	0
St. Clair	1,333	1,321	0	353	246	0	226	156	0	6	4	0	4	2	0	1,922	1,729	0
St. Joseph	745	818	1	56	39	0	102	66	0	21	11	0	20	8	0	944	942	1
Summit Pointe	2,375	2,945	18	177	121	3	187	114	0	0	0	0	5	6	1	2,744	3,186	22
Tuscola	442	566	0	78	50	0	59	35	0	0	1	0	5	4	0	584	656	0
Van Buren	912	1,105	103	69	52	2	121	91	0	0	2	0	3	7	0	1,105	1,257	105
Washtenaw	1,825	1,819	0	495	344	0	192	140	0	55	27	0	65	60	0	2,632	2,390	0
West Michigan	926	964	0	75	39	0	119	77	0	0	0	0	0	0	0	1,120	1,080	0
Woodlands	344	374	0	47	39	0	51	31	0	0	1	0	10	4	0	452	449	0
State Totals	**98,902**	**99,537**	**256**	**17,771**	**11,479**	**8**	**8,863**	**5,778**	**1**	**1,056**	**567**	**0**	**3,600**	**3,195**	**6**	**130,192**	**120,556**	**271**

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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 2013
State of Michigan

CMHSP	Age							
	0-3	4-12	13-17	18-26	27-64	65+	Unreported	Total
Allegan	4	121	123	118	602	56	0	1,024
AuSable	2	298	268	207	772	61	0	1,608
Barry	9	115	116	157	692	57	0	1,146
Bay Arenac	10	546	452	761	2,866	214	0	4,849
Berrien	8	331	555	732	2,543	249	0	4,418
Clinton Eaton Ingham	41	652	685	901	3,346	308	0	5,933
CMH for Central Michigan	36	803	689	976	3,810	196	0	6,510
Copper	7	46	82	114	476	55	0	780
Detroit	471	5,275	6,634	7,587	37,328	2,615	0	59,910
Genesee	103	726	814	1,181	5,591	208	0	8,623
Gogebic	1	31	47	40	189	16	0	324
Gratiot	11	219	212	252	604	38	0	1,336
Hiawatha	2	106	112	118	480	47	0	865
Huron	4	64	83	158	527	93	0	929
Ionia	4	152	261	287	947	56	0	1,707
Kalamazoo	70	580	591	554	2,531	229	0	4,555
Lapeer	3	130	133	161	772	48	0	1,247
Lenewee	4	175	173	226	1,017	67	0	1,662
Lifeways	73	437	553	750	2,998	235	0	5,046
Livingston	12	158	226	245	922	57	0	1,620
Macomb	14	627	785	1,215	6,330	401	0	9,372
Manistee-Benzie	4	237	132	139	556	57	0	1,125
Monroe	5	193	231	295	1,132	33	0	1,889
Montcalm	19	147	146	141	448	9	0	910
Muskegon	23	312	379	564	2,016	141	0	3,435
network180	340	1,741	1,689	1,379	6,733	384	0	12,266
Newaygo	61	225	193	261	850	51	0	1,641
North Country	36	324	368	456	1,439	142	0	2,765
Northeast	1	114	162	176	926	114	0	1,493
Northern Lakes	48	506	499	705	2,895	256	0	4,909
Northpointe	20	110	145	189	756	62	0	1,282
Oakland	34	726	1,006	1,639	9,720	515	0	13,640
Ottawa	19	196	263	254	949	37	0	1,718
Pathways	23	176	212	261	942	76	0	1,690
Pines	2	192	186	316	1,069	103	0	1,868
Saginaw	27	245	362	508	1,841	360	0	3,343
Sanilac	4	100	80	137	573	44	0	938
Shiawassee	11	189	158	227	752	46	0	1,383
St. Clair	27	218	306	333	1,688	82	0	2,654
St. Joseph	61	260	167	193	825	58	0	1,564
Summit Pointe	12	697	603	688	2,831	507	0	5,338
Tuscola	2	130	109	165	579	23	0	1,008
Van Buren	4	163	278	390	1,148	137	0	2,120
Washtenaw	40	227	250	448	2,502	177	0	3,644
West Michigan	2	178	179	351	1,094	86	0	1,890
Woodlands	5	95	99	94	392	33	0	718
Total	**1,719**	**19,293**	**21,796**	**27,049**	**119,999**	**8,839**	**0**	**198,695**

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 Developmental Disabilities
Fiscal Year 2013
State of Michigan

CMHSP	Age							
	0-3	4-12	13-17	18-26	27-64	65+	Unreported	Total
Allegan	1	13	10	46	109	17	0	196
AuSable	1	2	1	56	140	18	0	218
Barry	0	7	6	16	42	5	0	76
Bay Arenac	6	39	22	67	238	37	0	409
Berrien	5	17	6	38	139	11	0	216
Clinton Eaton Ingham	16	131	59	155	469	42	0	872
CMH for Central Michigan	14	53	40	139	489	76	0	811
Copper	0	5	9	42	91	11	0	158
Detroit	157	1,346	784	2,135	4,434	453	0	9,309
Genesee	7	101	80	239	772	85	0	1,284
Gogebic	3	12	7	9	36	4	0	71
Gratiot	2	2	6	16	68	13	0	107
Hiawatha	4	35	17	30	87	19	0	192
Huron	0	3	3	15	67	9	0	97
Ionia	3	18	11	25	33	7	0	97
Kalamazoo	10	78	38	107	215	25	0	473
Lapeer	0	10	6	42	152	33	0	243
Lenewee	3	7	11	31	154	19	0	225
Lifeways	8	38	31	60	184	33	0	354
Livingston	11	55	33	137	181	26	0	443
Macomb	53	326	123	399	903	92	0	1,896
Manistee-Benzie	1	9	5	13	61	13	0	102
Monroe	2	33	21	83	219	24	0	382
Montcalm	3	7	4	14	33	3	0	64
Muskegon	9	72	46	115	272	27	0	541
network180	16	110	58	205	810	70	0	1,269
Newaygo	0	8	7	20	48	7	0	90
North Country	8	67	49	120	281	54	0	579
Northeast	6	19	9	33	137	23	0	227
Northern Lakes	12	68	41	75	195	25	0	416
Northpointe	5	28	8	28	53	7	0	129
Oakland	32	421	279	1,034	1,653	138	0	3,557
Ottawa	2	46	25	112	278	23	0	486
Pathways	10	65	29	83	221	22	0	430
Pines	1	21	17	17	65	9	0	130
Saginaw	16	68	21	100	293	25	0	523
Sanilac	4	9	8	31	83	22	0	157
Shiawassee	0	11	2	16	105	10	0	144
St. Clair	54	80	28	118	285	34	0	599
St. Joseph	0	6	4	18	58	9	0	95
Summit Pointe	9	41	18	69	146	18	0	301
Tuscola	0	11	5	28	69	15	0	128
Van Buren	1	18	9	37	52	6	0	123
Washtenaw	7	57	45	167	511	52	0	839
West Michigan	2	10	5	22	70	5	0	114
Woodlands	1	6	5	15	50	9	0	86
Total	**505**	**3,589**	**2,051**	**6,377**	**15,051**	**1,685**	**0**	**29,258**

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
Fiscal Year 2013
State of Michigan

CMHSP	Age							
	0-3	4-12	13-17	18-26	27-64	65+	Unreported	Total
Allegan	0	17	17	48	130	22	0	234
AuSable	0	8	5	2	12	2	0	29
Barry	0	4	3	16	33	7	0	63
Bay Arenac	1	23	15	51	158	32	0	280
Berrien	0	23	24	49	187	25	0	308
Clinton Eaton Ingham	1	41	39	168	505	50	0	804
CMH for Central Michigan	1	47	55	114	390	57	0	664
Copper	0	16	8	24	42	10	0	100
Detroit	5	75	80	218	264	21	0	663
Genesee	6	54	52	102	270	25	0	509
Gogebic	1	9	12	15	20	3	0	60
Gratiot	0	16	8	33	52	13	0	122
Hiawatha	0	22	15	18	57	8	0	120
Huron	0	4	8	16	53	13	0	94
Ionia	0	7	4	34	66	9	0	120
Kalamazoo	1	61	61	94	320	44	0	581
Lapeer	2	25	20	29	48	8	0	132
Lenewee	0	6	4	14	32	10	0	66
Lifeways	2	55	41	109	254	51	0	512
Livingston	0	8	9	36	46	9	0	108
Macomb	6	152	120	340	809	96	0	1,523
Manistee-Benzie	0	8	10	19	57	12	0	106
Monroe	0	22	22	49	92	6	0	191
Montcalm	0	13	12	21	45	5	0	96
Muskegon	0	43	24	89	235	27	0	418
network180	1	55	61	233	618	52	0	1,020
Newaygo	1	18	18	27	55	5	0	124
North Country	0	24	31	36	99	15	0	205
Northeast	1	5	10	27	117	31	0	191
Northern Lakes	2	28	32	115	273	36	0	486
Northpointe	0	27	32	49	123	10	0	241
Oakland	3	124	117	282	848	95	0	1,469
Ottawa	0	5	8	24	146	17	0	200
Pathways	3	10	15	38	116	16	0	198
Pines	0	33	11	22	68	11	0	145
Saginaw	3	14	24	70	292	46	0	449
Sanilac	0	15	16	33	66	13	0	143
Shiawassee	1	18	7	24	41	10	0	101
St. Clair	10	30	31	57	225	29	0	382
St. Joseph	1	22	20	41	70	14	0	168
Summit Pointe	1	59	28	63	137	13	0	301
Tuscola	1	1	2	15	63	12	0	94
Van Buren	0	27	23	45	103	14	0	212
Washtenaw	2	25	40	79	178	8	0	332
West Michigan	0	14	18	38	111	15	0	196
Woodlands	0	8	9	16	45	4	0	82
Total	**56**	**1,321**	**1,221**	**3,042**	**7,971**	**1,031**	**0**	**14,642**

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 Abuse Disorder
Fiscal Year 2013
State of Michigan

CMHSP	Age							
	0-3	4-12	13-17	18-26	27-64	65+	Unreported	Total
Allegan	0	0	0	1	8	0	0	9
AuSable	0	0	0	4	6	0	0	10
Barry	0	0	0	1	3	0	0	4
Bay Arenac	0	0	1	4	15	0	0	20
Berrien	0	0	0	2	6	1	0	9
Clinton Eaton Ingham	0	0	0	21	96	1	0	118
CMH for Central Michigan	1	0	2	4	14	0	0	21
Copper	0	0	1	7	11	0	0	19
Detroit	0	0	0	8	18	1	0	27
Genesee	0	0	0	62	300	2	0	364
Gogebic	0	0	0	0	5	0	0	5
Gratiot	0	0	3	1	11	0	0	15
Hiawatha	0	0	2	2	18	1	0	23
Huron	0	0	0	0	1	0	0	1
Ionia	0	0	0	0	5	1	0	6
Kalamazoo	0	0	0	0	2	0	0	2
Lapeer	0	0	1	3	3	0	0	7
Lenewee	0	0	0	1	9	1	0	11
Lifeways	0	0	1	36	87	3	0	127
Livingston	0	0	2	13	32	0	0	47
Macomb	0	0	3	14	35	0	0	52
Manistee-Benzie	0	0	0	0	2	0	0	2
Monroe	0	0	0	4	17	0	0	21
Montcalm	0	0	0	2	6	0	0	8
Muskegon	0	0	0	0	4	0	0	4
network180	0	0	102	31	133	0	0	266
Newaygo	0	0	0	0	0	0	0	0
North Country	0	0	1	27	45	1	0	74
Northeast	0	0	0	1	3	0	0	4
Northern Lakes	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	3	0	0	3
Oakland	0	0	1	20	58	1	0	80
Ottawa	0	0	0	4	5	0	0	9
Pathways	0	0	0	0	12	0	0	12
Pines	0	0	1	9	33	1	0	44
Saginaw	0	0	7	13	45	1	0	66
Sanilac	0	0	0	1	3	0	0	4
Shiawassee	0	0	0	1	0	0	0	1
St. Clair	0	0	0	3	7	0	0	10
St. Joseph	0	0	0	12	19	1	0	32
Summit Pointe	0	0	0	0	0	0	0	0
Tuscola	0	0	0	1	0	0	0	1
Van Buren	0	0	0	0	2	0	0	2
Washtenaw	0	0	0	11	71	0	0	82
West Michigan	0	0	0	0	0	0	0	0
Woodlands	0	0	0	1	0	0	0	1
Total	**1**	**0**	**128**	**325**	**1,153**	**16**	**0**	**1,623**

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 2013
State of Michigan

CMHSP	Age							
	0-3	4-12	13-17	18-26	27-64	65+	Unreported	Total
Allegan	0	3	7	4	8	2	0	24
AuSable	0	6	2	6	6	3	0	23
Barry	0	0	1	2	3	0	0	6
Bay Arenac	1	4	15	27	58	12	0	117
Berrien	0	0	0	0	2	0	0	2
Clinton Eaton Ingham	0	0	0	0	1	0	0	1
CMH for Central Michigan	4	18	17	37	93	16	0	185
Copper	1	0	0	2	4	2	0	9
Detroit	0	7	87	74	146	37	0	351
Genesee	0	3	2	17	42	2	0	66
Gogebic	0	0	0	1	1	1	0	3
Gratiot	0	0	0	0	0	0	0	0
Hiawatha	1	3	6	5	17	3	0	35
Huron	0	0	0	1	2	3	0	6
Ionia	0	0	0	0	0	0	0	0
Kalamazoo	0	3	1	2	7	0	0	13
Lapeer	0	0	0	0	0	0	0	0
Lenewee	0	5	12	16	37	4	0	74
Lifeways	2	59	60	137	287	6	0	551
Livingston	4	4	7	4	45	4	0	68
Macomb	12	101	114	134	314	20	0	695
Manistee-Benzie	0	0	0	0	0	0	0	0
Monroe	2	26	19	30	73	1	0	151
Montcalm	0	1	1	3	8	1	0	14
Muskegon	5	12	34	14	52	21	0	138
network180	6	86	76	42	102	31	0	343
Newaygo	0	0	0	0	0	0	0	0
North Country	0	13	6	2	16	2	0	39
Northeast	3	0	8	19	61	8	0	99
Northern Lakes	0	0	0	0	0	0	0	0
Northpointe	0	0	0	4	11	0	0	15
Oakland	50	117	264	571	1,261	40	0	2,303
Ottawa	0	1	1	5	3	0	0	10
Pathways	0	3	7	18	21	5	0	54
Pines	0	0	0	3	3	0	0	6
Saginaw	0	0	1	0	0	0	0	1
Sanilac	0	0	1	0	2	0	0	3
Shiawassee	0	0	2	1	14	1	0	18
St. Clair	0	0	0	0	2	0	0	2
St. Joseph	2	7	4	5	9	0	0	27
Summit Pointe	0	1	0	0	4	5	0	10
Tuscola	0	0	0	0	7	2	0	9
Van Buren	0	0	0	3	1	0	0	4
Washtenaw	4	11	10	17	65	4	0	111
West Michigan	0	0	0	0	0	0	0	0
Woodlands	1	0	1	0	6	0	0	8
Total	**98**	**494**	**766**	**1,206**	**2,794**	**236**	**0**	**5,594**

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 2013
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	929	1	12	5	0	23	1	53	1,024
AuSable	1,248	5	9	1	0	12	207	126	1,608
Barry	1,082	8	14	1	0	10	0	31	1,146
Bay Arenac	4,456	221	31	7	2	116	0	16	4,849
Berrien	2,882	1,361	29	12	0	93	0	41	4,418
Clinton Eaton Ingham	3,885	1,190	54	42	1	206	222	333	5,933
CMH for Central Michigan	5,861	157	78	15	1	25	267	106	6,510
Copper	703	5	39	4	1	2	21	5	780
Detroit	15,185	26,210	150	58	9	1,922	783	15,593	59,910
Genesee	4,694	2,915	64	13	3	113	457	364	8,623
Gogebic	286	1	8	0	0	1	27	1	324
Gratiot	1,196	14	3	1	3	52	49	18	1,336
Hiawatha	501	7	148	1	0	4	186	18	865
Huron	910	7	2	1	1	8	0	0	929
Ionia	1,503	14	12	0	1	17	126	34	1,707
Kalamazoo	2,789	1,274	56	31	0	182	0	223	4,555
Lapeer	1,118	18	2	2	1	23	77	6	1,247
Lenewee	1,499	56	11	1	0	9	52	34	1,662
Lifeways	3,787	578	14	5	2	70	364	226	5,046
Livingston	1,454	11	7	7	2	8	117	14	1,620
Macomb	5,919	951	18	30	2	204	1,601	647	9,372
Manistee-Benzie	933	12	19	0	0	4	81	76	1,125
Monroe	1,630	127	6	1	1	17	89	18	1,889
Montcalm	891	6	0	2	1	9	0	1	910
Muskegon	1,842	845	29	8	1	71	163	476	3,435
network180	7,082	3,060	128	111	11	1,049	790	35	12,266
Newaygo	1,320	40	31	1	1	58	12	178	1,641
North Country	2,504	22	51	4	4	13	74	93	2,765
Northeast	1,315	7	2	3	0	3	160	3	1,493
Northern Lakes	4,500	59	146	7	0	88	63	46	4,909
Northpointe	1,173	10	33	3	0	5	45	13	1,282
Oakland	7,127	2,870	50	62	7	554	2,886	84	13,640
Ottawa	1,485	102	21	27	1	40	31	11	1,718
Pathways	1,449	17	56	3	1	8	143	13	1,690
Pines	1,717	12	29	4	0	58	0	48	1,868
Saginaw	1,790	1,139	15	2	0	133	116	148	3,343
Sanilac	853	5	5	0	0	5	65	5	938
Shiawassee	1,343	18	2	3	0	15	0	2	1,383
St. Clair	2,210	196	17	4	0	32	177	18	2,654
St. Joseph	1,390	79	11	2	0	34	0	48	1,564
Summit Pointe	3,954	989	126	13	0	129	0	127	5,338
Tuscola	975	8	11	2	1	11	0	0	1,008
Van Buren	1,686	137	37	5	0	83	0	172	2,120
Washtenaw	2,022	1,049	14	34	2	76	415	32	3,644
West Michigan	1,568	89	16	0	0	118	71	28	1,890
Woodlands	585	80	14	2	0	18	0	19	718
Total	**115,231**	**45,982**	**1,630**	**540**	**60**	**5,731**	**9,938**	**19,583**	**198,695**

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 Developmental Disabilities
Fiscal Year 2013
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	187	0	0	1	0	1	0	7	196
AuSable	193	1	0	0	1	0	21	2	218
Barry	73	0	1	0	0	1	0	1	76
Bay Arenac	381	10	3	1	0	14	0	0	409
Berrien	161	45	0	0	0	7	0	3	216
Clinton Eaton Ingham	672	118	3	14	0	22	14	29	872
CMH for Central Michigan	747	29	7	5	0	4	15	4	811
Copper	144	1	8	0	0	1	4	0	158
Detroit	3,307	3,942	10	22	0	300	941	787	9,309
Genesee	872	335	5	5	1	17	41	8	1,284
Gogebic	61	2	3	0	0	1	4	0	71
Gratiot	103	1	1	0	0	2	0	0	107
Hiawatha	133	0	22	1	0	1	35	0	192
Huron	92	1	0	0	0	3	0	1	97
Ionia	89	1	0	0	1	0	5	1	97
Kalamazoo	349	81	2	4	0	22	0	15	473
Lapeer	229	6	0	0	0	4	4	0	243
Lenewee	203	5	2	1	0	4	9	1	225
Lifeways	293	27	1	1	0	4	27	1	354
Livingston	392	9	2	2	1	8	27	2	443
Macomb	1,269	216	3	21	1	75	273	38	1,896
Manistee-Benzie	99	1	0	0	0	0	2	0	102
Monroe	365	8	0	0	0	2	6	1	382
Montcalm	62	2	0	0	0	0	0	0	64
Muskegon	355	140	0	4	1	13	14	14	541
network180	946	179	5	23	1	69	28	18	1,269
Newaygo	82	2	0	0	0	4	1	1	90
North Country	536	5	9	4	0	1	17	7	579
Northeast	218	3	0	1	0	1	4	0	227
Northern Lakes	383	8	8	2	0	11	3	1	416
Northpointe	123	0	0	0	0	0	6	0	129
Oakland	2,318	671	7	65	2	200	286	8	3,557
Ottawa	445	8	0	9	0	17	3	4	486
Pathways	388	3	7	3	1	2	24	2	430
Pines	125	2	0	1	0	2	0	0	130
Saginaw	323	156	1	2	0	22	14	5	523
Sanilac	145	3	0	1	0	1	6	1	157
Shiawassee	139	1	1	1	0	1	0	1	144
St. Clair	525	30	3	2	0	8	29	2	599
St. Joseph	87	4	1	0	0	3	0	0	95
Summit Pointe	226	60	5	2	0	3	0	5	301
Tuscola	116	6	0	2	0	4	0	0	128
Van Buren	102	11	0	0	0	7	0	3	123
Washtenaw	521	158	1	11	0	29	116	3	839
West Michigan	95	2	2	1	1	8	4	1	114
Woodlands	65	15	1	0	0	1	0	4	86
Total	**18,739**	**6,308**	**124**	**212**	**11**	**900**	**1,983**	**981**	**29,258**

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
Fiscal Year 2013
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	226	0	1	0	0	3	0	4	234
AuSable	23	1	0	0	0	0	4	1	29
Barry	59	3	0	1	0	0	0	0	63
Bay Arenac	260	10	4	0	0	5	0	1	280
Berrien	215	84	1	0	0	6	0	2	308
Clinton Eaton Ingham	649	93	0	7	0	14	14	27	804
CMH for Central Michigan	616	23	6	1	0	3	11	4	664
Copper	95	0	1	1	0	0	3	0	100
Detroit	223	309	3	0	1	22	38	67	663
Genesee	338	132	2	3	0	7	26	1	509
Gogebic	55	1	0	0	0	0	4	0	60
Gratiot	114	2	0	0	0	3	2	1	122
Hiawatha	71	0	16	1	0	0	32	0	120
Huron	92	1	1	0	0	0	0	0	94
Ionia	117	2	0	0	0	1	0	0	120
Kalamazoo	435	116	3	3	0	22	0	2	581
Lapeer	118	0	0	1	0	6	7	0	132
Lenewee	62	1	0	0	0	1	2	0	66
Lifeways	427	34	0	1	0	7	40	3	512
Livingston	93	2	1	0	0	1	10	1	108
Macomb	1,051	161	2	8	0	30	254	17	1,523
Manistee-Benzie	92	3	0	1	0	1	7	2	106
Monroe	176	6	0	2	0	1	5	1	191
Montcalm	93	0	2	0	0	1	0	0	96
Muskegon	305	86	3	0	0	10	10	4	418
network180	764	153	2	12	0	41	31	17	1,020
Newaygo	114	3	0	1	0	4	0	2	124
North Country	182	1	6	0	0	2	12	2	205
Northeast	179	0	0	0	0	0	11	1	191
Northern Lakes	460	9	11	0	2	2	1	1	486
Northpointe	220	2	2	1	1	3	11	1	241
Oakland	997	227	1	12	0	54	174	4	1,469
Ottawa	186	6	1	5	0	1	0	1	200
Pathways	169	1	8	2	0	0	18	0	198
Pines	136	3	1	0	0	4	0	1	145
Saginaw	292	129	3	0	0	16	8	1	449
Sanilac	139	0	0	0	0	1	3	0	143
Shiawassee	98	2	1	0	0	0	0	0	101
St. Clair	332	22	0	2	0	2	23	1	382
St. Joseph	155	3	0	1	0	1	0	8	168
Summit Pointe	231	52	8	1	0	8	0	1	301
Tuscola	80	7	3	0	0	4	0	0	94
Van Buren	179	24	1	1	0	4	0	3	212
Washtenaw	177	99	3	2	0	7	43	1	332
West Michigan	171	8	3	0	0	8	6	0	196
Woodlands	72	10	0	0	0	0	0	0	82
Total	**11,338**	**1,831**	**100**	**70**	**4**	**306**	**810**	**183**	**14,642**

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 Abuse Disorder
Fiscal Year 2013
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	9	0	0	0	0	0	0	0	9
AuSable	7	0	0	0	0	2	1	0	10
Barry	4	0	0	0	0	0	0	0	4
Bay Arenac	17	1	0	0	0	1	0	1	20
Berrien	7	1	0	0	0	1	0	0	9
Clinton Eaton Ingham	78	27	0	0	0	0	2	11	118
CMH for Central Michigan	18	2	1	0	0	0	0	0	21
Copper	16	0	2	0	0	0	1	0	19
Detroit	7	18	0	0	0	0	0	2	27
Genesee	205	142	2	0	0	3	6	6	364
Gogebic	5	0	0	0	0	0	0	0	5
Gratiot	14	0	0	0	0	0	1	0	15
Hiawatha	17	0	5	0	0	0	1	0	23
Huron	1	0	0	0	0	0	0	0	1
Ionia	5	0	0	0	0	0	1	0	6
Kalamazoo	2	0	0	0	0	0	0	0	2
Lapeer	7	0	0	0	0	0	0	0	7
Lenewee	11	0	0	0	0	0	0	0	11
Lifeways	99	15	2	0	0	3	3	5	127
Livingston	45	1	0	0	0	0	1	0	47
Macomb	32	0	0	0	0	1	3	16	52
Manistee-Benzie	1	0	1	0	0	0	0	0	2
Monroe	17	3	0	0	0	0	1	0	21
Montcalm	7	0	0	0	0	1	0	0	8
Muskegon	0	2	0	0	0	1	0	1	4
network180	130	75	4	0	0	35	21	1	266
Newaygo	0	0	0	0	0	0	0	0	0
North Country	59	1	5	0	0	0	0	9	74
Northeast	4	0	0	0	0	0	0	0	4
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	3	0	0	0	0	0	0	0	3
Oakland	41	21	0	0	0	2	15	1	80
Ottawa	5	2	0	1	0	0	0	1	9
Pathways	11	0	1	0	0	0	0	0	12
Pines	41	0	1	0	0	1	0	1	44
Saginaw	45	10	0	0	0	0	1	10	66
Sanilac	4	0	0	0	0	0	0	0	4
Shiawassee	1	0	0	0	0	0	0	0	1
St. Clair	9	1	0	0	0	0	0	0	10
St. Joseph	28	0	0	0	0	4	0	0	32
Summit Pointe	0	0	0	0	0	0	0	0	0
Tuscola	1	0	0	0	0	0	0	0	1
Van Buren	2	0	0	0	0	0	0	0	2
Washtenaw	38	31	2	2	0	2	4	3	82
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	1	0	0	0	0	0	0	0	1
Total	**1,054**	**353**	**26**	**3**	**0**	**57**	**62**	**68**	**1,623**

* 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 abuse disorder, but neither a 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 2013
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	16	0	0	2	0	0	0	6	24
AuSable	19	0	0	0	0	0	0	4	23
Barry	1	1	0	0	0	0	0	4	6
Bay Arenac	69	2	0	1	0	8	0	37	117
Berrien	1	1	0	0	0	0	0	0	2
Clinton Eaton Ingham	1	0	0	0	0	0	0	0	1
CMH for Central Michigan	79	3	1	1	0	0	5	96	185
Copper	7	0	0	0	0	0	0	2	9
Detroit	4	34	0	0	0	3	1	309	351
Genesee	24	15	0	0	0	2	1	24	66
Gogebic	3	0	0	0	0	0	0	0	3
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	15	0	4	0	0	0	4	12	35
Huron	6	0	0	0	0	0	0	0	6
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	7	4	0	0	0	1	0	1	13
Lapeer	0	0	0	0	0	0	0	0	0
Lenewee	32	3	0	0	0	0	3	36	74
Lifeways	412	55	0	0	0	10	28	46	551
Livingston	49	0	1	0	0	0	3	15	68
Macomb	317	88	0	3	0	16	28	243	695
Manistee-Benzie	0	0	0	0	0	0	0	0	0
Monroe	125	10	0	0	0	2	1	13	151
Montcalm	10	0	0	0	0	0	0	4	14
Muskegon	22	14	0	0	0	1	7	94	138
network180	131	91	5	2	1	33	28	52	343
Newaygo	0	0	0	0	0	0	0	0	0
North Country	31	0	0	0	0	0	1	7	39
Northeast	88	1	0	0	0	0	10	0	99
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	14	0	0	0	0	0	0	1	15
Oakland	728	252	5	16	0	41	189	1,072	2,303
Ottawa	8	2	0	0	0	0	0	0	10
Pathways	38	1	2	0	0	1	1	11	54
Pines	6	0	0	0	0	0	0	0	6
Saginaw	1	0	0	0	0	0	0	0	1
Sanilac	3	0	0	0	0	0	0	0	3
Shiawassee	16	0	0	0	0	0	0	2	18
St. Clair	2	0	0	0	0	0	0	0	2
St. Joseph	21	1	0	0	0	4	0	1	27
Summit Pointe	5	3	0	0	0	1	0	1	10
Tuscola	6	0	0	0	0	0	0	3	9
Van Buren	4	0	0	0	0	0	0	0	4
Washtenaw	57	25	0	3	1	6	3	16	111
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	6	1	0	0	0	1	0	0	8
Total	**2,384**	**607**	**18**	**28**	**2**	**130**	**313**	**2,112**	**5,594**

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 2013
State of Michigan

CMHSP	Persons with Mental Illness			Developmental Disabilities			Dual Diagnosis			* Substance Abuse Only			Unknown Disability			Total		
	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing
Allegan	33	767	224	6	180	10	6	213	15	0	6	3	0	5	19	45	1,171	271
AuSable	17	1,378	213	2	213	3	1	27	1	1	8	1	1	16	6	22	1,642	224
Barry	28	959	159	1	72	3	1	57	5	0	3	1	0	0	6	30	1,091	174
Bay Arenac	265	4,524	60	15	394	0	13	266	1	1	18	1	2	79	36	296	5,281	98
Berrien	147	3,696	575	2	118	96	6	213	89	1	8	0	0	2	0	156	4,037	760
Clinton Eaton Ingham	418	5,166	349	49	822	1	42	762	0	7	100	11	0	1	0	516	6,851	361
CMH for Central Michigan	181	5,100	1,229	9	569	233	6	513	145	0	16	5	3	70	112	199	6,268	1,724
Copper	8	703	69	2	156	0	0	96	4	0	14	5	0	5	4	10	974	82
Detroit	1,410	37,988	20,512	223	7,759	1,327	26	552	85	0	25	2	1	39	311	1,660	46,363	22,237
Genesee	239	5,216	3,168	29	435	820	14	265	230	7	300	57	1	29	36	290	6,245	4,311
Gogebic	5	295	24	1	70	0	1	59	0	0	4	1	0	1	2	7	429	27
Gratiot	95	1,185	56	3	104	0	7	115	0	1	12	2	0	0	0	106	1,416	58
Hiawatha	12	674	179	3	182	7	2	110	8	0	13	10	0	8	27	17	987	231
Huron	12	908	9	3	88	6	1	93	0	0	0	1	0	4	2	16	1,093	18
Ionia	81	1,565	61	5	91	1	1	119	0	0	6	0	0	0	0	87	1,781	62
Kalamazoo	127	4,045	383	17	436	20	21	556	4	0	2	0	1	11	1	166	5,050	408
Lapeer	52	1,166	29	7	235	1	10	121	1	0	6	1	0	0	0	69	1,528	32
Lenewee	175	1,431	56	18	205	2	4	62	0	0	11	0	3	30	41	200	1,739	99
Lifeways	111	4,504	431	8	342	4	6	499	7	4	118	5	18	479	54	147	5,942	501
Livingston	46	1,475	99	16	414	13	1	106	1	2	39	6	2	33	33	67	2,067	152
Macomb	132	8,081	1,159	16	1,590	290	19	1171	333	0	23	29	5	341	349	172	11,206	2,160
Manistee-Benzie	50	983	92	1	101	0	5	100	1	0	2	0	0	0	0	56	1,186	93
Monroe	68	1,758	63	7	374	1	5	186	0	2	16	3	2	123	26	84	2,457	93
Montcalm	15	893	2	0	64	0	1	95	0	1	7	0	0	8	6	17	1,067	8
Muskegon	129	2,832	474	12	514	15	14	399	5	1	2	1	2	41	95	158	3,788	590
network180	1,586	10,446	234	74	936	259	60	697	263	47	214	5	66	220	57	1,833	12,513	818
Newaygo	59	1,415	167	3	85	2	6	117	1	0	0	0	0	0	0	68	1,617	170
North Country	40	1,997	728	2	570	7	5	196	4	0	35	39	0	27	12	47	2,825	790
Northeast	13	1,475	5	2	225	0	0	191	0	0	4	0	1	98	0	16	1,993	5
Northern Lakes	113	4,753	43	13	401	2	7	478	1	0	0	0	0	0	0	133	5,632	46
Northpointe	11	1,144	127	2	127	0	7	228	6	0	2	1	0	11	4	20	1,512	138
Oakland	713	11,751	1,176	95	2,539	923	54	906	509	1	51	28	63	890	1,350	926	16,137	3,986
Ottawa	201	1,502	15	26	446	14	7	192	1	0	8	1	1	8	1	235	2,156	32
Pathways	26	1,535	129	7	421	2	1	196	1	0	10	2	1	27	26	35	2,189	160
Pines	68	1,608	192	5	115	10	5	137	3	1	42	1	0	6	0	79	1,908	206
Saginaw	262	2,554	527	36	470	17	21	416	12	3	32	31	0	1	0	322	3,473	587
Sanilac	34	897	7	2	154	1	3	140	0	0	4	0	0	2	1	39	1,197	9
Shiawassee	12	1,359	12	2	142	0	0	101	0	0	1	0	0	11	7	14	1,614	19
St. Clair	78	2,516	60	17	577	5	10	371	1	0	10	0	0	2	0	105	3,476	66
St. Joseph	48	1,468	48	3	86	6	1	161	6	4	28	0	5	20	2	61	1,763	62
Summit Pointe	229	4,197	912	13	269	19	11	270	20	0	0	0	1	6	3	254	4,742	954
Tuscola	26	970	12	4	124	0	3	91	0	0	1	0	0	5	4	33	1,191	16
Van Buren	141	1,671	308	7	105	11	6	203	3	0	2	0	0	4	0	154	1,985	322
Washtenaw	147	3,213	284	21	811	7	12	307	13	1	60	21	3	59	49	184	4,450	374
West Michigan	99	1,763	28	9	104	1	4	192	0	0	0	0	0	0	0	112	2,059	29
Woodlands	23	661	34	2	79	5	0	81	1	0	1	0	1	5	2	26	827	42
Total	**7,785**	**156,187**	**34,723**	**800**	**24,314**	**4,144**	**436**	**12,426**	**1,780**	**85**	**1,264**	**274**	**183**	**2,727**	**2,684**	**9,289**	**196,918**	**43,605**

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 2013
State of Michigan

	Corrections Status													
CMHSP	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	7	8	1	8	35	2	1	2	2	1	957	1,024
AuSable	0	58	10	49	3	69	1,333	21	19	36	0	2	8	1,608
Barry	0	8	24	102	0	24	934	4	5	18	1	0	26	1,146
Bay Arenac	3	43	72	200	2	109	4,322	20	29	3	0	0	46	4,849
Berrien	0	1	154	227	15	99	3,281	13	26	146	3	6	447	4,418
Clinton Eaton Ingham	5	478	44	180	38	132	4,627	45	14	27	15	12	316	5,933
CMH for Central Michigan	1	137	119	573	14	91	5,264	68	87	33	9	5	109	6,510
Copper	1	15	8	28	0	32	652	7	4	5	2	0	26	780
Detroit	15	49	1,512	2,392	278	981	36,967	175	134	184	30	23	17,170	59,910
Genesee	6	33	188	497	19	108	7,241	47	42	23	23	5	391	8,623
Gogebic	0	3	2	7	0	12	289	2	0	3	1	0	5	324
Gratiot	0	1	16	75	1	12	1,127	5	17	38	0	2	42	1,336
Hiawatha	0	9	8	24	1	16	741	12	5	2	6	3	38	865
Huron	0	28	3	14	0	8	872	2	1	1	0	0	0	929
Ionia	0	166	31	73	1	23	1,230	11	20	59	8	1	84	1,707
Kalamazoo	2	11	113	225	9	84	3,728	21	25	25	14	8	290	4,555
Lapeer	0	10	8	74	1	18	1,087	15	9	4	3	8	10	1,247
Lenewee	0	2	34	143	13	15	1,405	9	7	2	1	0	31	1,662
Lifeways	2	484	76	238	19	65	3,715	47	43	46	2	4	305	5,046
Livingston	0	2	14	113	1	29	1,390	11	31	17	1	0	11	1,620
Macomb	0	8	195	575	9	120	7,629	54	52	18	10	12	690	9,372
Manistee-Benzie	1	14	7	73	0	24	832	5	8	6	3	0	152	1,125
Monroe	0	31	40	168	9	36	1,542	20	22	3	1	3	14	1,889
Montcalm	0	1	6	28	0	3	861	6	3	0	0	0	2	910
Muskegon	0	92	140	169	31	90	2,803	16	43	13	0	3	35	3,435
network180	0	61	295	566	15	169	10,602	55	78	107	10	4	304	12,266
Newaygo	40	62	6	10	0	1	1,392	2	0	19	0	1	108	1,641
North Country	2	185	22	18	3	102	2,058	18	22	26	23	5	281	2,765
Northeast	0	12	13	52	0	53	1,327	8	16	1	8	0	3	1,493
Northern Lakes	2	314	69	194	24	39	3,926	42	52	28	35	10	174	4,909
Northpointe	0	27	17	80	0	17	1,067	12	13	4	4	2	39	1,282
Oakland	6	156	333	1,139	23	192	11,370	118	91	96	19	18	79	13,640
Ottawa	0	96	7	17	21	71	1,451	14	16	2	14	4	5	1,718
Pathways	0	10	21	77	4	50	1,414	6	12	11	4	6	75	1,690
Pines	0	24	26	84	0	12	1,598	21	25	4	4	0	70	1,868
Saginaw	1	11	57	101	14	61	1,732	10	12	35	6	6	1,297	3,343
Sanilac	0	11	5	66	0	12	825	7	5	1	3	2	1	938
Shiawassee	0	11	17	78	0	7	1,243	9	11	0	1	3	3	1,383
St. Clair	1	104	38	176	6	83	2,142	30	19	22	2	2	29	2,654
St. Joseph	0	1	25	79	0	31	1,379	29	9	3	3	1	4	1,564
Summit Pointe	0	4	96	126	1	129	4,742	26	27	35	4	1	147	5,338
Tuscola	0	0	25	66	0	8	899	2	5	1	0	0	2	1,008
Van Buren	0	32	32	78	0	55	1,708	1	8	18	1	1	186	2,120
Washtenaw	2	5	77	256	8	140	3,038	39	23	2	7	7	40	3,644
West Michigan	0	51	26	80	2	103	1,417	23	4	1	0	1	182	1,890
Woodlands	0	2	9	7	0	30	533	4	5	13	3	2	110	718
Total	**90**	**2,863**	**4,047**	**9,605**	**586**	**3,573**	**149,770**	**1,114**	**1,100**	**1,143**	**286**	**174**	**24,344**	**198,695**

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 Developmental Disabilities
Fiscal Year 2013
State of Michigan

	Corrections Status													
CMHSP	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	1	0	1	0	0	0	0	0	0	194	196
AuSable	0	0	0	2	0	0	215	0	0	0	0	1	0	218
Barry	0	0	0	0	0	0	75	0	0	0	0	0	1	76
Bay Arenac	0	0	0	1	0	1	406	0	0	0	0	0	1	409
Berrien	0	0	1	0	0	1	212	0	0	0	0	0	2	216
Clinton Eaton Ingham	0	0	0	2	0	2	866	0	0	1	0	0	1	872
CMH for Central Michigan	0	0	0	3	0	1	804	1	0	0	0	1	1	811
Copper	0	0	1	1	0	0	155	1	0	0	0	0	0	158
Detroit	0	2	9	52	10	58	8,274	5	1	11	1	7	879	9,309
Genesee	1	0	1	4	0	1	1,267	0	0	1	0	1	8	1,284
Gogebic	0	0	0	0	0	0	70	1	0	0	0	0	0	71
Gratiot	0	0	1	1	0	0	105	0	0	0	0	0	0	107
Hiawatha	0	0	0	0	0	0	192	0	0	0	0	0	0	192
Huron	0	0	1	0	0	2	94	0	0	0	0	0	0	97
Ionia	0	0	0	1	0	0	96	0	0	0	0	0	0	97
Kalamazoo	0	0	0	2	0	2	459	0	0	5	0	1	4	473
Lapeer	0	0	0	0	0	1	239	1	0	0	0	1	1	243
Lenewee	0	0	0	0	0	0	224	1	0	0	0	0	0	225
Lifeways	0	0	1	0	0	2	345	0	1	0	0	0	5	354
Livingston	0	0	1	2	0	0	438	0	1	0	0	0	1	443
Macomb	0	0	0	1	0	1	1,875	0	0	1	0	0	18	1,896
Manistee-Benzie	0	0	0	1	0	1	100	0	0	0	0	0	0	102
Monroe	0	0	0	2	0	1	379	0	0	0	0	0	0	382
Montcalm	0	0	0	0	0	0	64	0	0	0	0	0	0	64
Muskegon	0	0	1	5	0	1	532	1	1	0	0	0	0	541
network180	0	1	0	5	0	0	1,237	1	0	0	0	0	25	1,269
Newaygo	0	0	0	0	0	0	89	0	0	0	0	0	1	90
North Country	0	2	3	1	0	3	566	0	0	2	0	0	2	579
Northeast	0	0	0	0	0	1	225	0	0	0	1	0	0	227
Northern Lakes	0	0	0	0	0	0	400	0	0	1	1	0	14	416
Northpointe	0	0	0	0	0	1	128	0	0	0	0	0	0	129
Oakland	0	0	1	7	1	6	3,534	3	1	1	0	0	3	3,557
Ottawa	0	0	0	0	0	1	482	0	1	1	0	0	1	486
Pathways	0	1	0	3	0	0	423	1	1	1	0	0	0	430
Pines	0	0	1	1	0	0	128	0	0	0	0	0	0	130
Saginaw	0	0	0	3	0	3	497	0	0	0	0	1	19	523
Sanilac	0	0	1	1	0	1	153	0	1	0	0	0	0	157
Shiawassee	0	0	0	0	0	0	142	1	0	0	1	0	0	144
St. Clair	0	0	0	1	0	0	597	0	0	0	0	0	1	599
St. Joseph	0	0	0	1	0	0	94	0	0	0	0	0	0	95
Summit Pointe	0	0	0	0	0	0	286	0	0	0	0	0	15	301
Tuscola	1	0	0	0	0	0	126	0	0	0	0	1	0	128
Van Buren	0	1	0	0	0	0	120	0	0	0	0	0	2	123
Washtenaw	0	0	0	5	0	1	831	0	1	0	0	1	0	839
West Michigan	0	0	0	0	0	0	109	0	0	0	0	0	5	114
Woodlands	0	0	0	0	0	0	81	0	0	2	1	0	2	86
Total	**2**	**7**	**23**	**109**	**11**	**93**	**27,734**	**17**	**9**	**27**	**5**	**15**	**1,206**	**29,258**

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
Fiscal Year 2013
State of Michigan

	Corrections Status													
CMHSP	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	2	1	0	1	1	2	0	0	0	0	227	234
AuSable	0	1	0	1	0	0	25	0	0	1	0	0	1	29
Barry	0	1	0	0	0	1	61	0	0	0	0	0	0	63
Bay Arenac	0	0	1	5	0	2	272	0	0	0	0	0	0	280
Berrien	0	0	4	2	0	3	290	0	0	3	0	0	6	308
Clinton Eaton Ingham	2	10	3	5	0	4	773	4	0	0	0	2	1	804
CMH for Central Michigan	0	2	1	12	0	6	637	1	1	0	0	0	4	664
Copper	0	4	0	0	0	0	94	1	0	0	1	0	0	100
Detroit	0	0	6	14	1	3	571	1	1	3	1	1	61	663
Genesee	0	0	6	5	0	8	479	1	3	2	0	3	2	509
Gogebic	0	0	0	3	0	2	55	0	0	0	0	0	0	60
Gratiot	0	0	0	2	0	1	118	0	0	1	0	0	0	122
Hiawatha	0	2	0	0	0	1	115	0	0	1	0	0	1	120
Huron	0	0	0	1	0	1	92	0	0	0	0	0	0	94
Ionia	0	1	0	1	0	0	115	0	1	1	1	0	0	120
Kalamazoo	0	1	1	4	0	6	561	1	0	0	0	2	5	581
Lapeer	0	0	1	0	0	1	126	1	0	1	0	1	1	132
Lenewee	0	0	0	3	0	0	62	0	0	0	0	0	1	66
Lifeways	1	1	1	4	1	2	490	3	1	2	0	0	6	512
Livingston	0	0	0	1	0	2	104	0	0	0	0	0	1	108
Macomb	1	0	1	17	0	11	1,477	3	2	2	0	0	9	1,523
Manistee-Benzie	0	0	2	0	0	1	98	0	0	1	0	1	3	106
Monroe	0	0	3	3	0	1	181	1	0	0	0	1	1	191
Montcalm	0	0	1	3	0	0	91	1	0	0	0	0	0	96
Muskegon	0	2	1	4	0	4	405	1	0	1	0	0	0	418
network180	0	4	4	19	0	6	977	0	0	1	0	0	9	1,020
Newaygo	0	0	0	0	0	0	124	0	0	0	0	0	0	124
North Country	0	0	1	0	0	11	187	1	0	1	0	1	3	205
Northeast	0	0	0	0	0	1	184	0	1	3	2	0	0	191
Northern Lakes	0	3	1	4	0	1	467	0	0	0	0	0	10	486
Northpointe	0	1	0	1	0	2	235	1	0	1	0	0	0	241
Oakland	0	1	1	14	2	10	1,433	2	0	3	1	2	0	1,469
Ottawa	0	0	0	1	1	2	195	0	0	0	0	1	0	200
Pathways	0	0	0	2	0	0	193	0	1	0	0	0	2	198
Pines	0	0	1	0	0	0	141	1	1	0	0	0	1	145
Saginaw	0	1	2	7	1	5	388	0	1	0	1	2	41	449
Sanilac	0	0	0	3	0	0	139	1	0	0	0	0	0	143
Shiawassee	0	1	0	2	0	1	96	0	1	0	0	0	0	101
St. Clair	0	5	0	12	0	6	352	3	2	0	1	0	1	382
St. Joseph	0	0	0	5	1	0	158	0	0	1	0	0	3	168
Summit Pointe	0	0	1	3	0	4	289	0	1	0	0	0	3	301
Tuscola	0	0	0	0	0	1	92	0	1	0	0	0	0	94
Van Buren	0	1	1	3	1	1	202	0	1	0	0	0	2	212
Washtenaw	0	1	5	15	1	4	297	5	1	1	0	1	1	332
West Michigan	0	0	0	0	0	2	190	0	0	0	0	0	4	196
Woodlands	0	0	0	0	0	0	74	0	0	1	0	1	6	82
Total	**4**	**43**	**51**	**182**	**9**	**118**	**13,706**	**35**	**20**	**31**	**8**	**19**	**416**	**14,642**

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 Abuse Disorder
Fiscal Year 2013
State of Michigan

	Corrections Status													
CMHSP	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	1	5	0	0	0	0	0	3	9
AuSable	0	1	0	4	0	0	4	0	0	1	0	0	0	10
Barry	0	1	0	0	0	0	3	0	0	0	0	0	0	4
Bay Arenac	0	1	0	3	0	0	15	0	0	0	0	0	1	20
Berrien	0	0	0	0	0	1	6	1	1	0	0	0	0	9
Clinton Eaton Ingham	0	21	9	22	0	1	56	0	1	0	0	0	8	118
CMH for Central Michigan	0	0	0	6	0	0	12	1	1	0	0	0	1	21
Copper	0	3	0	2	0	0	10	0	0	0	1	0	3	19
Detroit	0	0	0	0	0	0	2	0	0	0	0	0	25	27
Genesee	0	3	23	53	0	3	262	0	3	0	3	0	14	364
Gogebic	0	0	0	0	0	0	3	0	0	0	0	0	2	5
Gratiot	0	1	1	2	0	0	5	0	1	3	0	0	2	15
Hiawatha	0	0	0	0	0	0	18	1	0	1	1	0	2	23
Huron	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Ionia	0	1	0	2	0	0	3	0	0	0	0	0	0	6
Kalamazoo	0	0	0	2	0	0	0	0	0	0	0	0	0	2
Lapeer	0	2	0	2	0	1	2	0	0	0	0	0	0	7
Lenewee	0	0	0	5	0	0	5	0	0	0	0	0	1	11
Lifeways	0	5	4	17	0	1	93	2	4	0	0	0	1	127
Livingston	0	1	1	11	0	1	27	2	2	1	1	0	0	47
Macomb	0	0	0	5	1	0	21	0	0	0	0	0	25	52
Manistee-Benzie	0	0	0	0	0	0	2	0	0	0	0	0	0	2
Monroe	0	0	2	2	0	1	12	1	0	0	0	0	3	21
Montcalm	0	0	0	1	0	0	7	0	0	0	0	0	0	8
Muskegon	0	0	0	0	0	0	2	0	0	0	0	0	2	4
network180	0	1	3	36	0	49	154	1	2	15	1	0	4	266
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Country	0	35	3	1	0	2	16	0	2	1	0	1	13	74
Northeast	0	2	0	0	0	0	2	0	0	0	0	0	0	4
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	1	2	0	0	0	0	0	0	3
Oakland	0	5	3	8	0	1	37	0	3	0	0	0	23	80
Ottawa	0	5	0	0	0	1	2	0	0	0	0	0	1	9
Pathways	0	0	1	2	0	2	6	0	0	0	0	0	1	12
Pines	0	0	15	9	0	1	18	0	1	0	0	0	0	44
Saginaw	0	0	0	1	0	0	7	0	0	1	0	0	57	66
Sanilac	0	0	1	0	0	0	3	0	0	0	0	0	0	4
Shiawassee	0	0	0	0	0	0	1	0	0	0	0	0	0	1
St. Clair	0	1	0	2	0	0	6	0	1	0	0	0	0	10
St. Joseph	0	0	1	13	0	3	13	2	0	0	0	0	0	32
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Van Buren	0	0	0	1	0	0	1	0	0	0	0	0	0	2
Washtenaw	0	0	4	12	0	0	59	3	0	0	0	0	4	82
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Total	**0**	**89**	**71**	**225**	**1**	**71**	**903**	**14**	**22**	**23**	**7**	**1**	**196**	**1,623**

* 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 abuse disorder, but neither a 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 2013
State of Michigan

	Corrections Status													
CMHSP	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	0	0	0	0	0	0	24	24
AuSable	0	0	0	1	0	0	12	0	2	2	0	0	6	23
Barry	0	0	0	0	0	1	1	0	0	0	0	0	4	6
Bay Arenac	0	14	0	2	0	2	75	2	7	0	0	0	15	117
Berrien	0	0	0	0	0	0	2	0	0	0	0	0	0	2
Clinton Eaton Ingham	0	1	0	0	0	0	0	0	0	0	0	0	0	1
CMH for Central Michigan	0	2	3	3	1	0	77	1	0	2	0	0	96	185
Copper	0	0	0	0	0	0	9	0	0	0	0	0	0	9
Detroit	0	0	0	8	14	1	56	0	0	0	0	0	272	351
Genesee	0	1	2	2	0	0	29	0	0	0	3	0	29	66
Gogebic	0	0	0	0	0	0	2	0	0	0	1	0	0	3
Gratiot	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	30	0	0	0	0	0	5	35
Huron	0	0	0	0	0	0	3	0	0	0	0	0	3	6
Ionia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	1	1	0	0	10	0	0	0	0	0	1	13
Lapeer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lenewee	0	0	0	2	1	1	29	0	0	0	0	1	40	74
Lifeways	0	0	9	30	0	2	492	8	4	0	0	1	5	551
Livingston	0	0	1	4	0	0	46	1	1	2	0	0	13	68
Macomb	0	0	1	8	0	1	201	1	3	0	0	1	479	695
Manistee-Benzie	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	0	1	2	8	0	3	123	1	1	2	0	1	9	151
Montcalm	0	1	0	1	0	0	5	0	0	0	0	0	7	14
Muskegon	0	0	0	1	1	0	40	0	0	1	0	0	95	138
network180	0	1	2	10	0	8	243	2	1	6	1	1	68	343
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Country	0	0	1	2	0	0	29	0	0	1	0	0	6	39
Northeast	0	4	0	4	0	2	83	1	5	0	0	0	0	99
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	1	11	1	0	1	0	0	1	15
Oakland	2	19	15	74	2	3	751	9	11	27	3	1	1,386	2,303
Ottawa	0	4	0	0	0	0	5	0	0	0	1	0	0	10
Pathways	0	1	0	2	0	1	36	2	0	0	0	0	12	54
Pines	0	0	3	1	0	0	1	0	1	0	0	0	0	6
Saginaw	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Sanilac	0	0	0	1	0	0	1	1	0	0	0	0	0	3
Shiawassee	0	0	0	0	0	0	7	0	0	0	0	0	11	18
St. Clair	0	1	0	0	0	0	1	0	0	0	0	0	0	2
St. Joseph	0	0	1	4	0	3	19	0	0	0	0	0	0	27
Summit Pointe	0	0	0	0	0	0	9	0	0	0	0	1	0	10
Tuscola	0	0	0	0	0	0	2	0	0	0	0	0	7	9
Van Buren	0	0	0	0	0	0	3	0	0	0	0	0	1	4
Washtenaw	0	1	1	3	0	0	76	1	0	1	0	0	28	111
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	0	1	0	0	0	6	0	0	0	0	0	1	8
Total	**2**	**51**	**43**	**172**	**19**	**29**	**2,525**	**31**	**36**	**46**	**9**	**7**	**2,624**	**5,594**

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 2013
State of Michigan

	Residence											
CMHSP	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	Total
Allegan	0	13	23	0	0	0	0	35	1	9	943	1,024
AuSable	27	956	469	29	15	3	54	4	7	9	35	1,608
Barry	7	623	416	13	8	15	8	1	0	33	22	1,146
Bay Arenac	215	2,354	2,026	35	50	40	36	63	1	22	7	4,849
Berrien	124	2,027	1,327	125	112	38	30	9	16	295	315	4,418
Clinton Eaton Ingham	363	2,537	1,743	113	131	92	498	111	38	27	280	5,933
CMH for Central Michigan	130	3,102	2,782	31	74	35	136	33	29	25	133	6,510
Copper	7	337	364	14	18	13	14	5	4	0	4	780
Detroit	2,512	30,816	10,566	571	2,342	1,450	253	999	400	516	9,485	59,910
Genesee	564	4,294	2,762	100	164	188	61	10	103	62	315	8,623
Gogebic	3	173	125	2	4	4	4	2	2	0	5	324
Gratiot	7	906	325	15	4	9	1	10	3	2	54	1,336
Hiawatha	28	392	358	5	19	17	9	6	4	0	27	865
Huron	18	159	649	10	3	57	14	16	0	3	0	929
Ionia	61	803	724	4	4	19	33	5	1	0	53	1,707
Kalamazoo	345	1,800	1,841	139	139	68	33	116	9	34	31	4,555
Lapeer	42	647	496	5	25	14	7	2	3	4	2	1,247
Lenewee	57	1,038	394	21	20	45	24	24	5	0	34	1,662
Lifeways	171	2,352	1,566	16	74	59	499	50	21	13	225	5,046
Livingston	68	1,106	345	23	17	31	3	5	2	5	15	1,620
Macomb	303	5,034	2,787	55	297	97	8	164	53	115	459	9,372
Manistee-Benzie	16	695	301	10	6	11	9	17	4	5	51	1,125
Monroe	72	1,390	239	38	40	65	23	1	7	2	12	1,889
Montcalm	5	314	541	7	6	29	4	0	0	2	2	910
Muskegon	221	1,331	1,423	34	48	66	147	114	6	37	8	3,435
network180	670	6,374	4,035	478	188	151	43	96	23	156	52	12,266
Newaygo	27	549	769	24	5	15	79	8	0	4	161	1,641
North Country	72	1,410	892	36	24	69	21	49	4	12	176	2,765
Northeast	19	427	934	6	26	16	12	52	0	1	0	1,493
Northern Lakes	230	2,116	2,180	46	59	104	54	83	11	14	12	4,909
Northpointe	29	597	555	30	5	22	22	4	5	5	8	1,282
Oakland	516	7,287	4,286	74	327	540	182	61	89	217	61	13,640
Ottawa	95	790	710	30	21	36	27	5	1	0	3	1,718
Pathways	78	853	613	24	34	39	13	11	8	1	16	1,690
Pines	62	564	1,121	9	5	7	20	2	1	38	39	1,868
Saginaw	157	1,225	805	45	87	115	29	128	21	33	698	3,343
Sanilac	19	459	401	3	14	27	7	5	0	0	3	938
Shiawassee	38	721	575	12	8	14	10	2	1	0	2	1,383
St. Clair	117	1,183	1,102	50	46	11	97	26	11	8	3	2,654
St. Joseph	38	411	952	85	12	24	24	8	5	3	2	1,564
Summit Pointe	210	2,182	2,231	113	53	200	12	53	19	239	26	5,338
Tuscola	10	442	516	12	4	13	0	8	1	1	1	1,008
Van Buren	22	1,206	537	39	26	7	28	17	1	90	147	2,120
Washtenaw	342	1,817	1,187	36	67	55	10	17	10	86	17	3,644
West Michigan	67	724	740	21	23	35	29	27	0	11	213	1,890
Woodlands	10	380	221	49	6	21	5	2	0	1	23	718
Total	**8,194**	**96,916**	**59,954**	**2,637**	**4,660**	**3,986**	**2,632**	**2,466**	**930**	**2,140**	**14,180**	**198,695**

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 Developmental Disabilities
Fiscal Year 2013
State of Michigan

	Residence											
CMHSP	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	Total
Allegan	0	0	0	0	0	0	0	1	0	0	195	196
AuSable	0	87	88	0	37	4	0	2	0	0	0	218
Barry	0	44	8	0	12	9	0	3	0	0	0	76
Bay Arenac	2	239	50	6	81	17	0	4	0	9	1	409
Berrien	0	118	22	11	43	4	0	0	0	18	0	216
Clinton Eaton Ingham	2	600	76	12	138	21	0	5	0	17	1	872
CMH for Central Michigan	1	368	221	10	175	17	0	1	3	11	4	811
Copper	0	77	33	0	36	12	0	0	0	0	0	158
Detroit	16	5,957	1,530	76	1,082	128	8	137	16	61	298	9,309
Genesee	5	711	77	8	390	76	0	2	2	9	4	1,284
Gogebic	0	47	9	0	14	1	0	0	0	0	0	71
Gratiot	0	57	11	2	13	9	0	0	0	15	0	107
Hiawatha	0	107	27	1	41	15	0	0	0	0	1	192
Huron	0	49	19	1	10	17	0	1	0	0	0	97
Ionia	0	75	8	0	8	5	0	1	0	0	0	97
Kalamazoo	0	296	85	15	58	9	0	9	0	1	0	473
Lapeer	0	113	25	9	62	32	0	1	0	0	1	243
Lenewee	0	109	26	1	36	52	0	1	0	0	0	225
Lifeways	2	169	55	2	78	36	0	8	0	3	1	354
Livingston	2	299	64	1	38	13	0	3	0	23	0	443
Macomb	3	1,397	219	20	188	28	0	9	2	23	7	1,896
Manistee-Benzie	0	48	17	3	15	5	0	0	8	6	0	102
Monroe	0	253	65	0	54	10	0	0	0	0	0	382
Montcalm	0	35	16	0	10	2	0	0	1	0	0	64
Muskegon	3	370	45	0	68	47	0	1	0	7	0	541
network180	3	664	126	17	292	127	1	10	2	24	3	1,269
Newaygo	0	44	19	2	20	4	0	1	0	0	0	90
North Country	0	307	95	11	112	46	2	1	1	4	0	579
Northeast	0	120	52	2	51	1	0	1	0	0	0	227
Northern Lakes	1	261	18	2	78	41	0	5	0	8	2	416
Northpointe	0	93	8	1	17	9	0	0	0	1	0	129
Oakland	1	2,441	489	0	586	9	2	5	1	22	1	3,557
Ottawa	0	276	38	3	110	53	0	3	0	3	0	486
Pathways	1	236	66	1	99	23	0	2	0	1	1	430
Pines	0	73	25	5	14	7	0	1	0	5	0	130
Saginaw	1	336	49	0	76	38	0	5	0	14	4	523
Sanilac	0	81	23	0	37	16	0	0	0	0	0	157
Shiawassee	1	77	35	1	17	10	0	2	0	0	1	144
St. Clair	0	408	79	16	88	4	0	2	1	1	0	599
St. Joseph	0	39	32	0	12	9	0	0	2	1	0	95
Summit Pointe	0	169	48	10	42	16	0	0	0	16	0	301
Tuscola	0	70	23	0	26	8	1	0	0	0	0	128
Van Buren	1	87	10	1	11	8	1	0	0	2	2	123
Washtenaw	6	443	267	1	83	31	0	4	0	4	0	839
West Michigan	0	73	12	0	12	12	0	2	0	1	2	114
Woodlands	0	44	9	3	11	7	1	0	0	10	1	86
Total	**51**	**17,967**	**4,319**	**254**	**4,481**	**1,048**	**16**	**233**	**39**	**320**	**530**	**29,258**

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
Fiscal Year 2013
State of Michigan

	Residence											
CMHSP	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	Total
Allegan	0	0	1	0	0	0	0	5	1	3	224	234
AuSable	0	17	7	1	3	1	0	0	0	0	0	29
Barry	0	28	8	1	14	9	0	2	0	1	0	63
Bay Arenac	3	127	53	2	74	7	0	3	0	10	1	280
Berrien	5	114	55	15	49	10	0	0	1	58	1	308
Clinton Eaton Ingham	10	297	173	11	218	22	13	17	2	41	0	804
CMH for Central Michigan	1	233	181	10	187	21	2	1	5	17	6	664
Copper	0	38	18	2	35	4	2	0	1	0	0	100
Detroit	8	465	94	2	49	8	1	5	3	4	24	663
Genesee	3	260	72	4	127	39	0	0	2	2	0	509
Gogebic	0	37	4	1	12	5	0	0	1	0	0	60
Gratiot	0	60	23	3	22	5	0	1	0	8	0	122
Hiawatha	0	56	14	1	29	15	1	1	3	0	0	120
Huron	0	29	20	3	14	26	0	2	0	0	0	94
Ionia	1	45	31	0	20	22	1	0	0	0	0	120
Kalamazoo	7	234	148	12	142	19	3	9	1	6	0	581
Lapeer	0	80	24	1	16	10	0	0	0	1	0	132
Lenewee	0	23	14	1	18	5	0	4	1	0	0	66
Lifeways	4	212	108	6	100	38	3	15	3	20	3	512
Livingston	0	59	27	0	4	5	0	3	0	9	1	108
Macomb	4	805	243	7	350	30	0	33	5	39	7	1,523
Manistee-Benzie	0	51	29	0	9	4	0	0	4	9	0	106
Monroe	2	125	37	1	15	8	0	1	1	1	0	191
Montcalm	0	30	25	1	28	10	0	0	0	2	0	96
Muskegon	0	187	51	3	125	34	2	2	1	13	0	418
network180	5	406	184	20	273	87	1	18	5	19	2	1,020
Newaygo	0	63	22	2	20	14	0	0	0	3	0	124
North Country	1	93	35	6	42	17	2	4	1	4	0	205
Northeast	0	54	47	1	81	2	0	3	0	3	0	191
Northern Lakes	1	174	86	2	147	53	0	8	1	14	0	486
Northpointe	0	123	32	2	65	15	0	0	0	3	1	241
Oakland	6	605	371	2	454	11	3	3	1	13	0	1,469
Ottawa	0	51	38	0	73	26	0	1	0	11	0	200
Pathways	1	61	49	3	65	14	0	2	1	2	0	198
Pines	3	67	29	1	30	9	0	2	0	4	0	145
Saginaw	3	144	65	2	119	75	1	2	1	31	6	449
Sanilac	0	64	26	0	39	12	0	1	0	0	1	143
Shiawassee	0	57	25	0	8	10	0	1	0	0	0	101
St. Clair	0	184	82	13	80	5	5	8	0	5	0	382
St. Joseph	0	72	40	6	21	20	1	2	1	4	1	168
Summit Pointe	1	143	59	17	29	32	0	5	1	14	0	301
Tuscola	0	32	6	0	42	7	0	0	0	7	0	94
Van Buren	0	105	47	5	35	14	0	5	0	1	0	212
Washtenaw	18	164	98	3	22	16	1	2	2	4	2	332
West Michigan	2	88	24	1	53	20	0	3	0	4	1	196
Woodlands	0	43	7	6	7	4	0	1	0	14	0	82
Total	**89**	**6,405**	**2,832**	**180**	**3,365**	**820**	**42**	**175**	**49**	**404**	**281**	**14,642**

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 Abuse Disorder
Fiscal Year 2013
State of Michigan

	Residence											
CMHSP	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	Total
Allegan	0	0	6	0	0	0	0	0	0	0	3	9
AuSable	0	8	0	0	0	0	1	0	0	0	1	10
Barry	0	0	3	0	0	0	1	0	0	0	0	4
Bay Arenac	0	6	11	0	0	1	1	0	0	1	0	20
Berrien	2	3	1	0	0	0	0	0	0	3	0	9
Clinton Eaton Ingham	9	41	35	0	1	1	24	0	0	0	7	118
CMH for Central Michigan	0	10	9	0	1	0	0	0	0	0	1	21
Copper	0	4	12	0	0	0	3	0	0	0	0	19
Detroit	0	1	0	0	0	0	0	0	0	1	25	27
Genesee	87	137	119	0	2	1	4	0	7	0	7	364
Gogebic	2	1	2	0	0	0	0	0	0	0	0	5
Gratiot	0	9	2	0	0	0	1	1	0	0	2	15
Hiawatha	2	12	6	0	0	0	1	0	0	0	2	23
Huron	0	0	1	0	0	0	0	0	0	0	0	1
Ionia	2	2	2	0	0	0	0	0	0	0	0	6
Kalamazoo	0	1	1	0	0	0	0	0	0	0	0	2
Lapeer	1	3	1	0	0	0	2	0	0	0	0	7
Lenewee	0	5	4	0	0	1	0	0	0	0	1	11
Lifeways	7	60	53	0	0	1	5	0	1	0	0	127
Livingston	4	32	9	0	0	0	0	0	0	0	2	47
Macomb	2	14	13	0	0	0	0	0	1	0	22	52
Manistee-Benzie	1	1	0	0	0	0	0	0	0	0	0	2
Monroe	2	16	2	0	1	0	0	0	0	0	0	21
Montcalm	0	0	8	0	0	0	0	0	0	0	0	8
Muskegon	0	1	3	0	0	0	0	0	0	0	0	4
network180	12	161	82	2	1	0	2	0	1	4	1	266
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0
North Country	9	18	18	0	0	1	0	0	0	0	28	74
Northeast	0	0	2	0	0	0	2	0	0	0	0	4
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	0	2	1	0	0	0	0	0	0	0	0	3
Oakland	0	23	14	0	0	2	3	0	0	0	38	80
Ottawa	1	3	3	0	0	0	1	0	0	0	1	9
Pathways	2	5	3	0	0	0	0	0	0	0	2	12
Pines	3	7	34	0	0	0	0	0	0	0	0	44
Saginaw	1	10	3	0	1	0	1	1	0	0	49	66
Sanilac	1	1	2	0	0	0	0	0	0	0	0	4
Shiawassee	0	1	0	0	0	0	0	0	0	0	0	1
St. Clair	1	3	5	0	0	0	1	0	0	0	0	10
St. Joseph	1	1	27	0	0	0	3	0	0	0	0	32
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	1	0	0	0	0	0	0	0	0	0	1
Van Buren	0	0	2	0	0	0	0	0	0	0	0	2
Washtenaw	15	37	21	0	0	3	0	0	1	0	5	82
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	0	1	0	0	0	0	0	0	0	0	1
Total	**167**	**640**	**521**	**2**	**7**	**11**	**56**	**2**	**11**	**9**	**197**	**1,623**

* 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 abuse disorder, but neither a 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 2013
State of Michigan

	Residence											
CMHSP	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	Total
Allegan	0	0	0	0	0	0	0	0	0	0	24	24
AuSable	0	12	5	1	0	0	0	0	0	0	5	23
Barry	0	2	1	0	0	0	0	0	0	0	3	6
Bay Arenac	4	23	31	0	2	0	19	6	0	0	32	117
Berrien	1	0	1	0	0	0	0	0	0	0	0	2
Clinton Eaton Ingham	0	0	0	0	0	0	1	0	0	0	0	1
CMH for Central Michigan	1	57	30	1	1	0	3	0	1	0	91	185
Copper	0	6	0	0	0	0	0	1	0	0	2	9
Detroit	7	15	7	0	1	2	14	43	3	0	259	351
Genesee	7	13	9	2	2	0	4	0	0	0	29	66
Gogebic	0	2	1	0	0	0	0	0	0	0	0	3
Gratiot	0	0	0	0	0	0	0	0	0	0	0	0
Hiawatha	0	15	4	0	0	0	0	1	0	0	15	35
Huron	0	0	1	0	0	0	0	2	0	0	3	6
Ionia	0	0	0	0	0	0	0	0	0	0	0	0
Kalamazoo	4	8	0	0	0	0	0	0	0	0	1	13
Lapeer	0	0	0	0	0	0	0	0	0	0	0	0
Lenewee	3	20	3	0	0	0	0	0	0	0	48	74
Lifeways	9	368	171	0	0	0	0	0	0	0	3	551
Livingston	4	44	8	0	0	0	0	0	0	0	12	68
Macomb	8	307	72	3	7	2	0	1	1	0	294	695
Manistee-Benzie	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	9	114	1	7	0	7	1	0	0	0	12	151
Montcalm	1	2	5	0	0	0	1	0	0	0	5	14
Muskegon	4	30	7	0	0	0	1	0	0	0	96	138
network180	20	186	72	5	4	1	1	0	3	2	49	343
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0
North Country	1	28	4	1	0	0	0	0	0	0	5	39
Northeast	7	20	61	1	2	0	4	4	0	0	0	99
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	1	5	7	0	0	0	0	0	0	0	2	15
Oakland	20	207	83	3	2	15	8	1	1	2	1,961	2,303
Ottawa	0	8	2	0	0	0	0	0	0	0	0	10
Pathways	1	29	8	0	1	0	0	1	0	0	14	54
Pines	0	0	6	0	0	0	0	0	0	0	0	6
Saginaw	1	0	0	0	0	0	0	0	0	0	0	1
Sanilac	0	2	1	0	0	0	0	0	0	0	0	3
Shiawassee	0	6	5	0	0	0	0	0	0	0	7	18
St. Clair	0	0	1	0	0	0	1	0	0	0	0	2
St. Joseph	1	5	9	9	0	0	3	0	0	0	0	27
Summit Pointe	0	2	5	0	0	1	0	0	1	1	0	10
Tuscola	0	2	1	0	0	0	0	0	0	0	6	9
Van Buren	0	3	0	0	0	0	0	0	0	0	1	4
Washtenaw	4	50	29	2	0	4	0	1	0	0	21	111
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	5	2	1	0	0	0	0	0	0	0	8
Total	**118**	**1,596**	**653**	**36**	**22**	**32**	**61**	**61**	**10**	**5**	**3,000**	**5,594**

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 2013
State of Michigan

	Total Annual Household Income							
CMHSP	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	219	91	38	20	9	5	642	1,024
AuSable	1,065	185	59	30	22	7	240	1,608
Barry	705	237	84	38	31	19	32	1,146
Bay Arenac	3,456	874	211	73	38	33	164	4,849
Berrien	3,269	409	101	35	15	251	338	4,418
Clinton Eaton Ingham	3,703	1,145	292	131	105	67	490	5,933
CMH for Central Michigan	4,653	1,008	333	122	70	24	300	6,510
Copper	337	194	50	20	20	14	145	780
Detroit	21,167	4,743	1,020	270	146	112	32,452	59,910
Genesee	7,741	700	101	31	35	15	0	8,623
Gogebic	140	71	18	7	3	6	79	324
Gratiot	598	329	123	37	32	8	209	1,336
Hiawatha	327	153	58	25	22	7	273	865
Huron	575	237	63	31	12	2	9	929
Ionia	1,047	352	137	74	39	18	40	1,707
Kalamazoo	3,244	253	36	8	8	5	1,001	4,555
Lapeer	1,142	62	19	10	4	4	6	1,247
Lenewee	855	447	130	58	45	12	115	1,662
Lifeways	3,149	653	171	41	27	18	987	5,046
Livingston	922	303	121	72	37	31	134	1,620
Macomb	1,794	689	135	47	30	12	6,665	9,372
Manistee-Benzie	495	251	100	35	25	16	203	1,125
Monroe	1,141	342	112	46	26	21	201	1,889
Montcalm	399	281	118	61	30	6	15	910
Muskegon	2,116	547	152	70	26	9	515	3,435
network180	7,207	3,164	1,032	431	259	149	24	12,266
Newaygo	856	423	157	48	24	14	119	1,641
North Country	1,030	485	180	53	50	26	941	2,765
Northeast	564	638	175	51	39	9	17	1,493
Northern Lakes	2,584	1,149	314	105	48	24	685	4,909
Northpointe	493	286	92	49	45	35	282	1,282
Oakland	10,950	1,815	518	173	127	57	0	13,640
Ottawa	758	343	113	68	44	9	383	1,718
Pathways	842	376	91	48	25	18	290	1,690
Pines	676	596	263	115	98	70	50	1,868
Saginaw	3,104	133	48	15	18	25	0	3,343
Sanilac	510	238	106	28	31	7	18	938
Shiawassee	739	356	107	37	41	13	90	1,383
St. Clair	1,863	480	128	42	40	9	92	2,654
St. Joseph	1,019	255	77	14	8	7	184	1,564
Summit Pointe	3,642	910	283	99	95	25	284	5,338
Tuscola	742	177	41	16	8	3	21	1,008
Van Buren	1,482	95	40	28	29	12	434	2,120
Washtenaw	2,284	699	154	60	40	20	387	3,644
West Michigan	350	118	26	7	3	3	1,383	1,890
Woodlands	361	60	21	11	9	4	252	718
Total	**106,315**	**27,352**	**7,748**	**2,890**	**1,938**	**1,261**	**51,191**	**198,695**

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 Developmental Disabilities
Fiscal Year 2013
State of Michigan

	Total Annual Household Income							
CMHSP	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	65	9	3	2	2	0	115	196
AuSable	62	149	2	2	0	0	3	218
Barry	40	28	0	2	4	2	0	76
Bay Arenac	311	83	7	5	0	2	1	409
Berrien	199	13	0	0	1	3	0	216
Clinton Eaton Ingham	423	333	27	24	26	37	2	872
CMH for Central Michigan	663	103	22	7	8	5	3	811
Copper	71	81	4	1	1	0	0	158
Detroit	3,957	2,068	215	64	46	46	2,913	9,309
Genesee	904	338	19	11	6	6	0	1,284
Gogebic	25	34	3	1	4	3	1	71
Gratiot	46	48	3	1	5	0	4	107
Hiawatha	73	79	20	8	6	3	3	192
Huron	63	28	3	1	0	2	0	97
Ionia	47	34	3	6	5	1	1	97
Kalamazoo	248	155	26	9	3	4	28	473
Lapeer	233	6	1	0	1	2	0	243
Lenewee	84	127	3	2	3	0	6	225
Lifeways	196	88	9	8	6	2	45	354
Livingston	266	97	17	13	21	21	8	443
Macomb	759	32	10	2	9	14	1,070	1,896
Manistee-Benzie	66	26	3	1	3	1	2	102
Monroe	199	141	8	9	11	11	3	382
Montcalm	19	36	3	2	3	1	0	64
Muskegon	293	178	22	13	16	3	16	541
network180	499	631	51	36	28	24	0	1,269
Newaygo	37	40	7	2	3	0	1	90
North Country	252	207	22	11	15	5	67	579
Northeast	81	130	4	4	4	0	4	227
Northern Lakes	177	171	26	15	13	8	6	416
Northpointe	45	55	6	4	16	2	1	129
Oakland	3,175	201	41	13	42	85	0	3,557
Ottawa	332	90	21	7	28	8	0	486
Pathways	175	194	20	18	15	8	0	430
Pines	37	62	10	6	8	5	2	130
Saginaw	485	22	6	3	3	4	0	523
Sanilac	33	95	21	3	3	2	0	157
Shiawassee	50	85	7	0	1	1	0	144
St. Clair	320	220	23	15	10	8	3	599
St. Joseph	70	19	2	0	1	1	2	95
Summit Pointe	222	51	3	3	5	1	16	301
Tuscola	62	62	2	1	0	0	1	128
Van Buren	112	1	3	0	1	1	5	123
Washtenaw	521	270	17	7	8	10	6	839
West Michigan	53	4	0	0	1	2	54	114
Woodlands	65	14	0	0	0	1	6	86
Total	**16,115**	**6,938**	**725**	**342**	**395**	**345**	**4,398**	**29,258**

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
Fiscal Year 2013
State of Michigan

	Total Annual Household Income							
CMHSP	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	70	11	3	1	3	0	146	234
AuSable	15	9	1	0	0	0	4	29
Barry	43	19	0	1	0	0	0	63
Bay Arenac	198	71	5	1	1	1	3	280
Berrien	262	33	1	2	0	8	2	308
Clinton Eaton Ingham	360	399	18	9	4	12	2	804
CMH for Central Michigan	526	98	16	10	6	2	6	664
Copper	33	53	3	4	1	0	6	100
Detroit	230	93	17	5	4	1	313	663
Genesee	409	90	4	1	2	3	0	509
Gogebic	22	25	4	4	1	3	1	60
Gratiot	54	54	8	2	2	0	2	122
Hiawatha	36	62	10	5	6	0	1	120
Huron	47	37	5	3	0	2	0	94
Ionia	62	50	0	5	2	0	1	120
Kalamazoo	276	254	29	8	1	1	12	581
Lapeer	125	5	0	0	0	1	1	132
Lenewee	25	33	3	0	1	0	4	66
Lifeways	334	116	13	3	6	3	37	512
Livingston	74	22	4	3	1	1	3	108
Macomb	476	68	12	2	4	5	956	1,523
Manistee-Benzie	73	23	4	2	1	0	3	106
Monroe	106	59	8	1	7	3	7	191
Montcalm	25	59	4	5	2	1	0	96
Muskegon	220	168	6	1	5	3	15	418
network180	443	492	43	18	15	9	0	1,020
Newaygo	50	55	15	3	0	1	0	124
North Country	79	74	8	9	5	1	29	205
Northeast	38	136	13	3	0	1	0	191
Northern Lakes	173	281	12	5	8	2	5	486
Northpointe	78	114	23	9	5	7	5	241
Oakland	1,276	104	37	10	21	21	0	1,469
Ottawa	129	58	6	4	2	0	1	200
Pathways	79	95	10	4	6	1	3	198
Pines	37	83	10	5	7	3	0	145
Saginaw	432	7	2	1	4	3	0	449
Sanilac	29	87	17	6	3	1	0	143
Shiawassee	33	52	6	3	6	1	0	101
St. Clair	192	162	16	2	5	2	3	382
St. Joseph	131	24	8	2	3	0	0	168
Summit Pointe	247	35	4	5	1	1	8	301
Tuscola	28	63	2	0	1	0	0	94
Van Buren	203	0	0	2	4	2	1	212
Washtenaw	226	74	9	1	4	4	14	332
West Michigan	95	9	0	0	1	1	90	196
Woodlands	63	9	1	0	0	1	8	82
Total	**8,162**	**3,925**	**420**	**170**	**161**	**112**	**1,692**	**14,642**

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 Abuse Disorder
Fiscal Year 2013
State of Michigan

	Total Annual Household Income							
CMHSP	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	3	3	0	0	0	0	3	9
AuSable	3	1	2	0	0	0	4	10
Barry	3	0	1	0	0	0	0	4
Bay Arenac	13	3	3	0	0	0	1	20
Berrien	8	0	0	0	0	1	0	9
Clinton Eaton Ingham	89	3	2	1	2	1	20	118
CMH for Central Michigan	15	3	0	1	0	0	2	21
Copper	2	0	0	0	0	0	17	19
Detroit	1	0	0	0	0	0	26	27
Genesee	342	17	4	1	0	0	0	364
Gogebic	0	0	0	0	0	0	5	5
Gratiot	1	1	1	0	0	0	12	15
Hiawatha	4	0	0	0	0	0	19	23
Huron	0	1	0	0	0	0	0	1
Ionia	5	0	1	0	0	0	0	6
Kalamazoo	2	0	0	0	0	0	0	2
Lapeer	7	0	0	0	0	0	0	7
Lenewee	8	2	0	0	0	0	1	11
Lifeways	27	8	2	0	0	0	90	127
Livingston	35	3	1	0	0	0	8	47
Macomb	6	1	0	0	0	0	45	52
Manistee-Benzie	2	0	0	0	0	0	0	2
Monroe	9	3	2	1	0	0	6	21
Montcalm	7	0	0	0	0	0	1	8
Muskegon	4	0	0	0	0	0	0	4
network180	180	65	15	4	2	0	0	266
Newaygo	0	0	0	0	0	0	0	0
North Country	16	4	1	0	0	0	53	74
Northeast	1	0	1	0	0	0	2	4
Northern Lakes	0	0	0	0	0	0	0	0
Northpointe	1	0	0	0	0	0	2	3
Oakland	77	3	0	0	0	0	0	80
Ottawa	1	0	0	0	0	0	8	9
Pathways	4	1	0	0	0	0	7	12
Pines	26	8	5	4	1	0	0	44
Saginaw	60	6	0	0	0	0	0	66
Sanilac	3	0	0	0	0	0	1	4
Shiawassee	0	1	0	0	0	0	0	1
St. Clair	7	0	0	0	0	0	3	10
St. Joseph	14	7	1	0	0	0	10	32
Summit Pointe	0	0	0	0	0	0	0	0
Tuscola	1	0	0	0	0	0	0	1
Van Buren	2	0	0	0	0	0	0	2
Washtenaw	43	6	0	0	0	0	33	82
West Michigan	0	0	0	0	0	0	0	0
Woodlands	1	0	0	0	0	0	0	1
Total	**1,033**	**150**	**42**	**12**	**5**	**2**	**379**	**1,623**

* 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 abuse disorder, but neither a 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 2013
State of Michigan

	Total Annual Household Income							
CMHSP	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	0	0	1	0	0	0	23	24
AuSable	13	0	1	1	1	0	7	23
Barry	1	0	0	1	0	0	4	6
Bay Arenac	58	6	1	1	1	1	49	117
Berrien	2	0	0	0	0	0	0	2
Clinton Eaton Ingham	1	0	0	0	0	0	0	1
CMH for Central Michigan	39	16	5	3	2	1	119	185
Copper	5	2	1	0	0	0	1	9
Detroit	33	2	0	1	1	0	314	351
Genesee	61	4	1	0	0	0	0	66
Gogebic	0	0	0	0	0	0	3	3
Gratiot	0	0	0	0	0	0	0	0
Hiawatha	4	0	2	0	0	0	29	35
Huron	3	0	0	0	0	0	3	6
Ionia	0	0	0	0	0	0	0	0
Kalamazoo	7	0	0	0	0	0	6	13
Lapeer	0	0	0	0	0	0	0	0
Lenewee	15	8	1	0	1	0	49	74
Lifeways	29	7	4	2	0	1	508	551
Livingston	19	3	4	2	0	0	40	68
Macomb	19	5	3	0	0	1	667	695
Manistee-Benzie	0	0	0	0	0	0	0	0
Monroe	79	23	15	2	2	4	26	151
Montcalm	5	1	0	0	0	0	8	14
Muskegon	26	6	2	1	3	1	99	138
network180	209	80	25	7	3	4	15	343
Newaygo	0	0	0	0	0	0	0	0
North Country	16	5	1	0	0	0	17	39
Northeast	32	19	11	4	1	0	32	99
Northern Lakes	0	0	0	0	0	0	0	0
Northpointe	7	1	0	0	0	0	7	15
Oakland	2,243	39	9	1	4	7	0	2,303
Ottawa	1	1	1	0	0	0	7	10
Pathways	12	5	1	0	0	0	36	54
Pines	3	2	1	0	0	0	0	6
Saginaw	1	0	0	0	0	0	0	1
Sanilac	2	0	0	0	0	0	1	3
Shiawassee	6	2	0	0	0	1	9	18
St. Clair	2	0	0	0	0	0	0	2
St. Joseph	20	5	1	0	0	0	1	27
Summit Pointe	4	3	0	0	0	0	3	10
Tuscola	3	0	0	0	0	0	6	9
Van Buren	3	0	0	0	0	0	1	4
Washtenaw	33	4	5	0	0	0	69	111
West Michigan	0	0	0	0	0	0	0	0
Woodlands	5	1	0	0	0	0	2	8
Total	**3,021**	**250**	**96**	**26**	**19**	**21**	**2,161**	**5,594**

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 2013
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	25	788	4	307	312	49	3	108	0
AuSable	7	1,120	0	300	285	123	259	265	4
Barry	10	643	0	211	254	154	0	0	0
Bay Arenac	35	3,467	0	1,125	1,672	2,709	2,653	1,940	0
Berrien	38	2,677	2	921	1,383	544	0	0	0
Clinton Eaton Ingham	0	3,737	2	1,362	1,507	484	4,732	1,002	0
CMH for Central Michigan	0	4,663	2	1,308	0	418	130	1,358	0
Copper	1	440	0	257	326	140	44	189	0
Detroit	0	38,716	0	8,046	0	2,637	0	15,185	0
Genesee	58	6,108	1	2,018	1,929	613	552	891	0
Gogebic	0	230	0	78	118	17	7	69	0
Gratiot	0	809	0	145	402	436	988	266	0
Hiawatha	0	532	0	199	286	74	24	256	0
Huron	0	587	4	212	125	202	31	27	0
Ionia	0	964	0	249	461	205	1,208	415	0
Kalamazoo	48	3,403	1	1,175	603	195	43	41	7
Lapeer	5	824	0	293	255	113	44	206	0
Lenewee	0	1,102	1	345	0	119	0	513	0
Lifeways	0	3,193	4	1,100	0	309	97	1,485	0
Livingston	0	929	0	252	0	162	0	583	0
Macomb	0	5,875	1	2,087	1,487	543	149	2,354	0
Manistee-Benzie	4	780	1	228	20	96	643	265	0
Monroe	0	1,108	0	235	0	128	0	745	0
Montcalm	16	644	1	112	349	49	8	155	0
Muskegon	22	2,255	0	528	956	61	3	872	31
network180	98	7,878	0	2,371	4,205	641	1,186	3,296	0
Newaygo	9	1,135	0	240	441	82	1,156	416	0
North Country	15	1,652	0	573	813	542	276	693	8
Northeast	15	1,140	1	560	975	117	3	132	0
Northern Lakes	12	3,107	0	1,254	1,708	362	14	1,237	0
Northpointe	0	744	0	301	469	192	67	333	0
Oakland	0	8,600	1	3,795	0	1,429	342	3,463	0
Ottawa	23	1,188	1	388	533	161	38	9	2
Pathways	5	1,217	0	439	624	180	52	296	0
Pines	29	1,013	0	336	441	387	0	0	0
Saginaw	0	2,188	0	559	912	108	102	793	0
Sanilac	0	704	0	250	440	63	14	118	0
Shiawassee	0	913	2	223	0	95	348	28	0
St. Clair	9	1,868	0	620	709	175	94	446	0
St. Joseph	28	1,117	0	316	501	0	0	0	0
Summit Pointe	19	3,773	2	1,411	700	702	0	0	0
Tuscola	1	706	0	203	388	55	32	113	0
Van Buren	9	1,108	2	413	439	382	0	0	0
Washtenaw	0	2,268	0	869	0	482	0	1,225	0
West Michigan	0	1,196	0	390	2	339	497	0	0
Woodlands	8	461	0	170	222	55	21	124	0
Total	**549**	**129,570**	**33**	**38,774**	**27,252**	**17,129**	**15,860**	**41,912**	**52**

* Individuals can be counted in more that 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 Developmental Disabilities
Fiscal Year 2013
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	182	67	106	115	40	0	2	0
AuSable	0	201	55	116	207	23	1	1	0
Barry	2	64	5	44	59	21	0	0	0
Bay Arenac	4	404	100	177	343	137	111	34	0
Berrien	0	211	57	95	115	24	0	0	0
Clinton Eaton Ingham	0	744	102	332	490	248	819	10	0
CMH for Central Michigan	0	785	319	473	0	140	3	19	0
Copper	0	144	44	93	138	34	1	7	0
Detroit	0	8,490	1,244	3,134	0	1,250	0	1,032	0
Genesee	23	1,245	323	678	928	243	18	8	0
Gogebic	0	63	14	34	34	11	7	1	0
Gratiot	0	95	16	64	96	23	105	1	0
Hiawatha	0	183	41	87	136	40	2	6	0
Huron	0	95	24	48	67	17	1	0	0
Ionia	1	91	12	32	77	36	95	1	0
Kalamazoo	7	440	106	198	224	108	54	11	0
Lapeer	1	234	51	158	172	50	3	2	0
Lenewee	0	220	76	145	0	38	0	3	0
Lifeways	0	333	147	157	0	54	4	17	0
Livingston	0	389	113	146	0	130	0	25	0
Macomb	0	1,828	252	798	710	598	11	47	0
Manistee-Benzie	0	98	37	68	6	10	30	1	0
Monroe	0	331	103	166	0	96	0	30	0
Montcalm	1	64	9	27	56	15	1	0	0
Muskegon	5	493	54	222	446	81	7	21	0
network180	11	1,223	104	694	1,054	211	189	5	0
Newaygo	0	86	14	42	62	11	86	4	0
North Country	12	538	167	277	499	83	8	3	6
Northeast	0	219	91	140	214	26	0	0	0
Northern Lakes	7	386	64	184	330	88	3	5	0
Northpointe	0	112	23	53	86	37	9	3	0
Oakland	0	3,229	553	1,393	0	984	2	329	0
Ottawa	9	477	55	219	392	134	4	0	0
Pathways	0	421	93	209	292	113	4	2	0
Pines	2	103	28	56	75	29	0	0	0
Saginaw	0	510	45	220	331	82	1	6	0
Sanilac	0	150	42	91	133	30	2	2	0
Shiawassee	0	136	52	93	0	30	19	3	0
St. Clair	10	591	105	264	381	115	5	13	0
St. Joseph	1	88	20	55	67	0	0	0	0
Summit Pointe	4	287	72	95	183	37	0	0	0
Tuscola	0	123	24	69	120	47	0	0	0
Van Buren	1	107	20	47	63	26	0	0	0
Washtenaw	0	811	329	463	0	202	0	20	0
West Michigan	0	108	15	58	0	7	3	0	0
Woodlands	3	79	13	47	73	9	2	3	0
Total	**105**	**27,211**	**5,300**	**12,367**	**8,774**	**5,768**	**1,610**	**1,677**	**6**

* 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
Fiscal Year 2012
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	2	214	55	116	121	15	0	5	0
AuSable	0	24	4	7	12	2	4	1	0
Barry	2	62	2	36	51	3	0	0	0
Bay Arenac	3	266	78	149	232	109	99	35	0
Berrien	5	293	63	162	210	18	0	0	0
Clinton Eaton Ingham	0	743	115	394	473	**136**	778	13	0
CMH for Central Michigan	0	653	245	399	0	72	2	9	0
Copper	0	95	25	49	74	10	3	4	0
Detroit	0	572	8	168	0	111	0	69	0
Genesee	6	492	70	220	296	66	8	3	0
Gogebic	0	57	12	21	37	11	2	1	0
Gratiot	0	110	24	57	103	43	116	5	0
Hiawatha	0	116	22	54	88	13	1	0	0
Huron	0	88	27	54	61	19	1	1	0
Ionia	0	116	23	57	101	14	117	2	0
Kalamazoo	11	564	177	294	247	81	30	8	0
Lapeer	1	124	9	45	48	24	2	2	0
Lenewee	0	65	24	37	0	6	0	2	0
Lifeways	0	472	127	237	0	50	8	28	0
Livingston	0	95	21	46	0	16	0	9	0
Macomb	0	1,474	265	748	476	306	7	42	0
Manistee-Benzie	1	101	36	52	4	6	47	4	0
Monroe	0	163	31	60	0	32	0	21	0
Montcalm	2	93	28	37	91	9	1	0	0
Muskegon	6	399	98	203	363	32	2	13	1
network180	1	988	69	554	905	134	188	9	0
Newaygo	1	120	6	48	88	2	117	6	0
North Country	2	187	45	90	169	33	5	4	0
Northeast	0	186	91	147	183	14	0	0	0
Northern Lakes	7	456	91	264	415	62	18	9	0
Northpointe	0	220	60	115	172	54	2	8	0
Oakland	0	1,347	342	758	0	253	12	131	0
Ottawa	3	196	36	128	172	21	1	0	0
Pathways	0	195	40	107	145	33	2	0	0
Pines	1	126	29	63	84	13	0	0	0
Saginaw	0	435	77	244	286	34	2	8	0
Sanilac	0	136	30	68	126	16	0	2	0
Shiawassee	0	95	18	50	0	20	16	1	0
St. Clair	7	367	70	190	244	51	12	11	0
St. Joseph	2	163	23	73	93	0	0	0	0
Summit Pointe	7	288	18	111	151	23	0	0	0
Tuscola	0	94	45	62	92	43	0	0	0
Van Buren	4	185	41	81	133	31	0	0	0
Washtenaw	0	290	50	102	0	75	0	48	0
West Michigan	0	187	25	88	0	14	3	0	0
Woodlands	2	81	11	37	62	10	3	2	0
Total	**76**	**13,793**	**2,806**	**7,082**	**6,608**	**2,140**	**1,609**	**516**	**1**

* Individuals can be counted in more that 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 Abuse Disorder
Fiscal Year 2013
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	3	0	0	0	0	0	5	0
AuSable	0	2	0	2	1	1	1	4	0
Barry	0	1	0	0	0	0	0	0	0
Bay Arenac	0	13	0	4	7	12	11	6	0
Berrien	0	5	0	1	1	0	0	0	0
Clinton Eaton Ingham	0	21	0	6	7	4	60	57	0
CMH for Central Michigan	0	9	0	3	0	0	1	10	0
Copper	0	3	0	0	0	1	0	12	0
Detroit	0	16	0	3	0	1	0	9	0
Genesee	0	121	0	33	15	5	24	168	0
Gogebic	0	1	0	1	0	0	0	3	0
Gratiot	0	3	0	0	0	3	6	7	0
Hiawatha	0	9	0	2	0	0	0	9	0
Huron	0	0	0	1	0	0	0	0	0
Ionia	0	3	0	1	3	0	3	3	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Lapeer	0	2	0	0	0	0	0	4	0
Lenewee	0	3	0	0	0	0	0	8	0
Lifeways	0	38	0	6	0	4	4	82	0
Livingston	0	11	0	0	0	0	0	36	0
Macomb	0	27	0	7	3	1	0	20	0
Manistee-Benzie	0	1	0	0	0	1	0	1	0
Monroe	0	5	0	0	0	1	0	15	0
Montcalm	0	3	0	0	0	0	0	6	0
Muskegon	0	4	0	0	2	0	0	0	0
network180	4	159	0	20	56	3	15	85	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	14	0	1	4	6	2	54	0
Northeast	0	3	0	1	2	0	0	1	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	1	0
Oakland	0	35	0	6	0	4	0	32	0
Ottawa	0	1	0	0	1	1	0	0	0
Pathways	0	7	0	0	1	0	1	5	0
Pines	0	12	0	1	0	12	0	0	0
Saginaw	0	18	0	1	2	0	2	43	0
Sanilac	0	3	0	0	0	0	0	2	0
Shiawassee	0	0	0	0	0	0	1	0	0
St. Clair	0	4	0	0	1	0	0	4	0
St. Joseph	0	7	0	3	3	0	0	0	0
Summit Pointe	0	0	0	0	0	0	0	0	0
Tuscola	0	1	0	0	0	0	0	0	0
Van Buren	0	2	0	2	1	0	0	0	0
Washtenaw	0	26	0	1	0	1	0	59	0
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	0	1	0	0	0	0	0	1	0
Total	**4**	**597**	**0**	**106**	**110**	**61**	**131**	**752**	**0**

* Individuals can be counted in more that one eligibility group

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

*** 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 abuse disorder, but neither a developmental disability nor a mental illness.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Program Eligibility*
Persons with Unknown Disability
Fiscal Year 2013
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	17	0	3	0	0	0	1	0
AuSable	0	15	0	2	3	1	4	7	1
Barry	0	3	0	0	0	2	0	0	0
Bay Arenac	0	49	0	24	20	56	42	60	0
Berrien	0	1	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	0	0	0	0	0	0	1	0
CMH for Central Michigan	0	71	1	8	0	11	1	114	0
Copper	0	4	0	2	3	1	0	3	0
Detroit	0	207	0	28	0	11	0	116	0
Genesee	0	30	2	7	5	1	6	21	0
Gogebic	0	0	0	0	0	0	0	3	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	10	0	1	1	2	0	22	0
Huron	0	0	0	4	2	0	0	2	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	5	0	0	0	1	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenewee	0	28	0	1	0	1	0	50	0
Lifeways	0	258	0	30	0	17	4	269	0
Livingston	0	21	0	1	0	1	0	47	0
Macomb	0	423	2	50	7	28	2	263	0
Manistee-Benzie	0	0	0	0	0	0	0	0	0
Monroe	0	65	0	7	0	21	0	71	0
Montcalm	0	11	0	2	2	3	0	5	0
Muskegon	0	68	0	1	6	4	0	13	89
network180	1	251	0	74	111	24	29	70	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	26	0	3	5	4	5	10	1
Northeast	0	46	0	18	31	20	0	31	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	6	0	1	2	0	0	9	0
Oakland	0	836	1	105	0	128	8	1,346	0
Ottawa	0	2	0	0	2	3	0	0	0
Pathways	0	20	0	5	1	7	2	29	0
Pines	0	3	0	0	0	1	0	0	0
Saginaw	0	1	0	0	0	0	0	0	0
Sanilac	0	2	0	0	0	0	0	0	0
Shiawassee	0	12	0	7	0	4	2	11	0
St. Clair	0	1	0	0	0	0	0	0	0
St. Joseph	0	18	0	2	3	0	0	0	0
Summit Pointe	0	6	0	5	1	2	0	0	0
Tuscola	0	5	0	4	1	5	2	6	0
Van Buren	0	2	0	0	1	2	0	0	0
Washtenaw	0	45	0	4	0	5	0	73	0
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	0	6	0	0	2	0	0	2	0
Total	**1**	**2,574**	**6**	**399**	**209**	**366**	**107**	**2,655**	**91**

* Individuals can be counted in more that 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 2013
State of Michigan

	Employment Status										
CMHSP	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	45	32	284	13	0	4	3	0	604	39	1,024
AuSable	53	58	269	1	2	0	11	0	1,029	185	1,608
Barry	78	85	335	2	3	8	0	1	610	24	1,146
Bay Arenac	152	384	976	67	11	16	8	3	3,222	10	4,849
Berrien	167	212	611	38	16	28	0	2	3,017	327	4,418
Clinton Eaton Ingham	232	338	1,639	15	20	27	3	50	3,429	180	5,933
CMH for Central Michigan	268	489	1,100	48	4	41	15	8	4,485	52	6,510
Copper	47	58	138	17	1	9	11	0	496	3	780
Detroit	1,291	1,923	12,638	75	65	99	18	62	37,308	6,431	59,910
Genesee	131	304	2,631	4	7	20	22	93	5,091	320	8,623
Gogebic	6	13	43	0	0	1	0	0	256	5	324
Gratiot	80	96	391	1	1	2	0	0	724	41	1,336
Hiawatha	61	56	143	4	5	6	5	2	575	8	865
Huron	60	104	68	2	0	2	4	0	687	2	929
Ionia	153	100	384	0	11	21	0	3	993	42	1,707
Kalamazoo	75	232	1,875	37	9	38	11	0	2,164	114	4,555
Lapeer	46	97	356	7	4	9	9	9	710	0	1,247
Lenewee	65	113	488	6	0	3	1	5	922	59	1,662
Lifeways	114	185	795	5	12	15	0	5	3,234	681	5,046
Livingston	92	159	575	0	1	10	1	1	775	6	1,620
Macomb	312	595	2,129	23	14	40	3	38	5,735	483	9,372
Manistee-Benzie	59	61	75	1	3	5	0	2	889	30	1,125
Monroe	83	136	680	0	4	9	0	0	976	1	1,889
Montcalm	48	48	23	0	0	2	0	0	774	15	910
Muskegon	82	153	350	6	4	5	1	1	2,385	448	3,435
network180	1,505	1,213	3,321	25	38	135	3	12	5,912	102	12,266
Newaygo	36	64	467	0	0	6	4	0	907	157	1,641
North Country	89	184	452	9	9	18	3	2	1,622	377	2,765
Northeast	39	85	202	0	6	7	2	0	1,151	1	1,493
Northern Lakes	214	263	948	5	13	38	0	2	3,426	0	4,909
Northpointe	70	99	236	15	4	8	36	0	808	6	1,282
Oakland	574	1,159	3,401	74	44	87	6	52	8,186	57	13,640
Ottawa	88	101	447	3	13	10	1	27	941	87	1,718
Pathways	67	132	308	20	3	7	9	3	1,120	21	1,690
Pines	213	131	494	10	8	16	0	0	957	39	1,868
Saginaw	62	74	335	12	11	4	4	10	2,064	767	3,343
Sanilac	29	67	191	7	3	8	1	2	630	0	938
Shiawassee	47	108	452	0	0	1	0	0	770	5	1,383
St. Clair	66	156	691	14	10	16	6	8	1,676	11	2,654
St. Joseph	70	80	458	1	0	5	0	0	948	2	1,564
Summit Pointe	216	337	1,546	7	49	33	16	7	2,993	134	5,338
Tuscola	27	42	125	1	0	2	0	0	807	4	1,008
Van Buren	125	131	393	12	2	6	5	0	1,298	148	2,120
Washtenaw	135	302	1,343	1	4	24	31	4	1,789	11	3,644
West Michigan	96	110	423	4	7	23	1	4	1,136	86	1,890
Woodlands	24	30	81	1	2	1	0	1	556	22	718
Total	**7,592**	**10,899**	**45,310**	**593**	**423**	**875**	**254**	**419**	**120,787**	**11,543**	**198,695**

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 Developmental Disabilities
Fiscal Year 2013
State of Michigan

	Employment Status										
CMHSP	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	22	0	27	1	0	22	1	0	119	4	196
AuSable	0	9	15	2	2	0	59	0	131	0	218
Barry	0	7	1	8	0	0	0	1	58	1	76
Bay Arenac	0	23	5	104	0	1	6	64	206	0	409
Berrien	1	14	6	10	2	0	9	29	143	2	216
Clinton Eaton Ingham	4	72	27	63	2	0	10	214	478	2	872
CMH for Central Michigan	4	53	14	275	1	4	38	36	385	1	811
Copper	0	9	5	51	1	0	4	4	84	0	158
Detroit	30	149	253	910	94	8	329	1,277	6,102	157	9,309
Genesee	3	27	81	25	0	27	93	390	633	5	1,284
Gogebic	0	3	1	22	1	0	1	0	43	0	71
Gratiot	0	9	14	0	0	0	5	1	78	0	107
Hiawatha	0	15	3	34	0	0	7	0	133	0	192
Huron	1	16	3	2	0	1	14	0	60	0	97
Ionia	1	2	1	0	3	0	0	0	90	0	97
Kalamazoo	4	31	47	32	8	2	12	39	290	8	473
Lapeer	0	5	4	72	1	0	31	59	71	0	243
Lenewee	0	6	5	6	0	0	1	25	182	0	225
Lifeways	0	14	10	11	2	0	1	4	299	13	354
Livingston	2	25	42	8	3	0	19	17	327	0	443
Macomb	2	73	16	112	14	3	20	439	1,206	11	1,896
Manistee-Benzie	1	7	2	0	1	4	0	1	86	0	102
Monroe	0	25	11	31	4	0	1	28	282	0	382
Montcalm	0	3	0	0	0	0	0	0	61	0	64
Muskegon	0	31	18	72	2	0	2	59	351	6	541
network180	72	86	44	208	9	4	15	155	669	7	1,269
Newaygo	0	0	5	0	0	0	0	1	83	1	90
North Country	0	33	29	103	3	10	0	28	344	29	579
Northeast	0	58	19	0	0	10	0	0	139	1	227
Northern Lakes	0	17	8	101	1	0	3	4	282	0	416
Northpointe	0	5	2	22	1	0	13	7	79	0	129
Oakland	30	317	198	314	195	28	195	389	1,889	2	3,557
Ottawa	12	19	28	91	8	2	3	58	250	15	486
Pathways	0	22	6	71	5	1	14	3	308	0	430
Pines	1	10	11	23	0	0	0	0	85	0	130
Saginaw	0	32	9	59	7	3	28	72	308	5	523
Sanilac	0	7	7	59	0	2	0	13	69	0	157
Shiawassee	0	22	1	0	0	0	0	0	121	0	144
St. Clair	2	19	11	119	3	1	5	43	396	0	599
St. Joseph	1	12	3	6	1	0	0	0	72	0	95
Summit Pointe	0	18	13	1	1	0	2	3	256	7	301
Tuscola	0	10	4	19	0	0	0	1	94	0	128
Van Buren	3	7	5	16	2	3	3	0	82	2	123
Washtenaw	5	93	65	3	14	1	59	75	524	0	839
West Michigan	1	3	3	38	0	0	0	3	66	0	114
Woodlands	0	1	3	1	0	1	1	0	78	1	86
Total	**202**	**1,419**	**1,085**	**3,105**	**391**	**138**	**1,004**	**3,542**	**18,092**	**280**	**29,258**

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
Fiscal Year 2013
State of Michigan

	Employment Status										
CMHSP	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	15	2	50	1	0	18	3	0	139	6	234
AuSable	0	1	2	0	0	0	1	0	23	2	29
Barry	0	1	13	7	0	0	0	0	42	0	63
Bay Arenac	2	13	17	73	1	1	2	30	141	0	280
Berrien	0	13	14	8	3	0	4	24	240	2	308
Clinton Eaton Ingham	13	78	68	67	5	1	8	168	396	0	804
CMH for Central Michigan	0	22	15	176	1	7	45	15	382	1	664
Copper	0	2	8	16	0	0	6	3	65	0	100
Detroit	1	17	41	29	2	0	21	47	486	19	663
Genesee	1	10	31	10	0	8	28	96	325	0	509
Gogebic	0	1	2	7	0	0	1	1	48	0	60
Gratiot	0	6	7	0	0	1	2	3	103	0	122
Hiawatha	1	3	4	13	0	0	4	3	92	0	120
Huron	2	15	2	0	0	2	5	1	67	0	94
Ionia	1	4	6	1	5	1	1	1	100	0	120
Kalamazoo	1	26	86	56	22	7	12	52	306	13	581
Lapeer	2	5	8	10	0	0	8	14	85	0	132
Lenewee	0	2	4	2	0	0	1	5	52	0	66
Lifeways	1	23	53	11	9	1	0	8	394	12	512
Livingston	2	11	15	0	1	0	5	2	71	1	108
Macomb	3	48	48	157	27	4	27	346	856	7	1,523
Manistee-Benzie	1	7	3	1	1	6	0	0	87	0	106
Monroe	1	8	20	0	0	0	1	13	148	0	191
Montcalm	0	5	0	0	0	0	0	0	91	0	96
Muskegon	2	19	10	56	1	2	5	49	269	5	418
network180	47	67	67	171	3	7	1	67	586	4	1,020
Newaygo	0	2	13	0	0	1	0	0	108	0	124
North Country	0	18	16	28	1	1	0	5	129	7	205
Northeast	0	43	12	0	0	11	0	0	125	0	191
Northern Lakes	0	33	23	139	2	1	5	0	283	0	486
Northpointe	1	9	7	50	2	1	20	19	132	0	241
Oakland	17	106	107	208	62	14	111	207	637	0	1,469
Ottawa	4	13	20	45	2	0	0	16	98	2	200
Pathways	0	10	16	28	4	1	2	1	136	0	198
Pines	1	6	14	13	0	0	0	0	111	0	145
Saginaw	1	4	18	58	4	4	18	60	275	7	449
Sanilac	0	4	9	44	0	0	1	12	73	0	143
Shiawassee	0	17	2	0	0	0	0	0	82	0	101
St. Clair	1	13	23	75	4	0	3	22	241	0	382
St. Joseph	0	9	7	12	1	0	0	2	137	0	168
Summit Pointe	1	13	31	1	5	0	6	2	242	0	301
Tuscola	0	7	2	13	0	0	0	0	72	0	94
Van Buren	0	10	10	27	2	2	12	0	149	0	212
Washtenaw	1	25	61	0	2	0	14	9	220	0	332
West Michigan	0	12	9	47	0	0	0	0	128	0	196
Woodlands	1	3	0	2	1	1	0	0	74	0	82
Total	**124**	**766**	**994**	**1,662**	**173**	**103**	**383**	**1,303**	**9,046**	**88**	**14,642**

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 Abuse Disorder
Fiscal Year 2013
State of Michigan

	Employment Status										
CMHSP	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	2	1	1	0	0	0	0	0	4	1	9
AuSable	0	2	2	0	0	0	0	0	2	4	10
Barry	1	0	1	0	0	0	0	0	2	0	4
Bay Arenac	1	1	10	0	0	0	0	0	8	0	20
Berrien	1	0	1	0	0	0	0	0	7	0	9
Clinton Eaton Ingham	10	4	64	0	0	0	0	0	32	8	118
CMH for Central Michigan	0	2	6	0	0	0	0	0	12	1	21
Copper	3	3	7	0	0	0	0	0	5	1	19
Detroit	0	0	0	0	0	0	0	0	22	5	27
Genesee	22	14	214	0	1	2	0	0	104	7	364
Gogebic	1	1	1	0	0	0	0	0	2	0	5
Gratiot	1	0	5	0	0	0	0	0	6	3	15
Hiawatha	2	1	10	0	0	1	0	0	9	0	23
Huron	0	0	1	0	0	0	0	0	0	0	1
Ionia	0	0	2	0	0	0	0	0	4	0	6
Kalamazoo	0	0	1	0	0	0	0	0	1	0	2
Lapeer	0	1	1	0	0	0	0	0	4	1	7
Lenewee	1	1	6	0	0	0	0	0	2	1	11
Lifeways	4	3	9	0	0	2	0	0	20	89	127
Livingston	3	3	31	0	0	3	0	0	7	0	47
Macomb	0	1	11	0	1	1	0	0	10	28	52
Manistee-Benzie	0	0	0	0	0	0	0	0	2	0	2
Monroe	5	4	11	0	0	0	0	0	1	0	21
Montcalm	0	0	0	0	0	0	0	0	8	0	8
Muskegon	0	0	1	0	0	0	0	0	1	2	4
network180	33	27	88	0	0	3	0	0	113	2	266
Newaygo	0	0	0	0	0	0	0	0	0	0	0
North Country	7	4	10	0	2	1	0	0	11	39	74
Northeast	0	0	1	0	0	0	0	0	3	0	4
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0
Northpointe	0	0	2	0	0	1	0	0	0	0	3
Oakland	2	6	19	0	0	1	0	0	14	38	80
Ottawa	2	1	1	0	0	0	0	0	1	4	9
Pathways	3	1	3	0	0	0	0	0	5	0	12
Pines	14	2	23	0	0	1	0	0	4	0	44
Saginaw	2	1	4	0	0	0	0	0	5	54	66
Sanilac	0	2	2	0	0	0	0	0	0	0	4
Shiawassee	0	0	1	0	0	0	0	0	0	0	1
St. Clair	0	1	5	0	0	1	0	0	3	0	10
St. Joseph	9	3	16	0	0	1	0	0	3	0	32
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	1	0	1
Van Buren	0	1	1	0	0	0	0	0	0	0	2
Washtenaw	7	9	48	0	0	0	0	0	15	3	82
West Michigan	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	1	0	1
Total	**136**	**100**	**620**	**0**	**4**	**18**	**0**	**0**	**454**	**291**	**1,623**

* 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 abuse disorder, but neither a 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 2013
State of Michigan

	Employment Status										
CMHSP	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	3	0	0	0	0	0	15	5	24
AuSable	0	2	5	0	0	0	0	0	11	5	23
Barry	0	1	0	0	0	0	0	0	1	4	6
Bay Arenac	1	11	30	0	0	1	0	0	50	24	117
Berrien	0	0	0	0	0	0	0	0	2	0	2
Clinton Eaton Ingham	0	0	0	0	0	0	0	0	1	0	1
CMH for Central Michigan	6	13	19	0	1	1	0	1	62	82	185
Copper	0	2	0	0	0	0	0	0	5	2	9
Detroit	2	1	9	1	0	0	0	0	305	33	351
Genesee	2	3	18	0	0	0	1	1	11	30	66
Gogebic	1	0	0	0	0	0	0	0	2	0	3
Gratiot	0	0	0	0	0	0	0	0	0	0	0
Hiawatha	2	0	4	0	0	0	0	0	16	13	35
Huron	0	0	0	0	0	0	0	0	3	3	6
Ionia	0	0	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	5	1	0	0	0	0	4	3	13
Lapeer	0	0	0	0	0	0	0	0	0	0	0
Lenewee	2	0	15	0	0	0	0	0	15	42	74
Lifeways	3	3	2	0	0	0	0	0	25	518	551
Livingston	9	6	19	0	0	0	0	0	22	12	68
Macomb	15	23	79	3	0	1	2	2	284	286	695
Manistee-Benzie	0	0	0	0	0	0	0	0	0	0	0
Monroe	10	12	55	0	1	0	0	0	67	6	151
Montcalm	0	0	3	0	0	0	0	0	3	8	14
Muskegon	0	2	5	0	0	0	0	0	47	84	138
network180	32	21	66	0	1	0	1	0	187	35	343
Newaygo	0	0	0	0	0	0	0	0	0	0	0
North Country	0	2	7	0	1	1	0	0	16	12	39
Northeast	9	15	21	0	0	0	0	0	54	0	99
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0
Northpointe	3	1	4	0	0	1	0	0	5	1	15
Oakland	25	37	84	0	2	2	1	0	188	1,964	2,303
Ottawa	2	0	4	0	0	0	0	0	2	2	10
Pathways	6	3	6	0	0	0	0	0	30	9	54
Pines	2	2	1	0	0	0	0	0	1	0	6
Saginaw	0	0	0	0	0	0	0	0	1	0	1
Sanilac	1	0	1	0	0	0	0	0	1	0	3
Shiawassee	1	1	9	0	0	0	0	0	6	1	18
St. Clair	0	0	1	0	0	0	0	0	1	0	2
St. Joseph	4	1	8	0	0	0	0	0	14	0	27
Summit Pointe	0	0	1	0	1	0	0	0	5	3	10
Tuscola	1	0	6	0	0	0	0	0	2	0	9
Van Buren	0	0	1	0	0	0	0	0	2	1	4
Washtenaw	10	10	37	0	0	1	0	0	33	20	111
West Michigan	0	0	0	0	0	0	0	0	0	0	0
Woodlands	1	0	2	0	0	0	0	0	5	0	8
Total	**150**	**173**	**530**	**5**	**7**	**8**	**5**	**4**	**1,504**	**3,208**	**5,594**

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 2013
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	163	403	236	3	110	47	2	60	1,024
AuSable	177	483	584	11	13	83	56	201	1,608
Barry	122	485	245	4	7	175	76	32	1,146
Bay Arenac	1,086	1,772	1,001	8	74	698	155	55	4,849
Berrien	855	1,502	998	12	22	498	208	323	4,418
Clinton Eaton Ingham	1,120	1,672	1,079	15	59	1,094	408	486	5,933
CMH for Central Michigan	1,420	2,119	1,471	12	104	912	266	206	6,510
Copper	91	293	102	1	5	103	86	99	780
Detroit	10,833	10,391	9,581	98	354	5,278	1,043	22,332	59,910
Genesee	1,943	3,213	1,391	4	88	1,043	151	790	8,623
Gogebic	41	128	69	1	1	31	17	36	324
Gratiot	134	424	444	2	4	198	50	80	1,336
Hiawatha	124	223	182	1	13	128	49	145	865
Huron	164	433	172	2	7	105	36	10	929
Ionia	278	621	361	5	11	264	87	80	1,707
Kalamazoo	792	1,477	1,065	10	151	643	257	160	4,555
Lapeer	176	429	221	3	77	270	66	5	1,247
Lenewee	279	697	355	3	19	211	44	54	1,662
Lifeways	1,035	1,576	742	10	40	815	179	649	5,046
Livingston	211	601	383	8	39	248	112	18	1,620
Macomb	1,807	3,405	1,399	49	161	1,388	542	621	9,372
Manistee-Benzie	137	300	367	2	5	157	42	115	1,125
Monroe	353	838	408	2	42	202	39	5	1,889
Montcalm	122	401	336	1	1	28	5	16	910
Muskegon	502	1,063	632	3	109	527	81	518	3,435
network180	1,974	3,630	3,278	21	240	1,829	742	552	12,266
Newaygo	258	583	408	1	2	144	15	230	1,641
North Country	310	933	697	7	14	276	149	379	2,765
Northeast	261	535	283	0	19	286	106	3	1,493
Northern Lakes	733	1,528	1,024	19	29	739	308	529	4,909
Northpointe	136	474	219	1	17	177	52	206	1,282
Oakland	2,585	4,674	1,537	40	394	3,070	1,139	201	13,640
Ottawa	219	654	405	11	69	161	97	102	1,718
Pathways	231	513	376	10	7	318	79	156	1,690
Pines	317	718	408	4	4	226	140	51	1,868
Saginaw	524	913	600	13	45	104	61	1,083	3,343
Sanilac	152	392	152	2	62	134	40	4	938
Shiawassee	199	455	383	2	7	232	59	46	1,383
St. Clair	518	976	439	3	155	405	130	28	2,654
St. Joseph	287	559	401	0	16	168	39	94	1,564
Summit Pointe	860	1,836	1,466	19	77	559	382	139	5,338
Tuscola	167	406	253	1	24	123	20	14	1,008
Van Buren	344	585	538	23	16	332	120	162	2,120
Washtenaw	550	1,201	453	13	98	902	338	89	3,644
West Michigan	310	410	351	3	33	158	96	529	1,890
Woodlands	122	270	199	2	11	54	16	44	718
Total	**35,022**	**57,194**	**37,694**	**465**	**2,855**	**25,543**	**8,185**	**31,737**	**198,695**

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 Developmental Disabilities
Fiscal Year 2013
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	46	99	17	0	0	0	33	1	196
AuSable	57	129	6	0	22	0	0	4	218
Barry	13	37	5	2	18	0	0	1	76
Bay Arenac	123	137	30	8	106	2	2	1	409
Berrien	20	143	20	2	29	1	0	1	216
Clinton Eaton Ingham	106	340	37	2	281	2	0	104	872
CMH for Central Michigan	178	352	42	10	166	4	4	55	811
Copper	30	83	7	0	34	1	0	3	158
Detroit	869	3,242	1,313	429	1,724	82	21	1,629	9,309
Genesee	430	391	185	10	213	9	1	45	1,284
Gogebic	23	21	5	0	20	0	1	1	71
Gratiot	15	52	16	0	7	1	0	16	107
Hiawatha	31	82	22	0	40	2	0	15	192
Huron	38	30	7	0	20	0	0	2	97
Ionia	16	31	23	1	19	0	0	7	97
Kalamazoo	107	139	37	3	177	5	1	4	473
Lapeer	49	141	1	1	48	2	0	1	243
Lenewee	37	133	12	0	42	0	0	1	225
Lifeways	55	161	45	3	60	0	1	29	354
Livingston	75	143	53	12	152	2	0	6	443
Macomb	206	771	62	56	726	22	9	44	1,896
Manistee-Benzie	20	53	4	1	13	0	1	10	102
Monroe	68	180	21	1	109	2	1	0	382
Montcalm	8	35	20	0	1	0	0	0	64
Muskegon	68	237	60	4	148	4	2	18	541
network180	82	577	11	145	372	5	0	77	1,269
Newaygo	17	41	14	2	11	1	0	4	90
North Country	147	192	40	4	147	2	1	46	579
Northeast	46	122	14	0	33	1	1	10	227
Northern Lakes	56	133	63	9	122	5	1	27	416
Northpointe	13	62	12	2	28	1	0	11	129
Oakland	322	1,536	94	26	1,447	72	27	33	3,557
Ottawa	52	251	16	11	147	3	2	4	486
Pathways	38	215	44	10	87	8	1	27	430
Pines	17	51	31	0	27	2	2	0	130
Saginaw	59	243	49	13	146	4	0	9	523
Sanilac	51	66	7	1	29	2	0	1	157
Shiawassee	52	68	14	0	10	0	0	0	144
St. Clair	90	298	14	3	188	4	1	1	599
St. Joseph	21	49	1	0	22	1	0	1	95
Summit Pointe	66	98	34	3	87	0	2	11	301
Tuscola	37	42	15	0	32	0	0	2	128
Van Buren	12	51	21	0	32	1	0	6	123
Washtenaw	81	434	38	1	251	18	11	5	839
West Michigan	24	41	4	0	29	0	0	16	114
Woodlands	26	30	3	0	22	0	0	5	86
Total	**3,997**	**11,762**	**2,589**	**775**	**7,444**	**271**	**126**	**2,294**	**29,258**

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
Fiscal Year 2013
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	58	117	38	0	1	2	16	2	234
AuSable	6	4	12	0	2	1	1	3	29
Barry	13	27	10	1	11	0	0	1	63
Bay Arenac	84	110	26	3	49	4	1	3	280
Berrien	47	182	43	5	24	2	2	3	308
Clinton Eaton Ingham	157	357	47	2	135	22	3	81	804
CMH for Central Michigan	151	293	68	4	108	7	1	32	664
Copper	28	38	14	0	11	3	0	6	100
Detroit	72	239	87	19	119	18	2	107	663
Genesee	148	162	96	0	77	7	1	18	509
Gogebic	15	16	17	0	9	2	0	1	60
Gratiot	18	53	33	1	10	2	0	5	122
Hiawatha	19	52	27	1	14	0	0	7	120
Huron	34	23	17	1	19	0	0	0	94
Ionia	22	63	10	1	7	2	0	15	120
Kalamazoo	163	223	77	3	103	8	0	4	581
Lapeer	22	44	12	1	46	6	1	0	132
Lenewee	30	22	9	0	5	0	0	0	66
Lifeways	119	223	73	2	64	10	0	21	512
Livingston	18	49	18	0	19	3	0	1	108
Macomb	320	651	94	31	376	24	4	23	1,523
Manistee-Benzie	15	50	17	0	11	4	0	9	106
Monroe	46	69	23	3	50	0	0	0	191
Montcalm	19	39	31	0	6	1	0	0	96
Muskegon	79	203	35	1	88	6	0	6	418
network180	126	316	37	172	268	12	5	84	1,020
Newaygo	18	54	35	0	13	2	0	2	124
North Country	42	69	47	1	29	5	0	12	205
Northeast	54	100	9	0	25	2	0	1	191
Northern Lakes	97	169	56	14	123	6	1	20	486
Northpointe	40	112	41	0	31	5	0	12	241
Oakland	246	727	79	8	357	41	7	4	1,469
Ottawa	37	128	6	5	23	0	1	0	200
Pathways	37	116	18	0	14	5	2	6	198
Pines	23	64	45	0	12	0	1	0	145
Saginaw	112	219	34	12	59	5	0	8	449
Sanilac	46	44	4	1	48	0	0	0	143
Shiawassee	30	38	24	0	9	0	0	0	101
St. Clair	61	211	21	2	81	3	0	3	382
St. Joseph	33	60	31	0	39	1	1	3	168
Summit Pointe	66	96	75	4	50	2	5	3	301
Tuscola	30	31	13	1	19	0	0	0	94
Van Buren	49	89	49	0	22	1	0	2	212
Washtenaw	63	123	41	1	70	26	5	3	332
West Michigan	51	62	22	1	32	3	1	24	196
Woodlands	17	36	13	0	15	0	0	1	82
Total	**2,981**	**6,173**	**1,634**	**301**	**2,703**	**253**	**61**	**536**	**14,642**

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 Abuse Disorder
Fiscal Year 2013
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	4	5	0	0	0	0	0	0	9
AuSable	1	1	1	0	0	1	1	5	10
Barry	1	1	0	0	0	2	0	0	4
Bay Arenac	4	9	1	0	0	3	2	1	20
Berrien	0	7	0	0	0	0	2	0	9
Clinton Eaton Ingham	24	67	0	0	0	16	3	8	118
CMH for Central Michigan	7	7	2	0	0	1	2	2	21
Copper	0	3	1	0	0	1	0	14	19
Detroit	0	1	0	0	0	0	0	26	27
Genesee	100	183	6	0	0	66	0	9	364
Gogebic	0	1	0	0	0	0	0	4	5
Gratiot	1	7	3	0	0	0	0	4	15
Hiawatha	3	7	1	0	0	1	0	11	23
Huron	0	1	0	0	0	0	0	0	1
Ionia	2	3	0	0	0	0	1	0	6
Kalamazoo	0	2	0	0	0	0	0	0	2
Lapeer	3	0	2	1	0	0	0	1	7
Lenewee	3	5	0	0	0	1	0	2	11
Lifeways	27	41	2	0	0	16	1	40	127
Livingston	8	20	5	0	0	11	3	0	47
Macomb	5	15	1	0	0	6	0	25	52
Manistee-Benzie	1	1	0	0	0	0	0	0	2
Monroe	2	15	1	0	0	2	0	1	21
Montcalm	4	4	0	0	0	0	0	0	8
Muskegon	2	0	0	0	0	0	0	2	4
network180	37	75	110	1	2	27	11	3	266
Newaygo	0	0	0	0	0	0	0	0	0
North Country	9	22	2	0	0	8	1	32	74
Northeast	3	1	0	0	0	0	0	0	4
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	1	0	2	3
Oakland	8	29	1	0	1	13	2	26	80
Ottawa	2	3	0	0	0	0	1	3	9
Pathways	2	2	0	0	0	4	0	4	12
Pines	14	21	2	0	0	5	1	1	44
Saginaw	1	7	2	0	0	0	1	55	66
Sanilac	1	1	0	0	1	1	0	0	4
Shiawassee	0	1	0	0	0	0	0	0	1
St. Clair	1	7	1	0	0	1	0	0	10
St. Joseph	9	19	0	0	0	3	1	0	32
Summit Pointe	0	0	0	0	0	0	0	0	0
Tuscola	0	0	1	0	0	0	0	0	1
Van Buren	1	0	0	0	0	1	0	0	2
Washtenaw	13	33	3	0	0	20	2	11	82
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	0	1	0	0	0	0	0	0	1
Total	**303**	**628**	**148**	**2**	**4**	**211**	**35**	**292**	**1,623**

* 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 abuse disorder, but neither a 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 2013
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	3	12	0	3	0	0	5	24
AuSable	1	7	7	1	0	1	1	5	23
Barry	0	0	1	0	0	1	0	4	6
Bay Arenac	13	27	17	0	1	10	6	43	117
Berrien	1	1	0	0	0	0	0	0	2
Clinton Eaton Ingham	0	1	0	0	0	0	0	0	1
CMH for Central Michigan	14	25	25	0	3	13	2	103	185
Copper	2	3	0	0	0	0	0	4	9
Detroit	16	19	9	0	0	7	5	295	351
Genesee	9	12	3	0	0	9	1	32	66
Gogebic	0	0	1	0	0	0	0	2	3
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	1	3	3	0	0	1	0	27	35
Huron	0	1	0	0	0	0	0	5	6
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	4	3	3	0	0	0	1	2	13
Lapeer	0	0	0	0	0	0	0	0	0
Lenewee	3	9	13	0	0	4	1	44	74
Lifeways	36	84	39	1	2	49	9	331	551
Livingston	10	17	7	0	0	10	5	19	68
Macomb	40	100	188	1	15	27	5	319	695
Manistee-Benzie	0	0	0	0	0	0	0	0	0
Monroe	10	75	44	1	1	11	1	8	151
Montcalm	1	1	2	0	0	1	0	9	14
Muskegon	2	16	27	0	1	7	0	85	138
network180	27	57	153	0	9	26	8	63	343
Newaygo	0	0	0	0	0	0	0	0	0
North Country	4	8	12	0	1	2	1	11	39
Northeast	19	42	9	0	1	22	2	4	99
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	7	0	0	0	1	0	7	15
Oakland	168	257	119	3	22	183	69	1,482	2,303
Ottawa	1	4	2	0	0	1	0	2	10
Pathways	4	8	2	0	0	3	1	36	54
Pines	3	3	0	0	0	0	0	0	6
Saginaw	0	0	1	0	0	0	0	0	1
Sanilac	1	1	1	0	0	0	0	0	3
Shiawassee	2	2	3	2	0	1	0	8	18
St. Clair	0	2	0	0	0	0	0	0	2
St. Joseph	2	9	12	0	0	1	0	3	27
Summit Pointe	3	3	1	0	0	0	0	3	10
Tuscola	1	1	0	0	0	1	0	6	9
Van Buren	0	2	0	0	0	1	0	1	4
Washtenaw	10	15	23	0	0	21	8	34	111
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	2	2	2	0	0	1	0	1	8
Total	**411**	**830**	**741**	**9**	**59**	**415**	**126**	**3,003**	**5,594**

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

Primary Diagnosis	Total Served	Percentage
Major Depression	34,435	13.72%
Bipolar Disorder	32,452	12.93%
Intellectual Disability	23,720	9.45%
Attention Deficit and Disruptive Behavior	22,529	8.98%
Other psychotic	21,224	8.46%
Depressive Disorder NOS	17,622	7.02%
Mood disorder NOS	16,357	6.52%
Anxiety Disorder	15,208	6.06%
Schizophrenia	12,211	4.86%
Adjustment Disorders	10,650	4.24%
Deferred	7,681	3.06%
Pervasive Developmental Disorder	6,536	2.60%
Substance-abuse related	6,163	2.46%
Dysthymic Disorder	3,312	1.32%
Panic & Obsessive Compulsive Disorder	2,589	1.03%
Other Disorders from Infancy/Childhood	2,546	1.01%
Impulse Control Disorders	1,973	0.79%
Personality Disorders Axis II	1,462	0.58%
Delirium, Dementia and Amnestic and Other Cognitive Disorders	964	0.38%
Motor Skills Disorder	481	0.19%
Unspecified Mental Disorder	452	0.18%
Communication Disorder	212	0.08%
Mental Disorder due to a General Medical Condition	177	0.07%
Eating Disorder	133	0.05%
Somatoform Disorder	79	0.03%
Sexual and Gender Identity Disorder	66	0.03%
Tic Disorders	65	0.03%
Sleep Disorders	58	0.02%
Dissociative Disorder	55	0.02%
Feeding Eating Disorders of Infancy	46	0.02%
Learning Disorder	35	0.01%
Elimination Disorders	26	0.01%
Factitious Disorder	13	0.01%
Other Conditions	1	0.00%
Diagnosis Code Not Recognized	2,168	0.86%
V-Code Diagnosis	7,205	2.87%
Missing/Unknown	113	0.05%
Total	**251,019**	**100.00%**

SECTION 404 (2)(b)
PER CAPITA EXPENDITURES
FY 2013

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 2013 QMPmeasures@michigan.gov

CMHSP	Cost	2011 Adult Population	Cost Per Capita	Total MI-A Served	Cost Per Person Served
Allegan	$5,840,291	82,522	$70.77	954	$6,121.90
AuSable Valley	$4,132,698	45,367	$91.09	1,256	$3,290.36
Barry	$3,681,975	44,777	$82.23	952	$3,867.62
Bay-Arenac	$16,721,484	96,392	$173.47	4,053	$4,125.71
Berrien	$23,530,963	120,731	$194.90	3,747	$6,279.95
Clinton Eaton Ingham	$31,697,540	365,375	$86.75	4,891	$6,480.79
CMH for Central Michigan	$27,935,858	220,869	$126.48	5,389	$5,183.87
Copper Country	$5,309,132	43,661	$121.60	693	$7,661.08
Detroit-Wayne	$218,659,776	1,353,555	$161.54	48,908	$4,470.84
Genesee	$48,329,037	318,351	$151.81	8,272	$5,842.49
Gogebic	$2,093,383	13,612	$153.79	278	$7,530.15
Gratiot	$3,020,442	33,212	$90.94	1,175	$2,570.59
Hiawatha	$4,930,807	46,907	$105.12	746	$6,609.66
Huron	$4,411,235	26,073	$169.19	832	$5,301.97
Ionia	$4,581,973	48,546	$94.38	1,360	$3,369.10
Kalamazoo	$26,518,338	196,167	$135.18	3,476	$7,628.98
Lapeer	$5,920,213	67,307	$87.96	1,019	$5,809.83
Lenawee	$6,540,200	76,824	$85.13	1,423	$4,596.06
Lifeways	$20,662,241	159,015	$129.94	4,765	$4,336.25
Livingston	$6,457,392	136,683	$47.24	1,388	$4,652.30
Macomb	$60,709,503	651,407	$93.20	8,705	$6,974.10
Manistee-Benzie	$3,765,460	34,002	$110.74	744	$5,061.10
Monroe	$6,872,626	115,695	$59.40	1,657	$4,147.63
Montcalm	$3,446,507	48,265	$71.41	671	$5,136.37
Muskegon	$16,954,286	129,530	$130.89	3,050	$5,558.78
Network180	$41,316,339	450,667	$91.68	9,201	$4,490.42
Newaygo	$4,770,289	36,583	$130.40	1,231	$3,875.13
North Country	$11,135,980	117,471	$94.80	2,293	$4,856.51
Northeast Michigan	$6,952,004	51,640	$134.62	1,548	$4,490.96
Northern Lakes	$17,573,710	154,904	$113.45	4,028	$4,362.89
Northpointe	$6,266,589	49,567	$126.43	1,043	$6,008.23
Oakland	$99,940,630	931,818	$107.25	14,673	$6,811.19
Ottawa	$10,141,240	198,117	$51.19	1,539	$6,589.50
Pathways	$10,076,821	98,147	$102.67	1,377	$7,317.95
Pines	$4,013,809	34,575	$116.09	1,607	$2,497.70
Saginaw	$20,325,835	153,233	$132.65	3,390	$5,995.82
Sanilac	$5,612,593	32,728	$171.49	799	$7,024.52
Shiawassee	$5,383,875	53,443	$100.74	1,036	$5,196.79
St. Clair	$13,911,086	124,230	$111.98	2,208	$6,300.31
St. Joseph	$6,169,936	45,570	$135.39	1,315	$4,691.97
Summit Pointe	$20,494,634	103,093	$198.80	4,061	$5,046.70
Tuscola	$4,362,513	42,736	$102.08	798	$5,466.81
Van Buren	$8,535,091	56,998	$149.74	1,430	$5,968.59
Washtenaw	$22,423,021	277,912	$80.68	3,423	$6,550.69
West Michigan	$7,306,018	52,106	$140.21	1,603	$4,557.72
Woodlands	$4,427,243	39,992	$110.70	688	$6,434.95
State Totals	$893,862,615	7,580,375	$117.92	169,695	$5,267.47

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2013.
2011 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (lates update 9/2012) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. http://www.mdch.state.mi.us/pha/osr/CHI/POP/PO11CO2.htm

Per Capita and Per Person Served CMHSP Expenditures by CMHSP

Children with Serious Emotional Disturbance

State of Michigan

SUB-ELEMENT COST REPORT: Fiscal Year 2013 QMPmeasures@michigan.gov

CMHSP	Cost	2011 Child Population	Cost Per Capita	Total MI-C Served	Cost Per Person Served
Allegan	$1,090,403	28,712	$37.98	272	$4,008.83
AuSable Valley	$2,192,942	10,352	$211.84	648	$3,384.17
Barry	$580,066	14,043	$41.31	244	$2,377.32
Bay-Arenac	$4,626,295	26,367	$175.46	1,043	$4,435.57
Berrien	$3,996,830	36,210	$110.38	751	$5,322.01
Clinton Eaton Ingham	$9,965,109	99,763	$99.89	1,563	$6,375.63
CMH for Central Michigan	$5,999,794	57,510	$104.33	1,639	$3,660.64
Copper Country	$724,806	10,556	$68.66	144	$5,033.38
Detroit-Wayne	$61,278,059	448,541	$136.62	12,565	$4,876.88
Genesee	$9,850,116	103,729	$94.96	1,791	$5,499.79
Gogebic	$527,990	2,669	$197.82	82	$6,438.91
Gratiot	$2,430,007	8,933	$272.03	505	$4,811.90
Hiawatha	$1,172,878	11,417	$102.73	249	$4,710.35
Huron	$643,549	6,602	$97.48	153	$4,206.21
Ionia	$1,570,858	15,433	$101.79	452	$3,475.35
Kalamazoo	$7,732,345	55,907	$138.31	1,502	$5,148.03
Lapeer	$1,256,521	20,775	$60.48	292	$4,303.15
Lenawee	$1,110,336	22,616	$49.10	382	$2,906.64
Lifeways	$5,318,402	47,247	$112.57	1,245	$4,271.81
Livingston	$2,414,370	45,039	$53.61	434	$5,563.06
Macomb	$9,699,695	190,738	$50.85	1,827	$5,309.08
Manistee-Benzie	$1,284,790	8,150	$157.64	376	$3,416.99
Monroe	$1,577,684	35,865	$43.99	490	$3,219.76
Montcalm	$1,311,598	14,920	$87.91	322	$4,073.29
Muskegon	$3,165,775	41,772	$75.79	777	$4,074.36
Network180	$11,959,843	157,786	$75.80	4,255	$2,810.77
Newaygo	$1,797,936	11,769	$152.77	465	$3,866.53
North Country	$2,818,460	31,847	$88.50	820	$3,437.15
Northeast Michigan	$1,375,756	11,354	$121.17	343	$4,010.95
Northern Lakes	$4,091,488	40,961	$99.89	1,084	$3,774.44
Northpointe	$1,097,181	12,344	$88.88	283	$3,876.96
Oakland	$15,817,374	278,327	$56.83	2,791	$5,667.28
Ottawa	$2,003,968	68,183	$29.39	564	$3,553.14
Pathways	$1,945,705	22,749	$85.53	432	$4,503.95
Pines	$673,599	10,622	$63.42	406	$1,659.11
Saginaw	$5,253,225	45,855	$114.56	771	$6,813.52
Sanilac	$920,918	9,877	$93.24	209	$4,406.30
Shiawassee	$1,778,104	16,398	$108.43	369	$4,818.71
St. Clair	$4,431,086	37,412	$118.44	600	$7,385.14
St. Joseph	$1,783,584	15,566	$114.58	545	$3,272.63
Summit Pointe	$5,751,815	32,397	$177.54	988	$5,821.67
Tuscola	$1,299,637	12,686	$102.45	251	$5,177.83
Van Buren	$1,175,013	19,133	$61.41	153	$7,679.83
Washtenaw	$1,967,060	70,050	$28.08	571	$3,444.94
West Michigan	$1,589,353	14,634	$108.61	365	$4,354.39
Woodlands	$667,317	11,996	$55.63	240	$2,780.49
State Totals	$211,719,639	2,295,812	$92.22	46,253	$4,577.43

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2013.
2011 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (lates update 9/2012) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. http://www.mdch.state.mi.us/pha/osr/CHI/POP/PO11CO2.htm

Per Capita and Per Person Served CMHSP Expenditures by CMHSP

Persons with Developmental Disabilities

State of Michigan

SUB-ELEMENT COST REPORT: Fiscal Year 2013

QMPmeasures@michigan.gov

CMHSP	Cost	2011 Total Population	Cost Per Capita	Total DD Served	Cost Per Person Served
Allegan	$12,746,718	111,234	$114.59	493	$25,855.41
AuSable Valley	$9,764,342	55,719	$175.24	238	$41,026.65
Barry	$2,931,192	58,820	$49.83	132	$22,206.00
Bay-Arenac	$21,473,787	122,759	$174.93	702	$30,589.44
Berrien	$9,078,760	156,941	$57.85	304	$29,864.34
Clinton Eaton Ingham	$48,831,982	465,138	$104.98	1,680	$29,066.66
CMH for Central Michigan	$47,384,553	278,379	$170.22	1,516	$31,256.30
Copper Country	$8,026,310	54,217	$148.04	259	$30,989.61
Detroit-Wayne	$220,357,028	1,802,096	$122.28	9,911	$22,233.58
Genesee	$49,830,835	422,080	$118.06	1,812	$27,500.46
Gogebic	$3,431,569	16,281	$210.77	135	$25,419.03
Gratiot	$4,832,560	42,145	$114.67	217	$22,269.86
Hiawatha	$9,193,984	58,324	$157.64	319	$28,821.27
Huron	$3,653,056	32,675	$111.80	197	$18,543.43
Ionia	$5,200,010	63,979	$81.28	228	$22,807.06
Kalamazoo	$29,237,354	252,074	$115.99	890	$32,850.96
Lapeer	$8,840,081	88,082	$100.36	381	$23,202.31
Lenawee	$6,567,040	99,440	$66.04	294	$22,336.87
Lifeways	$19,946,270	206,262	$96.70	882	$22,614.82
Livingston	$12,498,700	181,722	$68.78	563	$22,200.18
Macomb	$116,958,873	842,145	$138.88	3,575	$32,715.77
Manistee-Benzie	$6,658,866	42,152	$157.97	266	$25,033.33
Monroe	$15,685,486	151,560	$103.49	576	$27,231.75
Montcalm	$4,326,382	63,185	$68.47	166	$26,062.54
Muskegon	$30,388,138	171,302	$177.40	972	$31,263.52
Network180	$53,170,487	608,453	$87.39	2,405	$22,108.31
Newaygo	$4,043,608	48,352	$83.63	236	$17,133.93
North Country	$23,096,638	149,318	$154.68	792	$29,162.42
Northeast Michigan	$17,075,855	62,994	$271.07	414	$41,246.03
Northern Lakes	$25,166,668	195,865	$128.49	903	$27,870.06
Northpointe	$8,723,508	61,911	$140.90	370	$23,577.05
Oakland	$154,435,901	1,210,145	$127.62	4,803	$32,154.05
Ottawa	$22,469,135	266,300	$84.38	681	$32,994.32
Pathways	$25,906,252	120,896	$214.29	634	$40,861.60
Pines	$5,414,725	45,197	$119.80	270	$20,054.54
Saginaw	$26,503,930	199,088	$133.13	991	$26,744.63
Sanilac	$9,396,694	42,605	$220.55	301	$31,218.25
Shiawassee	$8,290,981	69,841	$118.71	250	$33,163.92
St. Clair	$26,517,620	161,642	$164.05	995	$26,650.87
St. Joseph	$5,381,416	61,136	$88.02	203	$26,509.44
Summit Pointe	$13,616,586	135,490	$100.50	454	$29,992.48
Tuscola	$8,891,927	55,422	$160.44	226	$39,344.81
Van Buren	$6,093,645	76,131	$80.04	275	$22,158.71
Washtenaw	$42,997,482	347,962	$123.57	1,203	$35,741.88
West Michigan	$9,934,061	66,740	$148.85	312	$31,839.94
Woodlands	$5,324,906	51,988	$102.43	153	$34,803.31
State Totals	1,210,295,902	9,876,187	$122.55	43,579	$27,772.46

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2013.
2011 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (lates update 9/2012) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. http://www.mdch.state.mi.us/pha/osr/CHI/POP/PO11CO2.htm

Per Capita and Per Person Served CMHSP Expenditures by CMHSP

Administrative Costs

State of Michigan

SUB-ELEMENT COST REPORT: Fiscal Year 2013

QMPmeasures@michigan.gov

CMHSP	Cost	2011 Total Population	Cost Per Capita	Total Served	Administrative Cost Per Person Served
Allegan	$1,808,884	111,234	$16.26	1,719	$1,052.29
AuSable Valley	$317,268	55,719	$5.69	2,142	$148.12
Barry	$125,868	58,820	$2.14	1,328	$94.78
Bay-Arenac	$3,551,189	122,759	$28.93	5,798	$612.49
Berrien	$831,540	156,941	$5.30	4,802	$173.17
Clinton Eaton Ingham	$4,123,548	465,138	$8.87	8,134	$506.95
CMH for Central Michigan	$2,984,352	278,379	$10.72	8,544	$349.29
Copper Country	$343,824	54,217	$6.34	1,096	$313.71
Detroit-Wayne	$57,262,412	1,802,096	$31.78	71,384	$802.17
Genesee	$9,727,924	422,080	$23.05	11,875	$819.19
Gogebic	$156,174	16,281	$9.59	495	$315.50
Gratiot	$441,132	42,145	$10.47	1,897	$232.54
Hiawatha	$459,048	58,324	$7.87	1,314	$349.35
Huron	$580,420	32,675	$17.76	1,182	$491.05
Ionia	$357,086	63,979	$5.58	2,040	$175.04
Kalamazoo	$7,565,361	252,074	$30.01	5,868	$1,289.26
Lapeer	$146,567	88,082	$1.66	1,692	$86.62
Lenawee	$1,479,958	99,440	$14.88	2,099	$705.08
Lifeways	$4,964,490	206,262	$24.07	6,892	$720.33
Livingston	$2,395,629	181,722	$13.18	2,385	$1,004.46
Macomb	$11,186,786	842,145	$13.28	14,107	$793.00
Manistee-Benzie	$388,874	42,152	$9.23	1,386	$280.57
Monroe	$3,395,473	151,560	$22.40	2,723	$1,246.96
Montcalm	$554,328	63,185	$8.77	1,159	$478.28
Muskegon	$3,157,612	171,302	$18.43	4,799	$657.97
Network180	$8,694,415	608,453	$14.29	15,861	$548.16
Newaygo	$453,930	48,352	$9.39	1,932	$234.95
North Country	$4,025,171	149,318	$26.96	3,905	$1,030.77
Northeast Michigan	$523,446	62,994	$8.31	2,305	$227.09
Northern Lakes	$2,806,593	195,865	$14.33	6,015	$466.60
Northpointe	$450,095	61,911	$7.27	1,696	$265.39
Oakland	$16,865,230	1,210,145	$13.94	22,267	$757.41
Ottawa	$2,147,444	266,300	$8.06	2,784	$771.35
Pathways	$3,021,500	120,896	$24.99	2,443	$1,236.80
Pines	$201,054	45,197	$4.45	2,283	$88.07
Saginaw	$4,390,346	199,088	$22.05	5,152	$852.16
Sanilac	$225,912	42,605	$5.30	1,309	$172.58
Shiawassee	$589,274	69,841	$8.44	1,655	$356.06
St. Clair	$3,903,891	161,642	$24.15	3,803	$1,026.53
St. Joseph	$1,276,774	61,136	$20.88	2,063	$618.89
Summit Pointe	$4,979,398	135,490	$36.75	5,503	$904.85
Tuscola	$383,108	55,422	$6.91	1,275	$300.48
Van Buren	$572,141	76,131	$7.52	1,858	$307.93
Washtenaw	$4,751,705	347,962	$13.66	5,197	$914.32
West Michigan	$1,124,596	66,740	$16.85	2,280	$493.24
Woodlands	$934,607	51,988	$17.98	1,081	$864.58
State Totals	$180,626,377	9,876,187	$18.29	259,527	$695.98

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2013.
2011 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (latest update 9/2012) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. http://www.mdch.state.mi.us/pha/osr/CHI/POP/PO11CO2.htm

Per Capita and Per Person Served CMHSP Expenditures by CMHSP

Other Costs
State of Michigan

SUB-ELEMENT COST REPORT: Fiscal Year 2013

QMPmeasures@michigan.gov

CMHSP	Cost	2011 Total Population	Cost Per Capita	Total Served	Other Costs Per Person Served
Allegan	$858,572	111,234	$7.72	1,719	$499.46
AuSable Valley	$934,352	55,719	$16.77	2,142	$436.21
Barry	$739,356	58,820	$12.57	1,328	$556.74
Bay-Arenac	$670,724	122,759	$5.46	5,798	$115.68
Berrien	$1,297,875	156,941	$8.27	4,802	$270.28
Clinton Eaton Ingham	$3,832,095	465,138	$8.24	8,134	$471.12
CMH for Central Michigan	$3,311,847	278,379	$11.90	8,544	$387.62
Copper Country	$1,012,207	54,217	$18.67	1,096	$923.55
Detroit-Wayne	$67,194,619	1,802,096	$37.29	71,384	$941.31
Genesee	$2,778,785	422,080	$6.58	11,875	$234.00
Gogebic	$515,160	16,281	$31.64	495	$1,040.73
Gratiot	$496,911	42,145	$11.79	1,897	$261.95
Hiawatha	$554,560	58,324	$9.51	1,314	$422.04
Huron	$140,145	32,675	$4.29	1,182	$118.57
Ionia	$255,619	63,979	$4.00	2,040	$125.30
Kalamazoo	$1,323,633	252,074	$5.25	5,868	$225.57
Lapeer	$544,102	88,082	$6.18	1,692	$321.57
Lenawee	$756,711	99,440	$7.61	2,099	$360.51
Lifeways	$455,398	206,262	$2.21	6,892	$66.08
Livingston	$2,932,186	181,722	$16.14	2,385	$1,229.43
Macomb	$2,176,017	842,145	$2.58	14,107	$154.25
Manistee-Benzie	$162,675	42,152	$3.86	1,386	$117.37
Monroe	$1,526,418	151,560	$10.07	2,723	$560.56
Montcalm	$110,863	63,185	$1.75	1,159	$95.65
Muskegon	$1,782,178	171,302	$10.40	4,799	$371.36
Network180	$3,030,174	608,453	$4.98	15,861	$191.05
Newaygo	$387,103	48,352	$8.01	1,932	$200.36
North Country	$1,016,480	149,318	$6.81	3,905	$260.30
Northeast Michigan	$895,075	62,994	$14.21	2,305	$388.32
Northern Lakes	$248,840	195,865	$1.27	6,015	$41.37
Northpointe	$1,043,245	61,911	$16.85	1,696	$615.12
Oakland	$5,582,806	1,210,145	$4.61	22,267	$250.72
Ottawa	$2,270,012	266,300	$8.52	2,784	$815.38
Pathways	$188,125	120,896	$1.56	2,443	$77.01
Pines	$979,497	45,197	$21.67	2,283	$429.04
Saginaw	$4,907,693	199,088	$24.65	5,152	$952.58
Sanilac	$671,510	42,605	$15.76	1,309	$512.99
Shiawassee	$204,485	69,841	$2.93	1,655	$123.56
St. Clair	$5,737,517	161,642	$35.50	3,803	$1,508.68
St. Joseph	$901,581	61,136	$14.75	2,063	$437.02
Summit Pointe	$8,573,735	135,490	$63.28	5,503	$1,558.01
Tuscola	$264,589	55,422	$4.77	1,275	$207.52
Van Buren	$1,577,225	76,131	$20.72	1,858	$848.88
Washtenaw	$2,838,831	347,962	$8.16	5,197	$546.24
West Michigan	$452,274	66,740	$6.78	2,280	$198.37
Woodlands	$710,609	51,988	$13.67	1,081	$657.36
State Totals	$138,844,415	9,876,187	$14.06	259,527	$534.99

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2013.
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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 2013 QMPmeasures@michigan.gov

CMH Name	Prevention Indirect Cost	Total Service Expenditures	Percentage
Allegan	$322,848	$22,667,715	1.42%
AuSable Valley	$105,531	$17,447,133	0.60%
Barry	$0	$8,058,457	0.00%
Bay-Arenac	$118,342	$48,850,390	0.24%
Berrien	$0	$38,735,968	0.00%
Clinton Eaton Ingham	$90,494,631	$188,944,905	47.89%
CMH for Central Michigan	$0	$88,849,631	0.00%
Copper Country	$47,937	$15,464,216	0.31%
Detroit-Wayne	$3,063,191	$637,704,228	0.48%
Genesee	$0	$122,905,468	0.00%
Gogebic	$0	$6,724,276	0.00%
Gratiot	$0	$11,221,052	0.00%
Hiawatha	$18,021	$16,329,297	0.11%
Huron	$24,600	$9,453,005	0.26%
Ionia	$0	$11,965,547	0.00%
Kalamazoo	$495,800	$74,818,415	0.66%
Lapeer	$0	$16,707,483	0.00%
Lenawee	$0	$16,454,245	0.00%
Lifeways	$0	$52,172,575	0.00%
Livingston	$0	$26,698,276	0.00%
Macomb	$471,324	$205,049,467	0.23%
Manistee-Benzie	$64,110	$12,324,776	0.52%
Monroe	$0	$29,057,687	0.00%
Montcalm	$0	$9,749,679	0.00%
Muskegon	$0	$56,989,581	0.00%
Network180	$260,460	$120,933,862	0.22%
Newaygo	$0	$11,452,866	0.00%
North Country	$0	$43,399,284	0.00%
Northeast Michigan	$0	$26,822,136	0.00%
Northern Lakes	$0	$51,120,455	0.00%
Northpointe	$0	$17,580,617	0.00%
Oakland	$749,545	$298,754,812	0.25%
Ottawa	$12,000	$39,043,799	0.03%
Pathways	$0	$42,672,619	0.00%
Pines	$0	$11,282,684	0.00%
Saginaw	$0	$62,427,062	0.00%
Sanilac	$2,682	$16,830,309	0.02%
Shiawassee	$204,346	$16,451,064	1.24%
St. Clair	$0	$56,022,232	0.00%
St. Joseph	$0	$15,513,291	0.00%
Summit Pointe	$0	$53,416,169	0.00%
Tuscola	$7,500	$15,209,274	0.05%
Van Buren	$0	$17,953,115	0.00%
Washtenaw	$0	$76,932,665	0.00%
West Michigan	$94,166	$20,500,468	0.46%
Woodlands	$13,809	$12,078,491	0.11%
State Totals	$96,570,843	$2,771,740,745	3.48%

SECTION 404 (2) (c)
TOTAL CMHSP COSTS BY SERVICE CATEGORY
FY 2013

Statewide CMHSP Summaries

Adults with Mental Illness (MI-A)
Children with a Serious Emotional Disturbance (MI-C)
Individuals with a Developmental Disability (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 2013 MDCH/CMHSP contract. Cost data were collected for the reporting period October 1, 2012 to September 30, 2013 and submitted to MDCH by February 28, 2014. 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 Developmental Disability (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 16-42.

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 Abuse Services

State-wide Service Costs

FY13 state-wide service costs totaled $2,315,878,155. The majority of the dollars were for supports for living services ($793,169,520), and daytime supports and services ($495,624,992). The total FY13 expenditures for adults with mental illness were $893,862,615. The majority of the expenditures for these consumers were distributed across the following services - supports for living ($189,414,455), outpatient services ($185,344,749), case management ($146,261,482) and community inpatient and crisis services ($134,347,125). The total FY13 service expenditures for children with a serious emotion disorder were $211,719,639. The large majority of these dollars were for supports for family caregivers ($71,978,777), outpatient services ($61,293,363) and case management ($40,432,024). The total FY13 expenditures for consumers with a developmental disability were $1,210,295,902. Over three-quarters of these dollars were used to provide supports for living services ($599,633,198) and daytime supports and services ($396,568,945). The pie charts on pages 6-9 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 and FY13 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 Assertive Community Treatment (ACT) was not very much different from the state-wide average of 6.75%. However, Huron CMHSP and AuSable Valley CMHSP spent a larger percentage of their MI-A dollars on ACT (25.2% and 21.94%) than did the other CMHSPs. Network180 was an outlier on the percentage of dollars spent on community inpatient and crisis services (network180: 28.11%, State: 15.03%). Network180 noted in their FY12 needs assessment section 404(2)(g) that psychiatric capacity has been added by hiring additional doctors and through the expanded use of telepsychiatry. In addition, network180 began partnering with Pine Rest to provide psychiatric training for MSU medical students. In their 2013 Update, network180 notes that in addition to adding capacity by hiring doctors and adding telepsychiatry, network180 hired a new behavioral health medical director who views access to psychiatric services as a primary concern. The medical director and the deputy director of programs are working together with regional partners to develop a strategy to collectively recruit psychiatrists to the region. Network180 notes that further progress will be made by the end of 2014.

Ionia, Manistee-Benzie, Shiawassee, Gratiot, Montcalm and Huron CMHSPs were outliers on the percentage of MI-A dollars spent on family and caregiver support (Ionia: 9.61%, Manistee-Benzie: 6.25%, Shiawassee: 5.55%, Gratiot: 4.70%, Montcalm: 4.46% and Huron: 4.37%, State: 1.03%). In the FY2011 needs assessment section 404(2)(g), Ionia notes that they have used grant monies and partnered with the local Commission on Aging, the Alzheimer's Association and the Area Agency on Aging, to increase outreach, support & service coordination, and caregiver support to meet the needs of an increasing number of consumers diagnosed with Alzheimer's Disease. In their FY12 needs assessment, Gratiot CMHSP noted their continued support of staff development in Family focus training and implementation of EBP's and Promising Practices. For FY13, Gratiot notes increased training, education and support to staff regarding family-focused services. In addition GCMHA has partnered with DHS, the courts and schools to further address community focus, education and organizational collaboration with children and families. GCMHA has provided community partner training in trauma awareness for children and families. In addition a wraparound coordinator has been trained and GCMHA is in the process of contemplating a parent support partner position.

Most CMHSPs did not spend their dollars on substance abuse services for adults with mental illness. However, seven CMHSPs appear as outliers since they spent some dollars on these services – Saginaw, Pathways, St. Clair, Northpointe, Oakland, Muskegon. In the FY11 needs assessment section 404(2)(g), Saginaw CMHSP notes that consumers diagnosed with co-occurring disorders were identified as an underserved group in Saginaw's annual community stakeholder survey. Saginaw is addressing this need through work force development supported by the Systems of Care project. The SCCMHA Improving Practices Leadership Team has a comprehensive agenda of work to expand evidence-based practices to all populations served in the network. Northpointe Behavioral Health noted in their FY12 Needs Assessment that substance abuse treatment was identified as a key issue for stakeholders. For FY13 Northpointe notes that significant progress has been made including: updating the local counseling referral list to include substance abuse providers, substance abuse information provided at numerous public functions, participation in community forums hosted by Dickinson Hospital and Bay Area Hospital, participation on Menominee Community Task Force addressing issues of heroin in the community, annual participation in the spring Reality Tour, sending updated agency brochures to all physicians and agencies, participation of Northpointe staff on community collaborative and substance abuse work groups.

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. Copper County is an outlier in their expenditures for state inpatient stays (7.61%). The state-wide percentage for expenditures on state inpatient stays for children with emotional disturbance was only 1.88%. In their needs assessment, Copper Country CMHSP outlines plans for increased psychiatric capacity. For several years, CCMHS has attempted to recruit an additional psychiatrist to its staff without success. CCMHS is presently collaborating with a local primary healthcare provider, Portage Health Systems to recruit qualified providers of psychiatry services to their catchment area. In 2013, CCMHS employed a part-time nurse practitioner to assist with providing psychiatry services to persons served. In addition, Copper Country entered into a contract for telepsychiatry services, which will also help to meet the increasing need for more access to psychiatric services.

Macomb CMHSP and Barry CMHSP are outliers on the percentage of dollars spent on community inpatient and crisis services (Macomb: 36.43%, Barry: 34.43% State: 11.01%). In their FY11 and FY12 Needs Assessment Macomb stakeholders identified timely access to services as an unmet need. In response to this, for FY13 walk-in services have been expanded through active engagement in treatment, coordination of care, and monitoring of needs such as recidivism rates, and housing in order to ensure access to appropriate services. In the FY11 and FY12 needs assessment section 404(2)(g), Barry indicated that there has been an increase in demand for psychiatric availability. Barry had been working with affiliates to fulfill needs. Barry CMHSP notes in their FY13 Needs Assessment that they have been able to secure more child psychiatric time for their home-based children. They note however that their goal of increasing hours for their current psychiatrist has not been met; and are investigating the use of telepsychiatry in order to supplement the hours that their psychiatrist is on site.

Van Buren CMHSP spent a larger percentage of dollars on case management (43.59% v. State: 18.92%). Many CMHSPs spent less than one percent of their dollars for children on supports for living with the state-wide average at 1.95%. However, nine CMHSPs appear as outliers as they spent seven percent or more of their dollars on supports for living for children – Copper (18.05%), Macomb (12.38%), Lifeways (12.77%), North Country (10.85%), Pines (9.97%), Woodlands (8.33%), and Pathways (7.10%). In the needs assessment section for 404(2)(g) Copper Country notes increased services to children had be identified as a need. In response, wraparound services have been added to serve families. Also Infant Mental Health Services are provided to children zero to five years of age and their families. Also, trainings were held at the CCMHS Institute throughout the year to support caregivers and were sponsored by the Great Start Regional Child Care Resource Center. North Country notes the increased skill level required for Child Foster Care providers to meet the needs of children with serious challenging behaviors. To address this, North Country is collaborating with DHS to identify placements at risk of relocation and developing a curriculum of gentle teaching, trauma-informed care and motivational interviewing. North Country's 2013 update reports that the "Caring for Children who have Experienced Trauma" workshop was held in Antrim County during May 2013 (four sessions/one per week). This was a collaborative effort between NCCMH and DHS. Ten foster parents attended; child care was provided for 8 children. North Country hopes to expand this program into other counties in 2014.

St Joseph CMHSP is an outlier in the percentage of dollars spent on daytime supports and services for children (16.73%). The state-wide average for children with serious emotional disturbance is 2.82%.

The majority of CMHSPs did not expend dollars on substance abuse services for children with a serious emotional disturbance.

Consumers with a Developmental Disability. The CMHSP percentage distributions for costs by service groupings for consumers with a developmental disability are shown on pages 14-15. Several CMHSPs spent a relatively large percentage of their dollars on services that are more typically provided to consumers with mental illness. For example, two CMHSPs were outliers in the percentage of dollars spent on state psychiatric inpatient stays (Copper, 0.92%, and Monroe, 0.87%). State-wide, only 0.28% of expenditures for consumers with a developmental disability were for psychiatric inpatient stays. Four CMHSPs were outliers in expenditures for community inpatient and crisis services: Lifeways: 1.61%, Saginaw, 1.57%, Macomb, 1.27%, Detroit-Wayne, 1.20%, State: 0.58%). Most CMHSPs did not provide dollars for Assertive Community Treatment for consumers with a developmental disability; however, four CMHSPs are outliers in the percentage of dollars spent on ACT – Manistee-Benzie (1.19%), Montcalm (1.04%), Newaygo (0.80%), Huron (.61%). The state-wide average was 0.08%.

Genesee (17.36%) is an outlier in the percentage spent on case management. The state-wide average is 10.02%. Genesee notes in their FY11 needs assessment narrative that increases in Targeted Case Management and Supports Coordination and increased use of other non-crisis and community-based services were required to more efficiently meet demand and to reduce costly inpatient utilization.

Washtenaw CMHSP (70.96%) spent a larger percentage of dollars on daytime supports and services than did other CMHSPs. The state-wide average was 32.77%. In the 2011 needs assessment section 404(2)(g), Washtenaw indicates 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 has 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.

Five CMHSPs were outliers on dollars spent on family caregiver supports – Saginaw (15.08%), Macomb (8.59%), Montcalm (7.04%), Newaygo (6.90%) and Ionia (6.51%). The state-wide average is 3.55%. 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 notes that they plan to eliminate contracts with institutional facilities by the end of March 2012. As part of their FY13 update, MCCMH moved several programs (outpatient, supports coordination, case management) into a single site which is on a bus line allowing consumers easy access to the program; all RFP's now include language which identify the need for programs to be on or close to bus lines; DHS continues to provide transportation services for Medicaid beneficiaries and all MCCMH staff are aware of this service.

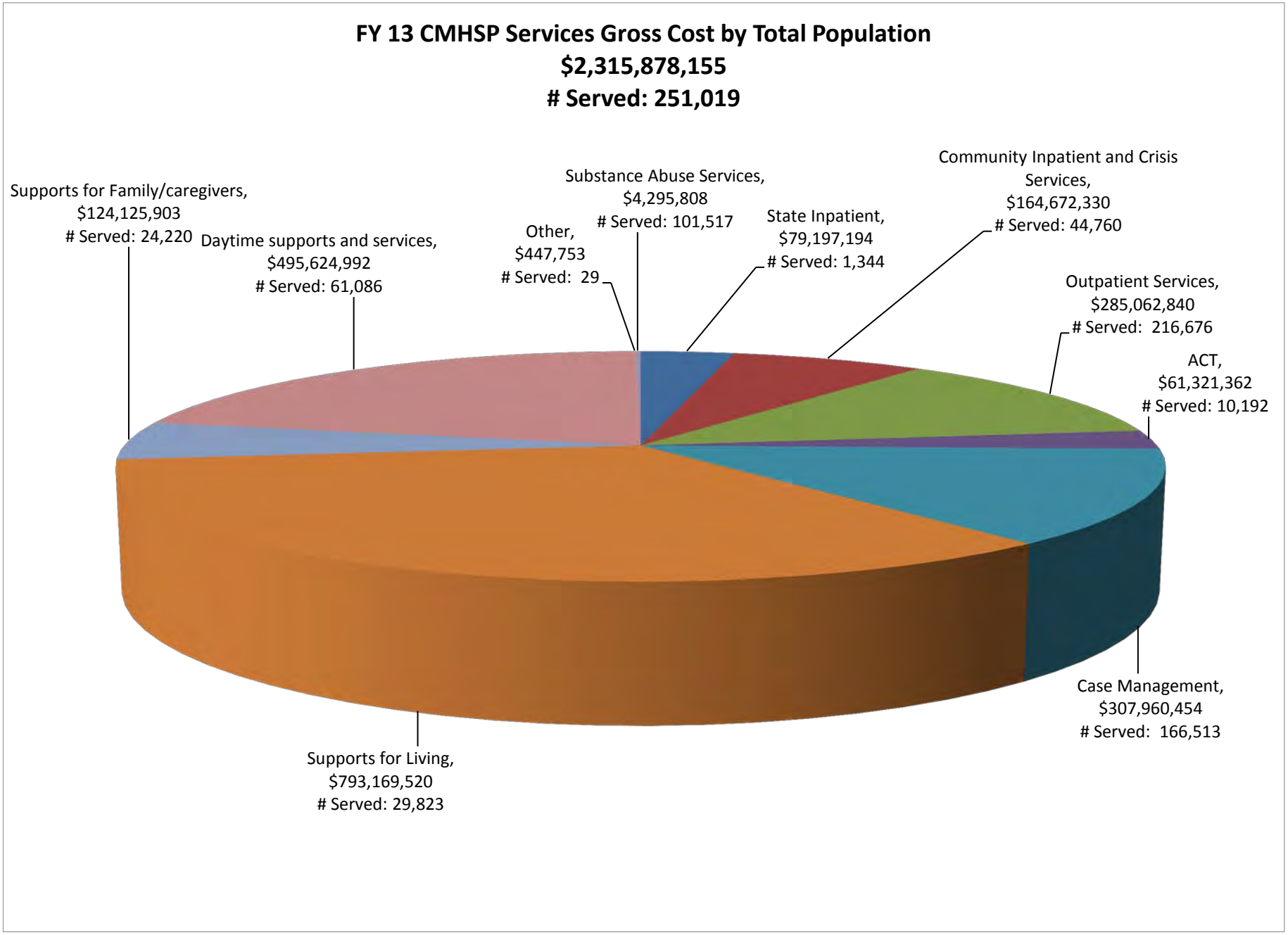
Additional Details on Services Provided

The details on the number of consumers who received each service during FY13 and the cost of each service are available on the Michigan Department of Community Health 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://michigan.gov/mdch

Click on 'Behavioral Health and Developmental Disability' from the left-hand menu bar
Then click on 'Mental Health & Developmental Disability'
Then click on 'Mental Health 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



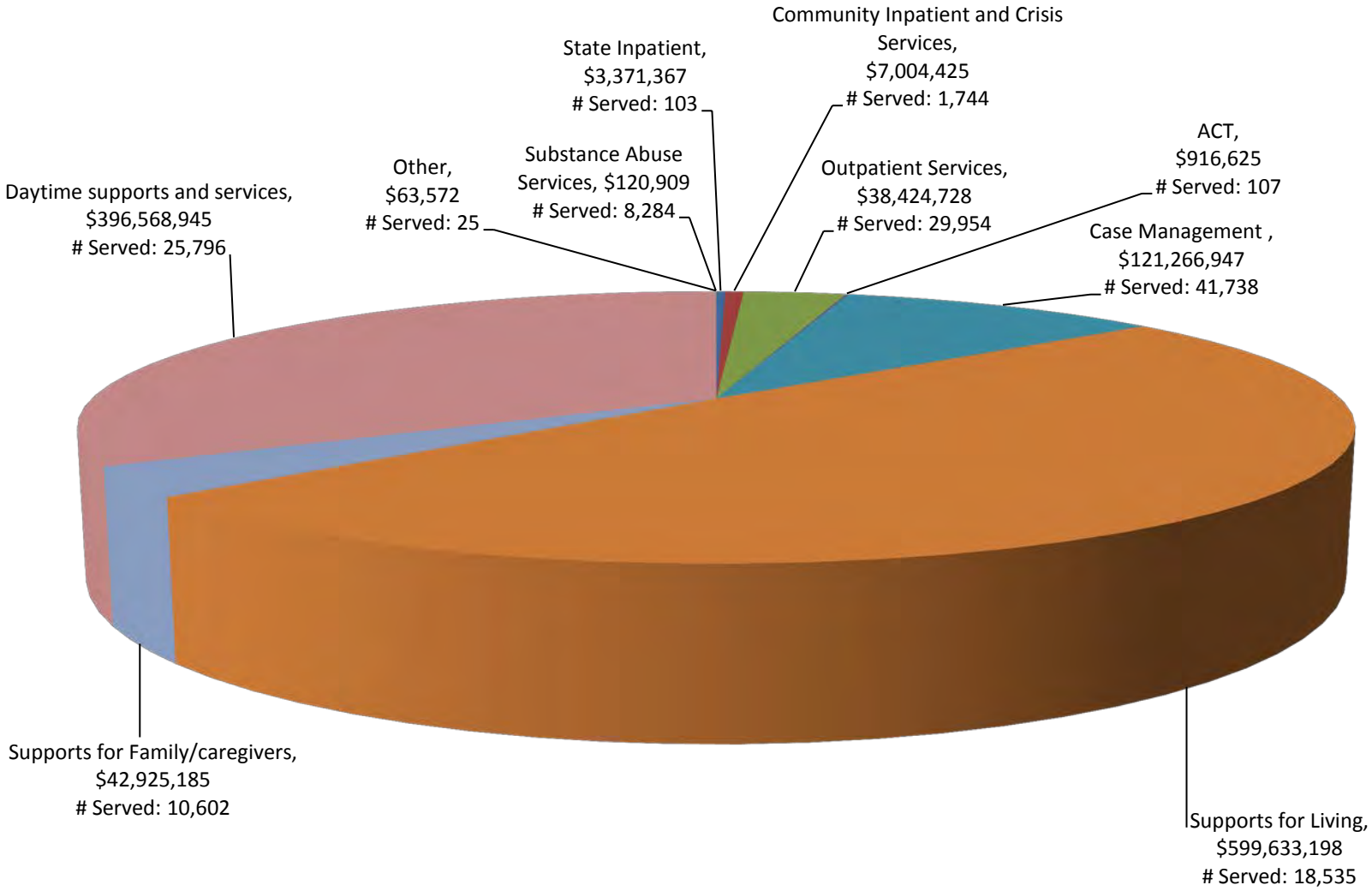
Section 404(2)(c) summarizes the service costs reported in the Sub-element Cost Report and does not include the costs for administration, "other", non-encounterable services or indirect prevention. These costs are shown by CMHSP in Section 404(2)(b).

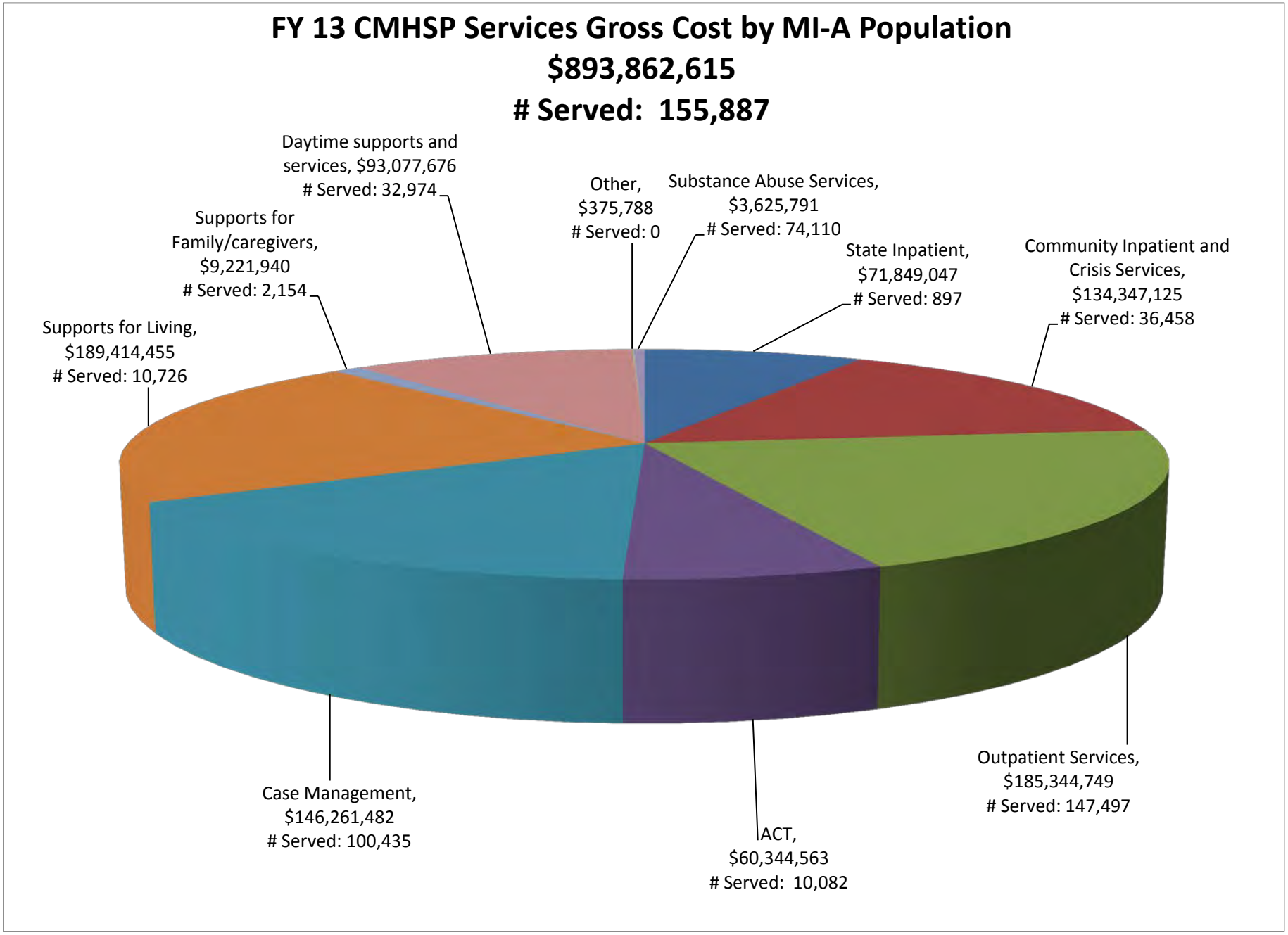
FY 13 CMHSP Services Gross Cost by DD Population

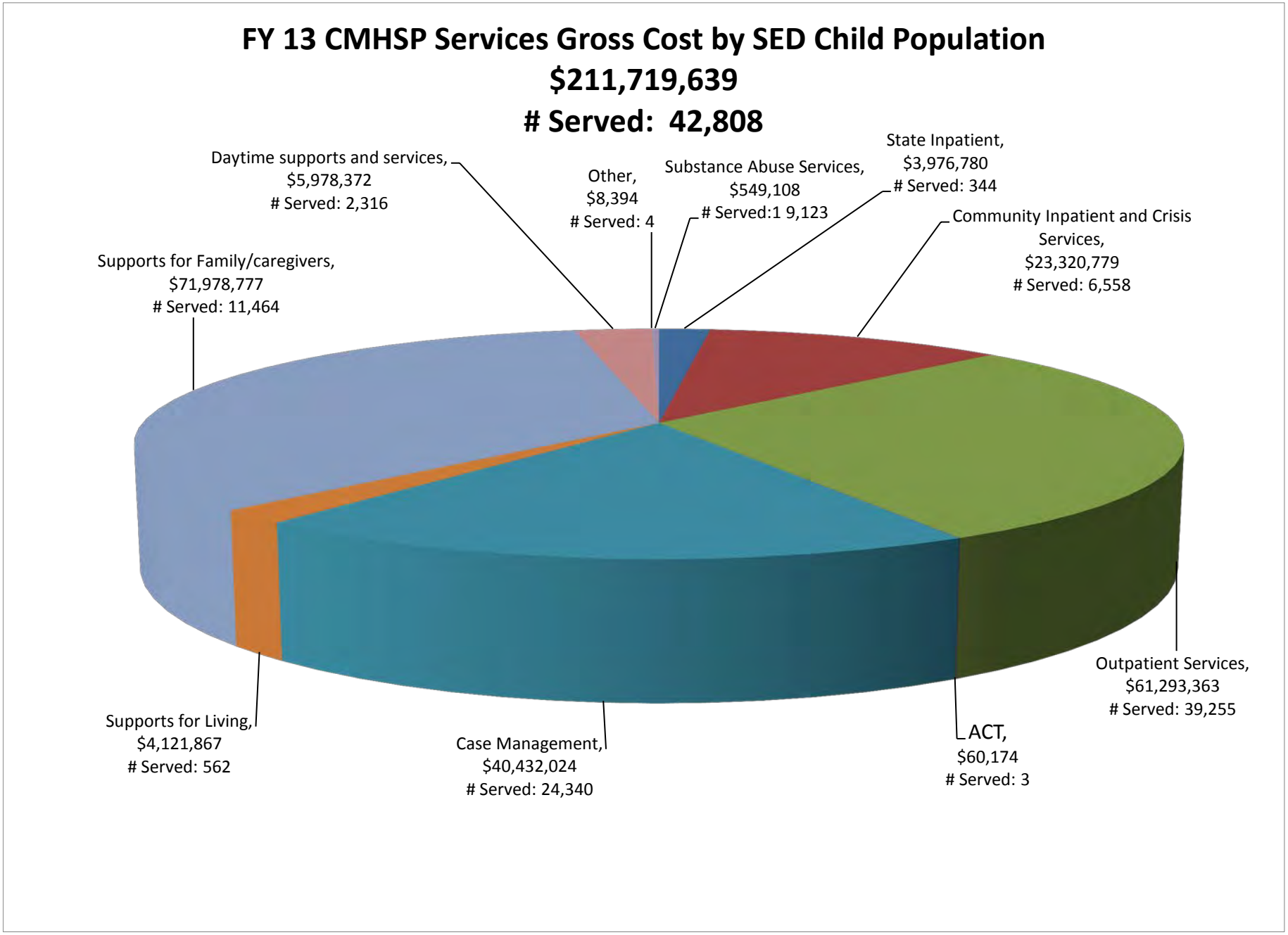
$1,210,295,902

Served: 43,900

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




FY 13 CMHSP Services Gross Cost by MI-A Population
$893,862,615
Served: 155,887
Daytime supports and services, $93,077,676 # Served: 32,974
Other, $375,788 # Served: 0
Substance Abuse Services, $3,625,791 # Served: 74,110
Supports for Family/caregivers, $9,221,940 # Served: 2,154
State Inpatient, $71,849,047 # Served: 897
Community Inpatient and Crisis Services, $134,347,125 # Served: 36,458
Supports for Living, $189,414,455 # Served: 10,726
Case Management, $146,261,482 # Served: 100,435
ACT, $60,344,563 # Served: 10,082
Outpatient Services, $185,344,749 # Served: 147,497


FY 13 CMHSP Services Gross Cost by SED Child Population
$211,719,639
Served: 42,808
Daytime supports and services, $5,978,372 # Served: 2,316
Other, $8,394 # Served: 4
Substance Abuse Services, $549,108 # Served:1 9,123
State Inpatient, $3,976,780 # Served: 344
Community Inpatient and Crisis Services, $23,320,779 # Served: 6,558
Supports for Family/caregivers, $71,978,777 # Served: 11,464
Outpatient Services, $61,293,363 # Served: 39,255
Supports for Living, $4,121,867 # Served: 562
Case Management, $40,432,024 # Served: 24,340
ACT, $60,174 # Served: 3

FY13 CMHSP Services Gross Cost by Adults with Mental Illness Population

	State Inpatient			Community Inpatient and Crisis			Outpatient Services			Assertive Community Treatment (ACT)			Case Management		
		Expenditures			Expenditures			Expenditures			Expenditures			Expenditures	
CMH Name	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost
Allegan	6	$261,678	4.48%	36	$1,438,521	24.63%	765	$1,016,480	17.40%	72	$623,258	10.67%	574	$402,294	6.89%
AuSable Valley	0	$0	0.00%	365	$576,794	13.96%	849	$671,450	16.25%	60	$906,791	21.94%	673	$840,274	20.33%
Barry	3	$112,489	3.06%	128	$852,416	23.15%	911	$1,210,411	32.87%	97	$0	0.00%	439	$208,630	5.67%
Bay-Arenac	5	$190,502	1.14%	545	$1,387,400	8.30%	3,710	$5,378,010	32.16%	77	$1,390,405	8.32%	2,377	$3,578,416	21.40%
Berrien	14	$469,298	1.99%	218	$1,738,738	7.39%	3,586	$4,749,494	20.18%	100	$1,052,196	4.47%	394	$2,088,092	8.87%
Clinton Eaton Ingham	60	$3,963,165	12.50%	2317	$5,550,976	17.51%	3,425	$3,896,882	12.29%	170	$1,160,174	3.66%	1,631	$4,394,096	13.86%
CMH for Central Michigan	15	$1,388,913	4.97%	897	$2,578,121	9.23%	4,890	$8,480,794	30.36%	34	$2,011,658	7.20%	3,513	$4,854,014	17.38%
Copper Country	4	$284,221	5.35%	214	$683,025	12.87%	541	$1,541,937	29.04%	862	$574,148	10.81%	431	$477,437	8.99%
Detroit-Wayne	258	$21,463,292	9.82%	8259	$28,225,460	12.91%	48,770	$48,876,387	22.35%	264	$11,654,549	5.33%	37,815	$39,424,136	18.03%
Genesee	49	$5,417,513	11.21%	1900	$10,520,716	21.77%	6,111	$7,537,704	15.60%	22	$4,078,890	8.44%	4,867	$12,227,464	25.30%
Gogebic	3	$383,082	18.30%	109	$112,027	5.35%	163	$342,819	16.38%	42	$314,821	15.04%	159	$452,919	21.64%
Gratiot	3	$179,892	5.96%	320	$504,977	16.72%	812	$1,314,687	43.53%	62	$0	0.00%	492	$610,203	20.20%
Hiawatha	6	$344,894	6.99%	357	$816,956	16.57%	488	$1,033,920	20.97%	15	$452,373	9.17%	333	$489,075	9.92%
Huron	0	$0	0.00%	126	$439,390	9.96%	764	$1,025,869	23.26%	303	$1,112,455	25.22%	477	$514,758	11.67%
Ionia	2	$58,026	1.27%	148	$642,879	14.03%	1,154	$1,550,793	33.85%	50	$451,468	9.85%	915	$905,092	19.75%
Kalamazoo	29	$1,720,800	6.49%	818	$3,640,315	13.73%	3,076	$3,697,363	13.94%	284	$2,372,425	8.95%	1,702	$3,642,675	13.74%
Lapeer	2	$253,704	4.29%	164	$659,896	11.15%	964	$1,614,077	27.26%	76	$489,965	8.28%	700	$697,644	11.78%
Lenawee	9	$700,789	10.72%	278	$734,924	11.24%	1,289	$1,441,091	22.03%	212	$0	0.00%	800	$1,266,193	19.36%
Lifeways	17	$1,768,299	8.56%	1128	$4,134,558	20.01%	3,625	$4,189,718	20.28%	35	$3,092,333	14.97%	1,721	$2,161,366	10.46%
Livingston	2	$53,906	0.83%	455	$1,504,374	23.30%	1,013	$2,196,620	34.02%	60	$699,309	10.83%	456	$650,232	10.07%
Macomb	55	$7,699,649	12.68%	2788	$14,395,441	23.71%	7,240	$9,829,676	16.19%	40	$1,536,712	2.53%	5,284	$6,206,276	10.22%
Manistee-Benzie	0	$0	0.00%	162	$334,376	8.88%	708	$1,513,203	40.19%	131	$325,911	8.66%	316	$493,212	13.10%
Monroe	9	$577,263	8.40%	315	$1,084,905	15.79%	1,424	$2,111,843	30.73%	265	$619,469	9.01%	495	$768,021	11.18%
Montcalm	4	$200,037	5.80%	133	$760,400	22.06%	562	$858,294	24.90%	56	$508,661	14.76%	365	$370,245	10.74%
Muskegon	22	$948,202	5.59%	790	$2,303,669	13.59%	2,230	$1,945,999	11.48%	107	$1,278,661	7.54%	1,145	$2,580,115	15.22%
Network180	84	$4,250,555	10.29%	1660	$11,614,528	28.11%	7,566	$4,656,936	11.27%	51	$3,114,130	7.54%	3,913	$6,935,346	16.79%
Newaygo	2	$91,544	1.92%	258	$571,761	11.99%	1,035	$1,629,807	34.17%	146	$514,513	10.79%	600	$1,252,464	26.26%
North Country	12	$340,068	3.05%	589	$1,577,083	14.16%	1,763	$2,496,571	22.42%	33	$1,150,605	10.33%	1,188	$1,240,638	11.14%
Northeast Michigan	1	$214,683	3.09%	305	$630,799	9.07%	1,176	$1,766,964	25.42%	592	$569,817	8.20%	977	$1,441,461	20.73%
Northern Lakes	21	$1,232,413	7.01%	1628	$3,516,392	20.01%	3,439	$3,995,772	22.74%	58	$1,364,969	7.77%	2,071	$2,404,390	13.68%
Northpointe	5	$549,697	8.77%	460	$741,863	11.84%	746	$1,608,454	25.67%	98	$297,175	4.74%	656	$1,102,615	17.60%
Oakland	94	$10,092,970	10.10%	2656	$10,795,470	10.80%	11,295	$17,031,034	17.04%	40	$6,143,253	6.15%	10,814	$19,465,984	19.48%
Ottawa	5	$348,027	3.43%	485	$1,960,384	19.33%	1,065	$2,721,696	26.84%	49	$829,387	8.18%	648	$1,209,090	11.92%
Pathways	4	$129,100	1.28%	718	$1,703,107	16.90%	910	$1,693,650	16.81%	57	$1,280,136	12.70%	685	$1,348,605	13.38%
Pines	3	$139,466	3.47%	176	$598,974	14.92%	1,495	$1,133,536	28.24%	45	$464,179	11.56%	773	$559,742	13.95%
Saginaw	19	$1,835,714	9.03%	1265	$3,194,133	15.71%	2,062	$4,285,192	21.08%	67	$588,203	2.89%	1,082	$3,113,831	15.32%
Sanilac	0	$0	0.00%	162	$609,426	10.86%	725	$1,841,839	32.82%	48	$573,961	10.23%	624	$1,088,997	19.40%
Shiawassee	1	$33,592	0.62%	455	$869,234	16.15%	836	$933,068	17.33%	62	$500,302	9.29%	374	$1,012,228	18.80%
St. Clair	6	$713,772	5.13%	526	$2,475,729	17.80%	2,026	$3,949,839	28.39%	56	$553,115	3.98%	1,500	$2,213,724	15.91%
St. Joseph	0	$0	0.00%	191	$631,354	10.23%	1,127	$1,715,544	27.80%	101	$461,140	7.47%	701	$590,045	9.56%
Summit Pointe	16	$674,425	3.29%	393	$2,360,492	11.52%	3,945	$4,571,686	22.31%	165	$1,571,419	7.67%	1,129	$3,271,022	15.96%
Tuscola	3	$188,588	4.32%	107	$479,880	11.00%	730	$1,350,024	30.95%	72	$530,274	12.16%	576	$996,299	22.84%
Van Buren	6	$262,644	3.08%	330	$781,912	9.16%	1,641	$1,786,125	20.93%	1	$777,426	9.11%	985	$952,940	11.16%
Washtenaw	18	$1,528,766	6.82%	635	$2,423,149	10.81%	3,013	$5,508,575	24.57%	3,013	$1,406,053	6.27%	2,125	$3,655,918	16.30%
West Michigan	4	$38,540	0.53%	443	$849,720	11.63%	1,255	$1,864,187	25.52%	1,255	$941,959	12.89%	719	$1,548,563	21.20%
Woodlands	16	$744,869	16.82%	46	$340,480	7.69%	577	$778,731	17.59%	577	$5,916	0.13%	221	$554,697	12.53%
Statewide Total	897	$71,849,047	8.04%	36,458	$134,347,125	15.03%	147,497	$185,344,749	20.74%	10,082	$60,344,563	6.75%	100,435	$146,261,482	16.36%

1) The Number of Consumers for "State Inpatient (PT22)" & "Other" were derived from the FY 2013 Sub-Element Cost Reports.
2) The Costs for each category were derived from the FY 2013 Sub-Element Cost Reports.
3) All other "Number of Consumers" counts for the remaining service categories were derived using the data warehouse for FY 2013 reporting.
4) The Statewide Total "Number of Consumers" were derived from the FY 2013 Section 404 Unique QI file.
Shaded boxes 5) 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.

FY13 CMHSP Services Gross Cost by Adults with Mental Illness Population

CMH Name	Supports for Living			Family Caregiver Supports			Daytime Supports and Services			Other			Substance Abuse			Statewide Total		
		Expenditures			Expenditures			Expenditures			Expenditures			Expenditures			Expenditures	
	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost
Allegan	44	$1,528,188	26.17%	11	$41,270	0.71%	79	$414,779	7.10%	0	$113,823	1.95%	335	$0	0.00%	954	$5,840,291	100.00%
AuSable Valley	21	$869,809	21.05%	32	$57,854	1.40%	99	$207,284	5.02%	0	$2,442	0.06%	255	$0	0.00%	1,256	$4,132,698	100.00%
Barry	9	$1,078,583	29.29%	6	$9,800	0.27%	66	$209,647	5.69%	0	$0	0.00%	536	$0	0.00%	952	$3,681,975	100.00%
Bay-Arenac	88	$2,876,471	17.20%	65	$358,181	2.14%	499	$1,562,099	9.34%	0	$0	0.00%	1,025	$0	0.00%	4,053	$16,721,484	100.00%
Berrien	121	$10,518,284	44.70%	22	$129,751	0.55%	178	$2,785,109	11.84%	0	$0	0.00%	1,216	$0	0.00%	3,747	$23,530,963	100.00%
Clinton Eaton Ingham	580	$7,083,106	22.35%	138	$365,164	1.15%	1,186	$5,283,977	16.67%	0	$0	0.00%	1,254	$0	0.00%	4,891	$31,697,540	100.00%
CMH for Central Michigan	233	$3,737,871	13.38%	163	$472,373	1.69%	989	$4,409,091	15.78%	0	$3,023	0.01%	2,489	$0	0.00%	5,389	$27,935,858	100.00%
Copper Country	41	$1,124,924	21.19%	13	$33,575	0.63%	154	$589,866	11.11%	0	$0	0.00%	196	$0	0.00%	693	$5,309,132	100.00%
Detroit-Wayne	3,599	$45,277,884	20.71%	335	$3,353,943	1.53%	14,013	$20,066,754	9.18%	0	$0	0.00%	32,441	$317,370	0.15%	48,908	$218,659,776	100.00%
Genesee	269	$5,296,722	10.96%	89	$72,805	0.15%	767	$3,162,284	6.54%	0	$0	0.00%	3,187	$14,938	0.03%	8,272	$48,329,037	100.00%
Gogebic	13	$231,385	11.05%	9	$17,042	0.81%	82	$239,287	11.43%	0	$0	0.00%	36	$0	0.00%	278	$2,093,383	100.00%
Gratiot	4	$78,712	2.61%	64	$141,823	4.70%	136	$190,148	6.30%	0	$0	0.00%	509	$0	0.00%	1,175	$3,020,442	100.00%
Hiawatha	23	$1,353,633	27.45%	15	$33,093	0.67%	85	$371,252	7.53%	0	$0	0.00%	208	$35,611	0.72%	746	$4,930,807	100.00%
Huron	37	$355,025	8.05%	22	$192,760	4.37%	107	$770,978	17.48%	0	$0	0.00%	116	$0	0.00%	832	$4,411,235	100.00%
Ionia	14	$230,092	5.02%	87	$440,536	9.61%	92	$303,087	6.61%	0	$0	0.00%	690	$0	0.00%	1,360	$4,581,973	100.00%
Kalamazoo	230	$8,301,316	31.30%	17	$0	0.00%	523	$3,143,445	11.85%	0	$0	0.00%	1,170	$0	0.00%	3,476	$26,518,338	100.00%
Lapeer	46	$1,258,192	21.25%	9	$4,144	0.07%	259	$942,592	15.92%	0	$0	0.00%	348	$0	0.00%	1,019	$5,920,213	100.00%
Lenawee	34	$1,691,838	25.87%	2	$67,411	1.03%	284	$637,954	9.75%	0	$0	0.00%	298	$0	0.00%	1,423	$6,540,200	100.00%
Lifeways	728	$3,699,009	17.90%	60	$88,265	0.43%	722	$1,523,544	7.37%	0	$0	0.00%	1,827	$5,149	0.02%	4,765	$20,662,241	100.00%
Livingston	30	$456,610	7.07%	36	$70,870	1.10%	212	$825,471	12.78%	0	$0	0.00%	558	$0	0.00%	1,388	$6,457,392	100.00%
Macomb	466	$17,944,982	29.56%	103	$324,646	0.53%	360	$2,633,960	4.34%	0	$138,161	0.23%	2,555	$0	0.00%	8,705	$60,709,503	100.00%
Manistee-Benzie	11	$404,622	10.75%	49	$235,171	6.25%	94	$458,966	12.19%	0	$0	0.00%	373	$0	0.00%	744	$3,765,460	100.00%
Monroe	20	$594,544	8.65%	20	$110,232	1.60%	229	$1,006,350	14.64%	0	$0	0.00%	337	$0	0.00%	1,657	$6,872,626	100.00%
Montcalm	7	$230,148	6.68%	47	$153,614	4.46%	82	$362,895	10.53%	0	$2,212	0.06%	124	$0	0.00%	671	$3,446,507	100.00%
Muskegon	401	$5,237,566	30.89%	71	$305,307	1.80%	444	$2,178,689	12.85%	0	$0	0.00%	1,246	$176,078	1.04%	3,050	$16,954,286	100.00%
Network180	963	$8,693,429	21.04%	34	$24,418	0.06%	1,069	$1,988,564	4.81%	0	$27,928	0.07%	3,972	$10,505	0.03%	9,201	$41,316,339	100.00%
Newaygo	33	$300,377	6.30%	10	$22,139	0.46%	73	$387,685	8.13%	0	$0	0.00%	606	$0	0.00%	1,231	$4,770,289	100.00%
North Country	146	$2,161,141	19.41%	8	$60,022	0.54%	333	$2,109,473	18.94%	0	$379	0.00%	712	$0	0.00%	2,293	$11,135,980	100.00%
Northeast Michigan	20	$821,291	11.81%	15	$70,860	1.02%	276	$1,435,613	20.65%	0	$515	0.01%	303	$0	0.00%	1,548	$6,952,004	100.00%
Northern Lakes	110	$3,589,198	20.42%	12	$45,066	0.26%	480	$1,425,510	8.11%	0	$0	0.00%	968	$0	0.00%	4,028	$17,573,710	100.00%
Northpointe	21	$561,101	8.95%	22	$56,603	0.90%	228	$1,250,261	19.95%	0	$0	0.00%	306	$98,819	1.58%	1,043	$6,266,589	100.00%
Oakland	1,256	$21,938,938	21.95%	143	$156,089	0.16%	4,337	$12,994,442	13.00%	0	$0	0.00%	5,492	$1,322,450	1.32%	14,673	$99,940,630	100.00%
Ottawa	268	$1,582,044	15.60%	15	$50,055	0.49%	398	$1,440,557	14.20%	0	$0	0.00%	747	$0	0.00%	1,539	$10,141,240	100.00%
Pathways	41	$2,653,247	26.33%	14	$24,367	0.24%	268	$974,037	9.67%	0	$0	0.00%	349	$270,573	2.69%	1,377	$10,076,821	100.00%
Pines	15	$467,759	11.65%	32	$137,174	3.42%	115	$512,978	12.78%	0	$0	0.00%	982	$0	0.00%	1,607	$4,013,809	100.00%
Saginaw	243	$3,946,345	19.42%	50	$400,829	1.97%	539	$1,828,551	9.00%	0	$0	0.00%	539	$1,133,037	5.57%	3,390	$20,325,835	100.00%
Sanilac	26	$663,373	11.82%	19	$34,767	0.62%	225	$800,229	14.26%	0	$0	0.00%	220	$0	0.00%	799	$5,612,593	100.00%
Shiawassee	18	$811,424	15.07%	47	$299,034	5.55%	169	$924,992	17.18%	0	$0	0.00%	241	$0	0.00%	1,036	$5,383,875	100.00%
St. Clair	66	$1,962,347	14.11%	31	$61,887	0.44%	526	$1,739,412	12.50%	0	$0	0.00%	818	$241,261	1.73%	2,208	$13,911,086	100.00%
St. Joseph	25	$2,129,636	34.52%	3	$10,263	0.17%	301	$631,953	10.24%	0	$0	0.00%	610	$0	0.00%	1,315	$6,169,936	100.00%
Summit Pointe	64	$5,688,040	27.75%	67	$363,527	1.77%	516	$1,994,024	9.73%	0	$0	0.00%	1,490	$0	0.00%	4,061	$20,494,634	100.00%
Tuscola	10	$514,526	11.79%	27	$137,805	3.16%	48	$160,047	3.67%	0	$5,071	0.12%	212	$0	0.00%	798	$4,362,513	100.00%
Van Buren	50	$2,909,728	34.09%	4	$17,048	0.20%	267	$1,047,268	12.27%	0	$0	0.00%	823	$0	0.00%	1,430	$8,535,091	100.00%
Washtenaw	215	$3,652,378	16.29%	7	$64,506	0.29%	497	$4,183,676	18.66%	0	$0	0.00%	597	$0	0.00%	3,423	$22,423,021	100.00%
West Michigan	52	$1,445,567	19.79%	102	$63,779	0.87%	508	$471,469	6.45%	0	$82,233	1.13%	695	$0	0.00%	1,603	$7,306,018	100.00%
Woodlands	15	$1,463,050	33.05%	7	$42,074	0.95%	60	$497,426	11.24%	0	$0	0.00%	99	$0	0.00%	688	$4,427,243	100.00%
Statewide Total	10,726	$189,414,455	21.19%	2,154	$9,221,940	1.03%	32,974	$93,077,676	10.41%	0	$375,788	0.04%	74,110	$3,625,791	0.41%	169,695	$893,862,615	100.00%

1) The Number of Consumers for "State Inpatient (PT22)" & "Other" were derived from the FY 2013 Sub-Element Cost Reports.
2) The Costs for each category were derived from the FY 2013 Sub-Element Cost Reports.
3) All other "Number of Consumers" counts for the remaining service categories were derived using the data warehouse for FY 2013 reporting.
4) The Statewide Total "Number of Consumers" were derived from the FY 2013 Section 404 Unique QI file.
Shaded boxes 5) 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.

FY13 CMHSP Services Gross Cost by Children with Serious Emotional Disturbance Population

	State Inpatient			Community Inpatient and Crisis			Outpatient Services			Assertive Community Treatment (ACT)			Case Management			Supports for Living	
		Expenditures			Expenditures			Expenditures			Expenditures			Expenditures			Expenditu
CMH Name	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost
Allegan	1	$5,745	0.53%	10	$233,438	21.41%	234	$167,865	15.39%	0	$2,519	0.23%	165	$97,923	8.98%	1	$399
AuSable Valley	0	$0	0.00%	110	$194,560	8.87%	532	$934,481	42.61%	0	$0	0.00%	502	$564,748	25.75%	0	$0
Barry	1	$3,285	0.57%	23	$199,724	34.43%	242	$250,157	43.13%	0	$0	0.00%	67	$32,370	5.58%	0	$0
Bay-Arenac	3	$79,059	1.71%	83	$366,420	7.92%	953	$1,853,585	40.07%	1	$0	0.00%	665	$611,844	13.23%	1	$1,402
Berrien	2	$28,251	0.71%	24	$264,106	6.61%	878	$1,005,708	25.16%	0	$0	0.00%	114	$498,175	12.46%	3	$244,330
Clinton Eaton Ingham	7	$315,446	3.17%	330	$375,170	3.76%	1,105	$2,222,671	22.30%	0	$0	0.00%	70	$758,897	7.62%	6	$199,986
CMH for Central Michigan	2	$63,772	1.06%	149	$418,800	6.98%	1,499	$2,489,801	41.50%	1	$213	0.00%	921	$422,242	7.04%	133	$171,781
Copper Country	2	$55,147	7.61%	53	$109,122	15.06%	92	$177,575	24.50%	0	$0	0.00	75	$22,658	3.13%	3	$130,811
Detroit-Wayne	185	$1,211,289	1.98%	1644	$5,320,941	8.68%	12,370	$21,726,052	35.45%	0	$0	0.00%	9,052	$16,556,026	27.02%	40	$49,294
Genesee	30	$210,601	2.14%	312	$1,536,874	15.60%	1,318	$1,497,055	15.20%	0	$0	0.00%	1,322	$3,007,613	30.53%	0	$0
Gogebic	0	$0	0.00%	26	$39,104	7.41%	56	$115,921	21.96%	0	$0	0.00	48	$91,044	17.24%	2	$485
Gratiot	0	$0	0.00%	66	$155,187	6.39%	382	$876,559	36.07%	0	$0	0.00%	202	$300,001	12.35%	4	$0
Hiawatha	1	$5,670	0.48%	85	$156,349	13.33%	178	$326,484	27.84%	0	$0	0.00	145	$200,051	17.06%	0	$0
Huron	0	$0	0.00%	19	$67,278	10.45%	143	$226,287	35.16%	0	$0	0.00%	88	$67,570	10.50%	6	$5,772
Ionia	2	$27,813	1.77%	40	$43,829	2.79%	380	$430,664	27.42%	0	$0	0.00%	125	$59,224	3.77%	3	$1,970
Kalamazoo	6	$60,638	0.78%	434	$827,205	10.70%	626	$1,543,799	19.97%	0	$8,273	0.11%	446	$1,520,465	19.66%	7	$667
Lapeer	7	$55,966	4.45%	24	$154,455	12.29%	260	$369,099	29.37%	0	$0	0.00%	182	$310,497	24.71%	0	$0
Lenawee	4	$19,435	1.75%	51	$100,919	9.09%	348	$544,038	49.00%	0	$0	0.00%	206	$195,984	17.65%	0	$0
Lifeways	2	$11,938	0.22%	153	$529,790	9.96%	937	$849,770	15.98%	0	$0	0.00%	324	$191,534	3.60%	13	$679,132
Livingston	4	$68,327	2.83%	58	$157,350	6.52%	362	$740,184	30.66%	0	$0	0.00%	121	$442,872	18.34%	3	$2,107
Macomb	17	$379,730	3.91%	505	$3,533,596	36.43%	1,206	$1,473,105	15.19%	0	$0	0.00%	903	$815,107	8.40%	25	$1,200,850
Manistee-Benzie	0	$0	0.00%	34	$93,570	7.28%	253	$475,473	37.01%	0	$0	0.00%	102	$76,152	5.93%	1	$0
Monroe	0	$0	0.00%	34	$117,934	7.48%	435	$649,717	41.18%	0	$0	0.00%	302	$447,470	28.36%	12	$9,653
Montcalm	1	$12,483	0.95%	29	$171,933	13.11%	251	$336,090	25.62%	1	$95	0.01%	156	$134,985	10.29%	0	$0
Muskegon	6	$175,911	5.56%	106	$553,841	17.49%	687	$889,488	28.10%	0	$166	0.01%	159	$306,789	9.69%	9	$62,959
Network180	4	$122,302	1.02%	165	$1,555,393	13.01%	3,112	$2,012,172	16.82%	0	$46,605	0.39%	1,764	$4,339,975	36.29%	82	$397,938
Newaygo	0	$0	0.00%	37	$217,579	12.10%	482	$740,255	41.17%	0	$0	0.00%	279	$221,776	12.34%	12	$5,366
North Country	5	$134,883	4.79%	130	$233,205	8.27%	665	$868,186	30.80%	0	$0	0.00%	505	$484,054	17.17%	5	$305,768
Northeast Michigan	1	$4,672	0.34%	69	$126,266	9.18%	268	$409,299	29.75%	0	$0	0.00%	236	$496,489	36.09%	1	$4,864
Northern Lakes	3	$117,237	2.87%	232	$689,888	16.86%	1,014	$1,115,253	27.26%	0	$0	0.00%	735	$821,845	20.09%	0	$0
Northpointe	0	$0	0.00%	82	$104,250	9.50%	189	$321,259	29.28%	0	$0	0.00	211	$209,315	19.08%	19	$37,892
Oakland	20	$289,560	1.83%	408	$1,558,694	9.85%	1,649	$4,425,824	27.98%	0	$2,303	0.01%	1,359	$1,955,894	12.37%	16	$219,505
Ottawa	0	$0	0.00%	106	$330,328	16.48%	400	$871,928	43.51%	0	$0	0.00%	195	$89,548	4.47%	89	$19,453
Pathways	0	$0	0.00%	142	$243,973	12.54%	312	$797,951	41.01%	0	$0	0.00%	282	$207,168	10.65%	2	$138,202
Pines	0	$0	0.00%	38	$134,647	19.99%	393	$299,811	44.51%	0	$0	0.00%	226	$46,328	6.88%	1	$67,179
Saginaw	5	$150,252	2.86%	261	$718,273	13.67%	572	$1,389,362	26.45%	0	$0	0.00%	229	$716,295	13.64%	1	$34,400
Sanilac	0	$0	0.00%	26	$134,873	14.65%	182	$459,226	49.87%	0	$0	0.00%	142	$111,826	12.14%	3	$3,264
Shiawassee	3	$49,056	2.76%	88	$136,512	7.68%	319	$493,116	27.73%	0	$0	0.00%	166	$127,896	7.19%	1	$1,044
St. Clair	5	$155,732	3.51%	80	$442,879	9.99%	517	$1,116,449	25.20%	0	$0	0.00%	342	$853,597	19.26%	6	$51,684
St. Joseph	3	$101,616	5.70%	35	$78,093	4.38%	478	$740,850	41.54%	0	$0	0.00%	318	$183,680	10.30%	0	$500
Summit Pointe	5	$23,871	0.42%	49	$240,101	4.17%	1,246	$1,045,034	18.17%	0	$0	0.00%	96	$480,095	8.35%	1	$1,425
Tuscola	1	$2,847	0.22%	13	$42,623	3.28%	224	$251,281	19.33%	0	$0	0.00%	102	$90,966	7.00%	47	$2,839
Van Buren	1	$1,314	0.11%	40	$94,981	8.08%	432	$329,144	28.01%	0	$0	0.00%	195	$512,221	43.59%	0	$0
Washtenaw	3	$21,861	1.11%	95	$385,513	19.60%	500	$736,493	37.44%	0	$0	0.00%	279	$320,182	16.28%	2	$13,346
West Michigan	1	$4,282	0.27%	57	$100,274	6.31%	324	$483,415	30.42%	0	$0	0.00%	183	$406,251	25.56%	0	$0
Woodlands	1	$6,789	1.02%	3	$30,936	4.64%	220	$215,427	32.28%	0	$0	0.00%	34	$24,383	3.65%	2	$55,598
Statewide Total	344	$3,976,780	1.88%	6,558	$23,320,779	11.01%	39,225	$61,293,363	28.95%	3	$60,174	0.03%	24,340	$40,432,024	19.10%	562	$4,121,867

1) The Number of Consumers for "State Inpatient (PT22)" & "Other" were derived from the FY 2013 Sub-Element Cost Reports.
2) The Costs for each category were derived from the FY 2013 Sub-Element Cost Reports.
3) All other "Number of Consumers" counts for the remaining service categories were derived using the data warehouse for FY 2013 reporting.
4) The Statewide Total "Number of Consumers" were derived from the FY 2013 Section 404 Unique QI file.
Shaded boxes 5) 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.

FY13 CMHSP Services Gross Cost by Children with Serious Emotional Disturbance Population

	res	Family Caregiver Supports			Daytime Supports and Services			Other			Substance Abuse			Statewide Total		
			Expenditures			Expenditures			Expenditures			Expenditures			Expenditures	
CMH Name	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost
Allegan	0.04%	134	$582,487	53.42%	8	$27	0.00%	0	$0	0.00%	87	$0	0.00%	272	$1,090,403	100.00%
AuSable Valley	0.00%	189	$413,419	18.85%	227	$85,528	3.90%	0	$206	0.01%	266	$0	0.00%	648	$2,192,942	100.00%
Barry	0.00%	14	$94,530	16.30%	0	$0	0.00%	0	$0	0.00%	95	$0	0.00%	244	$580,066	100.00%
Bay-Arenac	0.03%	341	$1,531,371	33.10%	33	$182,614	3.95%	0	$0	0.00%	274	$0	0.00%	1,043	$4,626,295	100.00%
Berrien	6.11%	204	$1,869,810	46.78%	6	$86,450	2.16%	0	$0	0.00%	317	$0	0.00%	751	$3,996,830	100.00%
Clinton Eaton Ingham	2.01%	776	$5,431,531	54.51%	164	$661,408	6.64%	0	$0	0.00%	238	$0	0.00%	1,563	$9,965,109	100.00%
CMH for Central Michigan	2.86%	391	$2,178,804	36.31%	114	$253,967	4.23%	3	$416	0.01%	360	$0	0.00%	1,639	$5,999,794	100.00%
Copper Country	18.05%	29	$229,361	31.64%	2	$133	0.02%	0	$0	0.00%	42	$0	0.00%	144	$724,806	100.00%
Detroit-Wayne	0.08%	1,793	$15,891,768	25.93%	45	$54,727	0.09%	0	$0	0.00%	8,198	$467,960	0.76%	12,565	$61,278,059	100.00%
Genesee	0.00%	566	$3,544,996	35.99%	27	$51,344	0.52%	0	$0	0.00%	554	$1,633	0.02%	1,791	$9,850,116	100.00%
Gogebic	0.09%	21	$274,648	52.02%	6	$6,788	1.29%	0	$0	0.00%	13	$0	0.00%	82	$527,990	100.00%
Gratiot	0.00%	170	$1,044,342	42.98%	66	$53,918	2.22%	0	$0	0.00%	115	$0	0.00%	505	$2,430,007	100.00%
Hiawatha	0.00%	43	$472,291	40.27%	14	$3,816	0.33%	0	$0	0.00%	105	$8,218	0.70%	249	$1,172,878	100.00%
Huron	0.90%	49	$276,369	42.94%	1	$273	0.04%	0	$0	0.00%	34	$0	0.00%	153	$643,549	100.00%
Ionia	0.13%	135	$989,595	63.00%	31	$17,763	1.13%	0	$0	0.00%	257	$0	0.00%	452	$1,570,858	100.00%
Kalamazoo	0.01%	622	$3,126,559	40.43%	132	$644,737	8.34%	0	$0	0.00%	86	$0	0.00%	1,502	$7,732,345	100.00%
Lapeer	0.00%	97	$357,897	28.48%	4	$8,608	0.69%	0	$0	0.00%	66	$0	0.00%	292	$1,256,521	100.00%
Lenawee	0.00%	68	$190,118	17.12%	36	$59,842	5.39%	0	$0	0.00%	22	$0	0.00%	382	$1,110,336	100.00%
Lifeways	12.77%	511	$3,031,199	56.99%	27	$25,039	0.47%	0	$0	0.00%	372	$0	0.00%	1,245	$5,318,402	100.00%
Livingston	0.09%	176	$1,000,972	41.46%	2	$2,558	0.11%	0	$0	0.00%	185	$0	0.00%	434	$2,414,370	100.00%
Macomb	12.38%	182	$1,550,876	15.99%	68	$746,431	7.70%	0	$0	0.00%	328	$0	0.00%	1,827	$9,699,695	100.00%
Manistee-Benzie	0.00%	175	$620,234	48.28%	1	$19,361	1.51%	0	$0	0.00%	139	$0	0.00%	376	$1,284,790	100.00%
Monroe	0.61%	130	$331,462	21.01%	15	$21,448	1.36%	0	$0	0.00%	91	$0	0.00%	490	$1,577,684	100.00%
Montcalm	0.00%	163	$652,092	49.72%	10	$2,406	0.18%	0	$1,513	0.12%	26	$0	0.00%	322	$1,311,598	100.00%
Muskegon	1.99%	130	$1,121,553	35.43%	19	$50,480	1.59%	0	$0	0.00%	257	$4,588	0.14%	777	$3,165,775	100.00%
Network180	3.33%	928	$2,613,644	21.85%	451	$864,024	7.22%	0	$3,654	0.03%	2,300	$4,136	0.03%	4,255	$11,959,843	100.00%
Newaygo	0.30%	197	$603,109	33.54%	5	$9,851	0.55%	0	$0	0.00%	285	$0	0.00%	465	$1,797,936	100.00%
North Country	10.85%	71	$777,596	27.59%	7	$14,628	0.52%	0	$140	0.00%	175	$0	0.00%	820	$2,818,460	100.00%
Northeast Michigan	0.35%	108	$272,357	19.80%	32	$61,808	4.49%	1	$0	0.00%	87	$0	0.00%	343	$1,375,756	100.00%
Northern Lakes	0.00%	202	$1,330,654	32.52%	11	$16,611	0.41%	0	$0	0.00%	148	$0	0.00%	1,084	$4,091,488	100.00%
Northpointe	3.45%	59	$342,017	31.17%	32	$79,896	7.28%	0	$0	0.00%	97	$2,550	0.23%	283	$1,097,181	100.00%
Oakland	1.39%	960	$6,325,997	39.99%	236	$1,039,378	6.57%	0	$0	0.00%	765	$219	0.00%	2,791	$15,817,374	100.00%
Ottawa	0.97%	171	$670,015	33.43%	15	$22,696	1.13%	0	$0	0.00%	235	$0	0.00%	564	$2,003,968	100.00%
Pathways	7.10%	120	$518,531	26.65%	35	$39,880	2.05%	0	$0	0.00%	188	$0	0.00%	432	$1,945,705	100.00%
Pines	9.97%	12	$91,361	13.56%	5	$34,272	5.09%	0	$0	0.00%	296	$0	0.00%	406	$673,599	100.00%
Saginaw	0.65%	162	$2,165,304	41.22%	26	$40,553	0.77%	0	$0	0.00%	130	$38,786	0.74%	771	$5,253,225	100.00%
Sanilac	0.35%	56	$211,581	22.98%	2	$147	0.02%	0	$0	0.00%	114	$0	0.00%	209	$920,918	100.00%
Shiawassee	0.06%	120	$952,671	53.58%	7	$17,809	1.00%	0	$0	0.00%	66	$0	0.00%	369	$1,778,104	100.00%
St. Clair	1.17%	241	$1,763,234	39.79%	73	$26,493	0.60%	0	$0	0.00%	232	$21,018	0.47%	600	$4,431,086	100.00%
St. Joseph	0.03%	95	$380,421	21.33%	83	$298,424	16.73%	0	$0	0.00%	128	$0	0.00%	545	$1,783,584	100.00%
Summit Pointe	0.02%	423	$3,726,608	64.79%	70	$234,680	4.08%	0	$0	0.00%	658	$0	0.00%	988	$5,751,815	100.00%
Tuscola	0.22%	118	$907,263	69.81%	0	$0	0.00%	0	$1,817	0.14%	60	$0	0.00%	251	$1,299,637	100.00%
Van Buren	0.00%	31	$212,099	18.05%	29	$25,254	2.15%	0	$0	0.00%	293	$0	0.00%	153	$1,175,013	100.00%
Washtenaw	0.68%	100	$471,928	23.99%	8	$17,737	0.90%	0	$0	0.00%	60	$0	0.00%	571	$1,967,060	100.00%
West Michigan	0.00%	136	$500,989	31.52%	129	$93,494	5.88%	0	$648	0.04%	218	$0	0.00%	365	$1,589,353	100.00%
Woodlands	8.33%	45	$333,113	49.92%	2	$1,071	0.16%	0	$0	0.00%	61	$0	0.00%	240	$667,317	100.00%
Statewide Total	1.95%	11,464	$71,978,777	34.00%	2,316	$5,978,372	2.82%	4	$8,394	0.00%	19,123	$549,108	0.26%	46,253	$211,719,639	100.00%

1) The Number of Consumers for "State Inpatient (PT22)" & "Other" were derived from the FY 2013 Sub-Element Cost Reports.
2) The Costs for each category were derived from the FY 2013 Sub-Element Cost Reports.
3) All other "Number of Consumers" counts for the remaining service categories were derived using the data warehouse for FY 2013 reporting.
4) The Statewide Total "Number of Consumers" were derived from the FY 2013 Section 404 Unique QI file.
5) 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

FY13 CMHSP Services Gross Cost by Persons with Developmental Disabilities Population

	State Inpatient			Community Inpatient and Crisis			Outpatient Services			Assertive Community Treatment (ACT)			Case Management			Supports for Living	
		Expenditures			Expenditures			Expenditures			Expenditures			Expenditures			Expenditur
CMH Name	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost
Allegan	2	$47,008	0.37%	3	$118,455	0.93%	268	$453,953	3.56%	0	$14,819	0.12%	427	$1,485,018	11.65%	185	$6,069,976
AuSable Valley	0	$0	0.00%	15	$46,662	0.48%	166	$146,675	1.50%	0	$0	0.00%	242	$261,423	2.68%	96	$6,588,951
Barry	0	$0	0.00%	3	$6,932	0.24%	126	$119,949	4.09%	0	$0	0.00%	135	$152,806	5.21%	26	$1,971,823
Bay-Arenac	0	$0	0.00%	25	$45,361	0.21%	432	$986,306	4.59%	5	$54,108	0.25%	615	$2,968,090	13.82%	236	$8,808,506
Berrien	0	$0	0.00%	7	$30,818	0.34%	378	$230,803	2.54%	2	$9,247	0.10%	467	$1,226,752	13.51%	229	$5,638,041
Clinton Eaton Ingham	0	$0	0.00%	99	$1,879	0.00%	950	$1,239,884	2.54%	2	$0	0.00%	1,456	$4,098,952	8.39%	762	$19,229,768
CMH for Central Michigan	1	$187,069	0.39%	43	$91,498	0.19%	715	$1,158,069	2.44%	4	$61,069	0.13%	1,433	$3,385,717	7.15%	957	$20,605,649
Copper Country	1	$73,813	0.92%	16	$62,423	0.78%	140	$483,797	6.03%	2	$59,407	0.01	241	$635,405	7.92%	83	$4,213,698
Detroit-Wayne	56	$1,456,705	0.66%	328	$2,634,770	1.20%	7,935	$7,594,665	3.45%	3	$0	0.00%	9,858	$27,696,747	12.57%	3,743	$125,952,692
Genesee	6	$326,452	0.66%	62	$339,055	0.68%	1,261	$2,259,106	4.53%	8	$104,642	0.21%	1,741	$8,648,312	17.36%	581	$23,117,348
Gogebic	0	$0	0.00%	12	$2,246	0.07%	87	$211,799	6.17%	1	$27,904	0.01	128	$452,845	13.20%	64	$1,812,525
Gratiot	0	$0	0.00%	11	$15,084	0.31%	143	$320,837	6.64%	0	$0	0.00%	212	$505,325	10.46%	116	$1,881,537
Hiawatha	3	$22,239	0.24%	19	$44,138	0.48%	180	$344,920	3.75%	0	$0	0.00	300	$651,991	7.09%	89	$6,747,864
Huron	0	$0	0.00%	3	$1,214	0.03%	116	$137,839	3.77%	2	$22,119	0.61%	164	$441,964	12.10%	74	$1,492,720
Ionia	0	$0	0.00%	4	$13,358	0.26%	137	$218,022	4.19%	1	$20,763	0.40%	207	$625,813	12.03%	82	$2,898,773
Kalamazoo	0	$0	0.00%	58	$14,578	0.05%	614	$474,869	1.62%	18	$86,385	0.30%	879	$2,956,006	10.11%	377	$16,619,485
Lapeer	0	$0	0.00%	11	$3,004	0.03%	235	$247,670	2.80%	0	$0	0.00%	356	$859,385	9.72%	113	$4,071,944
Lenawee	0	$0	0.00%	12	$18,152	0.28%	150	$120,133	1.83%	0	$0	0.00%	271	$620,527	9.45%	71	$2,862,324
Lifeways	0	$0	0.00%	75	$321,611	1.61%	641	$814,725	4.08%	3	$24,250	0.12%	713	$1,969,569	9.87%	342	$13,517,262
Livingston	0	$0	0.00%	27	$106,975	0.86%	347	$471,387	3.77%	2	$11,540	0.09%	512	$1,266,225	10.13%	156	$2,726,178
Macomb	0	$0	0.00%	177	$1,486,878	1.27%	2,842	$4,086,880	3.49%	2	$15,522	0.01%	3,334	$10,982,151	9.39%	1,311	$44,109,315
Manistee-Benzie	0	$0	0.00%	11	$17,500	0.26%	120	$365,193	5.48%	3	$79,468	1.19%	192	$624,333	9.38%	71	$3,518,499
Monroe	2	$136,241	0.87%	19	$49,910	0.32%	376	$458,884	2.93%	5	$50,781	0.32%	535	$1,192,351	7.60%	194	$4,273,807
Montcalm	0	$0	0.00%	6	$35,266	0.82%	101	$233,582	5.40%	3	$45,078	1.04%	152	$429,738	9.93%	53	$1,975,394
Muskegon	7	$247,454	0.81%	38	$93,882	0.31%	644	$1,237,147	4.07%	3	$7,694	0.03%	847	$2,283,279	7.51%	300	$17,571,226
Network180	0	$0	0.00%	46	$1,200	0.00%	1,346	$893,833	1.68%	6	$0	0.00%	2,213	$5,443,431	10.24%	825	$34,073,507
Newaygo	1	$3,912	0.10%	9	$9,208	0.23%	179	$345,879	8.55%	2	$32,329	0.80%	184	$452,468	11.19%	96	$2,280,188
North Country	0	$0	0.00%	27	$102,002	0.44%	495	$529,037	2.29%	2	$0	0.00%	768	$1,795,518	7.77%	271	$12,340,392
Northeast Michigan	1	$71,243	0.42%	13	$21,457	0.13%	282	$526,686	3.08%	0	$10,571	0.06%	406	$1,369,390	8.02%	236	$8,115,082
Northern Lakes	1	$6,673	0.03%	52	$82,233	0.33%	857	$763,778	3.03%	5	$39,842	0.16%	837	$1,106,041	4.39%	266	$15,226,128
Northpointe	0	$0	0.00%	25	$20,417	0.23%	277	$662,460	7.59%	0	$0	0.00	358	$821,347	9.42%	145	$4,786,496
Oakland	8	$148,132	0.10%	190	$164,430	0.11%	2,513	$2,575,216	1.67%	7	$16,559	0.01%	4,913	$14,433,477	9.35%	3,956	$80,721,639
Ottawa	1	$67,390	0.30%	16	$9,869	0.04%	414	$897,082	3.99%	0	$0	0.00%	578	$2,509,032	11.17%	400	$10,393,209
Pathways	2	$216,982	0.84%	39	$92,445	0.36%	353	$844,723	3.26%	1	$336	0.00%	610	$2,006,239	7.74%	244	$17,762,924
Pines	0	$0	0.00%	19	$12,093	0.22%	188	$135,824	2.51%	0	$0	0.00%	249	$275,961	5.10%	64	$3,553,558
Saginaw	3	$110,947	0.42%	69	$416,331	1.57%	730	$1,244,133	4.69%	1	$1,918	0.01%	915	$2,643,504	9.97%	300	$7,965,198
Sanilac	0	$0	0.00%	12	$39,459	0.42%	242	$457,179	4.87%	0	$0	0.00%	291	$1,009,118	10.74%	105	$4,426,867
Shiawassee	0	$0	0.00%	7	$11,933	0.14%	133	$224,878	2.71%	1	$12,549	0.15%	217	$696,930	8.41%	79	$2,895,744
St. Clair	2	$27,397	0.10%	32	$124,779	0.47%	613	$1,094,596	4.13%	2	$12,565	0.05%	932	$2,648,324	9.99%	319	$11,794,719
St. Joseph	0	$0	0.00%	8	$32,525	0.60%	164	$97,247	1.81%	2	$0	0.00%	275	$407,430	7.57%	94	$3,632,492
Summit Pointe	0	$0	0.00%	15	$73,061	0.54%	431	$188,612	1.39%	1	$0	0.00%	502	$1,596,958	11.73%	184	$8,390,499
Tuscola	0	$0	0.00%	3	$13,686	0.15%	163	$379,459	4.27%	2	$21,570	0.24%	222	$1,067,514	12.01%	133	$4,777,932
Van Buren	0	$0	0.00%	18	$8,217	0.13%	239	$143,505	2.35%	0	$0	0.00%	313	$971,404	15.94%	70	$2,986,737
Washtenaw	5	$208,232	0.48%	40	$102,600	0.24%	891	$1,434,418	3.34%	4	$30,905	0.07%	1,065	$2,234,651	5.20%	273	$7,735,051
West Michigan	0	$0	0.00%	16	$64,654	0.65%	201	$470,676	4.74%	2	$42,684	0.43%	297	$944,954	9.51%	97	$4,557,717
Woodlands	1	$13,478	0.25%	4	$180	0.00%	139	$98,417	1.85%	0	$0	0.00%	176	$412,535	7.75%	67	$2,941,813
Statewide Total	**103**	**$3,371,367**	**0.28%**	**1,744**	**$7,004,425**	**0.58%**	**29,954**	**$38,424,728**	**3.17%**	**107**	**$916,625**	**0.08%**	**41,738**	**$121,266,947**	**10.02%**	**18,535**	**$599,633,198**

1) The Number of Consumers for "State Inpatient (PT22)" & "Other" were derived from the FY 2013 Sub-Element Cost Reports.
2) The Costs for each category were derived from the FY 2013 Sub-Element Cost Reports.
3) All other "Number of Consumers" counts for the remaining service categories were derived using the data warehouse for FY 2013 reporting.
4) The Statewide Total "Number of Consumers" were derived from the FY 2013 Section 404 Unique QI file.
Shaded boxes 5) 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.

FY13 CMHSP Services Gross Cost by Persons with Developmental Disabilities Population

		Family Caregiver Supports			Daytime Supports and Services			Other			Substance Abuse			Statewide Total		
	es		Expenditures			Expenditures			Expenditures			Expenditures			Expenditures	
CMH Name	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost	Number of Consumers	Cost	% of CMH Total Cost
Allegan	47.62%	94	$398,825	3.13%	315	$4,158,664	32.63%	0	$0	0.00%	77	$0	0.00%	493	$12,746,718	100.00%
AuSable Valley	67.48%	6	$5,481	0.06%	159	$2,715,081	27.81%	0	$69	0.00%	40	$0	0.00%	238	$9,764,342	100.00%
Barry	67.27%	21	$105,919	3.61%	68	$573,762	19.57%	0	$0	0.00%	71	$0	0.00%	132	$2,931,192	100.00%
Bay-Arenac	41.02%	157	$584,972	2.72%	419	$8,026,445	37.38%	1	$0	0.00%	47	$0	0.00%	702	$21,473,787	100.00%
Berrien	62.10%	43	$113,314	1.25%	279	$1,829,786	20.15%	0	$0	0.00%	53	$0	0.00%	304	$9,078,760	100.00%
Clinton Eaton Ingham	39.38%	510	$1,329,091	2.72%	1,100	$22,932,408	46.96%	0	$0	0.00%	73	$0	0.00%	1,680	$48,831,982	100.00%
CMH for Central Michigan	43.49%	298	$678,516	1.43%	1,048	$21,216,827	44.78%	9	$140	0.00%	682	$0	0.00%	1,516	$47,384,553	100.00%
Copper Country	52.50%	34	$50,451	0.63%	164	$2,446,378	30.48%	0	$0	0.00%	28	$940	0.01%	259	$8,026,310	100.00%
Detroit-Wayne	57.16%	1,855	$3,747,141	1.70%	4,395	$51,258,838	23.26%	2	$0	0.00%	2,763	$15,470	0.01%	9,911	$220,357,028	100.00%
Genesee	46.39%	504	$2,525,183	5.07%	1,039	$12,507,347	25.10%	0	$0	0.00%	932	$3,390	0.01%	1,812	$49,830,835	100.00%
Gogebic	52.82%	38	$144,412	4.21%	98	$779,838	22.73%	0	$0	0.00%	7	$0	0.00%	135	$3,431,569	100.00%
Gratiot	38.93%	44	$144,109	2.98%	102	$1,965,668	40.68%	0	$0	0.00%	36	$0	0.00%	217	$4,832,560	100.00%
Hiawatha	73.39%	67	$225,275	2.45%	165	$1,152,078	12.53%	0	$0	0.00%	51	$5,479	0.06%	319	$9,193,984	100.00%
Huron	40.86%	22	$132,096	3.62%	118	$1,425,103	39.01%	0	$0	0.00%	11	$0	0.00%	197	$3,653,056	100.00%
Ionia	55.75%	56	$338,523	6.51%	107	$1,084,760	20.86%	0	$0	0.00%	36	$0	0.00%	228	$5,200,010	100.00%
Kalamazoo	56.84%	332	$588,178	2.01%	605	$8,497,853	29.07%	0	$0	0.00%	121	$0	0.00%	890	$29,237,354	100.00%
Lapeer	46.06%	71	$234,924	2.66%	253	$3,423,155	38.72%	0	$0	0.00%	30	$0	0.00%	381	$8,840,081	100.00%
Lenawee	43.59%	56	$227,659	3.47%	157	$2,718,245	41.39%	0	$0	0.00%	7	$0	0.00%	294	$6,567,040	100.00%
Lifeways	67.77%	154	$643,765	3.23%	491	$2,655,088	13.31%	0	$0	0.00%	186	$0	0.00%	882	$19,946,270	100.00%
Livingston	21.81%	195	$624,888	5.00%	294	$7,291,507	58.34%	0	$0	0.00%	72	$0	0.00%	563	$12,498,700	100.00%
Macomb	37.71%	1,409	$10,045,646	8.59%	2,668	$46,174,791	39.48%	0	$57,690	0.05%	229	$0	0.00%	3,575	$116,958,873	100.00%
Manistee-Benzie	52.84%	36	$112,985	1.70%	110	$1,940,889	29.15%	0	$0	0.00%	34	$0	0.00%	266	$6,658,866	100.00%
Monroe	27.25%	212	$616,386	3.93%	379	$8,907,126	56.79%	0	$0	0.00%	32	$0	0.00%	576	$15,685,486	100.00%
Montcalm	45.66%	51	$304,777	7.04%	65	$1,300,974	30.07%	0	$1,574	0.04%	19	$0	0.00%	166	$4,326,382	100.00%
Muskegon	57.82%	257	$445,474	1.47%	574	$8,500,011	27.97%	0	$0	0.00%	387	$1,971	0.01%	972	$30,388,138	100.00%
Network180	64.08%	383	$1,033,481	1.94%	1,339	$11,725,035	22.05%	0	$0	0.00%	440	$0	0.00%	2,405	$53,170,487	100.00%
Newaygo	56.39%	67	$279,151	6.90%	71	$640,474	15.84%	0	$0	0.00%	50	$0	0.00%	236	$4,043,608	100.00%
North Country	53.43%	108	$244,283	1.06%	427	$8,085,406	35.01%	2	$0	0.00%	46	$0	0.00%	792	$23,096,638	100.00%
Northeast Michigan	47.52%	69	$167,759	0.98%	312	$6,793,667	39.79%	3	$0	0.00%	16	$0	0.00%	414	$17,075,855	100.00%
Northern Lakes	60.50%	136	$739,278	2.94%	592	$7,202,695	28.62%	1	$0	0.00%	63	$0	0.00%	903	$25,166,668	100.00%
Northpointe	54.87%	61	$211,086	2.42%	240	$2,215,580	25.40%	0	$0	0.00%	50	$6,121	0.07%	370	$8,723,508	100.00%
Oakland	52.27%	1,901	$7,435,638	4.81%	3,205	$48,940,810	31.69%	0	$0	0.00%	585	$0	0.00%	4,803	$154,435,901	100.00%
Ottawa	46.26%	190	$564,573	2.51%	482	$8,027,980	35.73%	0	$0	0.00%	189	$0	0.00%	681	$22,469,135	100.00%
Pathways	68.57%	185	$863,004	3.33%	438	$4,114,775	15.88%	2	$0	0.00%	46	$4,824	0.02%	634	$25,906,252	100.00%
Pines	65.63%	39	$135,362	2.50%	130	$1,301,927	24.04%	1	$0	0.00%	75	$0	0.00%	270	$5,414,725	100.00%
Saginaw	30.05%	215	$3,997,434	15.08%	551	$10,122,818	38.19%	0	$0	0.00%	94	$1,647	0.01%	991	$26,503,930	100.00%
Sanilac	47.11%	44	$208,515	2.22%	202	$3,255,557	34.65%	0	$0	0.00%	38	$0	0.00%	301	$9,396,694	100.00%
Shiawassee	34.93%	27	$206,531	2.49%	190	$4,242,416	51.17%	2	$0	0.00%	18	$0	0.00%	250	$8,290,981	100.00%
St. Clair	44.48%	162	$444,849	1.68%	683	$10,289,323	38.80%	1	$0	0.00%	92	$81,068	0.31%	995	$26,517,620	100.00%
St. Joseph	67.50%	25	$44,382	0.82%	180	$1,167,340	21.69%	0	$0	0.00%	64	$0	0.00%	203	$5,381,416	100.00%
Summit Pointe	61.62%	123	$615,243	4.52%	308	$2,752,213	20.21%	0	$0	0.00%	149	$0	0.00%	454	$13,616,586	100.00%
Tuscola	53.73%	29	$43,614	0.49%	142	$2,586,086	29.08%	0	$2,067	0.02%	8	$0	0.00%	226	$8,891,927	100.00%
Van Buren	49.01%	49	$134,617	2.21%	164	$1,849,165	30.35%	0	$0	0.00%	37	$0	0.00%	275	$6,093,645	100.00%
Washtenaw	17.99%	160	$739,602	1.72%	640	$30,512,023	70.96%	0	$0	0.00%	115	$0	0.00%	1,203	$42,997,482	100.00%
West Michigan	45.88%	70	$280,245	2.82%	213	$3,571,100	35.95%	1	$2,032	0.02%	68	$0	0.00%	312	$9,934,061	100.00%
Woodlands	55.25%	37	$168,548	3.17%	115	$1,689,935	31.74%	0	$0	0.00%	17	$0	0.00%	153	$5,324,906	100.00%
Statewide Total	**49.54%**	**10,602**	**$42,925,185**	**3.55%**	**25,796**	**$396,568,945**	**32.77%**	**25**	**$63,572**	**0.01%**	**8,284**	**$120,909**	**0.01%**	**43,579**	**$1,210,295,902**	**100.00%**

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5) 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

FY 2013 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	897.00	157,073.00	$71,357,041.00
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	82.00	1,130.00	$492,005.00
STATE INPATIENT							**$71,849,046.74**
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	7,151.00	77,379.00	$36,854,145.00
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	15,021.00	143,289.00	$75,340,144.00
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	1.00	1.00	$286.00
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	2,441.00	4,120.00	$956,329.00
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	36.00	404.00	$221,043.00
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	1,519.00	10,002.00	$2,297,627.00
Outpatient Partial Hospitalization	0913			Days	33.00	141.00	$94,769.00
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	2.00	401.00	$4,335.00
Additional Codes-ECT Anesthesia	0901	00104		Minutes	0.00	0.00	$0.00
Crisis Intervention		T2034		Days	1.00	5.00	$3,012.00
Crisis Residential Services		H0018		Days	3,189.00	24,054.00	$7,250,784.00
Crisis Intervention		H0030		Per Service	224.00	260.00	$45,848.00
Crisis Intervention		H2011		15 Minutes	23,483.00	217,449.00	$10,311,509.00
Crisis Intervention		H2020		Days	0.00	0.00	$0.00
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	677.00	5,839.00	$967,294.00
COMMUNITY INPATIENT AND CRISIS							**$134,347,125.03**
Interactive Complexity - Add On Code		90785			176.00	272.00	$15,354.00
Assessment		90791		Encounter	19,882.00	22,095.00	$4,473,030.00
Assessment		90792		Encounter	17,039.00	19,357.00	$4,876,041.00
Assessment-Psychiatric Assessment		90801		Encounter	13,018.00	14,723.00	$3,982,172.00
Assessment-Psychiatric Assessment		90802		Encounter	29.00	44.00	$8,262.00
Therapy-Individual Therapy		90804		Encounter 20-30 Min	9,420.00	14,676.00	$1,331,381.00
Therapy-Individual Therapy		90805		Encounter 20-30 Min	421.00	598.00	$48,022.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIA-Cases	MIA-Units	MIA-Cost
Therapy-Individual Therapy		90806		Encounter 45-50 Min	23,530.00	65,060.00	$8,472,800.00
Therapy-Individual Therapy		90807		Encounter 45-50 Min	287.00	332.00	$39,330.00
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1,231.00	2,811.00	$446,872.00
Therapy-Individual Therapy		90809		Encounter 75-80 Min	1.00	2.00	$420.00
Therapy-Individual Therapy		90810		Encounter 20-30 Min	14.00	17.00	$1,512.00
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90812		Encounter 45-50 Min	18.00	42.00	$5,360.00
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90816		Encounter 20-30 Min	9.00	10.00	$1,383.00
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90818		Encounter 45-50 Min	6.00	9.00	$2,651.00
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90824		Encounter 20-30 Min	1.00	1.00	$79.00
Therapy-Individual Therapy		90826		Encounter 45-50 Min	26.00	133.00	$4,914.00
Therapy-Individual Therapy		90827		Encounter 45-50 Min	1.00	3.00	$238.00
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0.00	0.00	$0.00
Mental Health: Outpatient Care		90832		30 Minutes	21,196.00	45,825.00	$3,195,238.00
Assessment		90833		30 Minutes	602.00	1,181.00	$62,676.00
Mental Health: Outpatient Care		90834		45 Minutes	32,727.00	131,775.00	$14,080,062.00
Assessment		90836		45 Minutes	363.00	633.00	$57,755.00
Mental Health: Outpatient Care		90837		60 Minutes	19,811.00	77,769.00	$13,234,089.00
Assessment		90838		60 Minutes	40.00	78.00	$4,493.00
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	62.00	98.00	$17,694.00
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	9.00	36.00	$3,070.00
Therapy-Family Therapy		90846		Encounter	384.00	2,337.00	$196,192.00
Therapy-Family Therapy		90847		Encounter	1,078.00	3,045.00	$459,003.00
Therapy-Family Therapy		90849		Encounter	1.00	3.00	$185.00
Therapy-Family Therapy		90849	HS	Encounter	0.00	0.00	$0.00
Therapy-Group Therapy		90853		Encounter	14,673.00	132,182.00	$8,917,220.00
Therapy-Group Therapy		90857		Encounter	21.00	111.00	$4,005.00
Medication Review		90862		Encounter	54,943.00	85,792.00	$10,948,197.00
Additional Codes-ECT Physician		90870		Encounter	7.00	38.00	$11,295.00
Additional Codes-ECT Physician	0901	90870		Encounter	1.00	37.00	$1,606.00
Assessments-Other		90887		Encounter	1,934.00	2,906.00	$158,188.00
Speech & Language Therapy		92506		Encounter	3.00	3.00	$1,797.00
Speech & Language Therapy		92507		Encounter	2.00	17.00	$5,053.00
Speech & Language Therapy		92508		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	761.00	1,622.00	$382,988.00
Psychological Testing by Technician		96102		Per Hour	84.00	112.00	$10,247.00
Psychological Testing by Comp		96103		Per Hour	0.00	0.00	$0.00
Assessments-Other		96105		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
Assessments-Other		96110		Encounter	182.00	254.00	$68,690.00
Assessments-Other		96111		Encounter	7.00	7.00	$950.00
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	11.00	16.00	$1,576.00
Neuropsych test by Psych/Phys		96118		Per Hour	14.00	19.00	$5,222.00
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
Medication Administration		96372		Encounter	9,296.00	118,022.00	$7,764,600.00
Physical Therapy		97001		Encounter	10.00	10.00	$4,508.00
Physical Therapy		97002		Encounter	3.00	5.00	$1,951.00
Occupational Therapy		97003		Encounter	138.00	155.00	$50,105.00
Occupational Therapy		97004		Encounter	20.00	23.00	$7,646.00
Occupational or Physical Therapy		97110		15 Minutes	19.00	251.00	$5,172.00
Occupational or Physical Therapy		97112		15 Minutes	0.00	0.00	$0.00
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	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	152.00	2,861.00	$150,230.00
Occupational or Physical Therapy		97532		15 Minutes	0.00	0.00	$0.00
Occupational or Physical Therapy		97533		15 Minutes	11.00	117.00	$2,442.00
Occupational or Physical Therapy		97535		15 Minutes	52.00	1,947.00	$98,221.00
Occupational or Physical Therapy		97537		15 Minutes	4.00	60.00	$3,034.00
Occupational or Physical Therapy		97542		15 Minutes	1.00	2.00	$320.00
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	138.00	705.00	$58,954.00
Assessment or Health Services		97803		15 Minutes	89.00	1,143.00	$47,549.00
Health Services		97804		30 Minutes	2.00	2.00	$615.00
Psychiatric Evauluation and Medicaid Management		99201		Encounter	342.00	349.00	$38,314.00
Psychiatric Evauluation and Medicaid Management		99202		Encounter	418.00	434.00	$53,147.00
Psychiatric Evauluation and Medicaid Management		99203		Encounter	672.00	681.00	$101,163.00
Psychiatric Evauluation and Medicaid Management		99204		Encounter	464.00	470.00	$105,698.00
Psychiatric Evauluation and Medicaid Management		99205		Encounter	290.00	292.00	$113,091.00
Psychiatric Evauluation and Medicaid Management		99211		Encounter	10,526.00	30,689.00	$2,573,770.00
Psychiatric Evauluation and Medicaid Management		99212		Encounter	21,780.00	47,051.00	$4,460,526.00
Psychiatric Evauluation and Medicaid Management		99213		Encounter	54,217.00	151,050.00	$16,492,196.00
Psychiatric Evauluation and Medicaid Management		99214		Encounter	20,349.00	40,275.00	$7,386,310.00
Psychiatric Evauluation and Medicaid Management		99215		Encounter	3,340.00	4,276.00	$1,294,584.00
Additional Codes-Physician Services		99221		30 Minutes	382.00	407.00	$40,271.00
Additional Codes-Physician Services		99222		50 Minutes	1,550.00	1,793.00	$247,729.00
Additional Codes-Physician Services		99223		70 Minutes	892.00	1,014.00	$97,088.00
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	2,063.00	8,274.00	$458,293.00
Additional Codes-Physician Services		99232		25 minutes	2,091.00	8,940.00	$612,093.00
Additional Codes-Physician Services		99233		35 Minutes	916.00	2,951.00	$224,689.00
Additional Codes-Physician Services		99241		Encounter	4.00	4.00	$678.00
Additional Codes-Physician Services		99242		Encounter	111.00	111.00	$12,687.00
Additional Codes-Physician Services		99243		Encounter	1.00	1.00	$318.00
Additional Codes-Physician Services		99244		Encounter	65.00	66.00	$17,610.00
Additional Codes-Physician Services		99245		Encounter	1.00	1.00	$22.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIA-Cases	MIA-Units	MIA-Cost
Additional Codes-Physician Services		99251		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99252		Encounter	310.00	343.00	$68,614.00
Additional Codes-Physician Services		99253		Encounter	82.00	83.00	$29,083.00
Additional Codes-Physician Services		99254		Encounter	4.00	4.00	$371.00
Additional Codes-Physician Services		99255		Encounter	11.00	11.00	$1,344.00
Additional Codes-Physician Services		99261		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99262		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99263		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99271		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99272		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99273		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99274		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99275		Encounter	0.00	0.00	$0.00
Assessment		99324		Encounter	0.00	0.00	$0.00
Assessment		99325		Encounter	0.00	0.00	$0.00
Assessment		99326		Encounter	0.00	0.00	$0.00
Assessment		99327		Encounter	0.00	0.00	$0.00
Assessment		99328		Encounter	0.00	0.00	$0.00
Assessment		99334		Encounter	6.00	6.00	$596.00
Assessment		99335		Encounter	18.00	20.00	$1,914.00
Assessment		99336		Encounter	12.00	13.00	$1,218.00
Assessment		99337		Encounter	2.00	2.00	$125.00
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	1.00	1.00	$355.00
Assessment		99348		Encounter	2.00	4.00	$856.00
Assessment		99349		Encounter	4.00	6.00	$605.00
Assessment		99350		Encounter	0.00	0.00	$0.00
Medication Administration		99506		Encounter	46.00	89.00	$12,647.00
Medication Management		99605		15 Minutes	996.00	122,314.00	$4,747,380.00
Assessment		H0002		Encounter	24,488.00	27,853.00	$4,436,092.00
Assessment		H0031		Encounter	65,773.00	85,254.00	$17,309,853.00
Health Services		H0034		15 Minutes	2,444.00	10,620.00	$785,436.00
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	940.00	85,963.00	$3,220,722.00
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	9,795.00	21,218.00	$2,378,645.00
Occupational or Physical Therapy		S8990		Encounter	0.00	0.00	$0.00
Health Services		S9445		Encounter	12,289.00	32,082.00	$1,956,287.00
Health Services		S9446		Encounter	1,145.00	6,576.00	$1,012,669.00
Health Services		S9470		Encounter	82.00	341.00	$67,642.00
Assessment		T1001		Encounter	18,940.00	22,651.00	$2,697,698.00
Health Services		T1002		Up to 15 min	19,554.00	97,582.00	$6,531,168.00
Assessments		T1023		Encounter	14,658.00	20,149.00	$9,298,846.00
Pharmacy (Drugs and Other Biologicals)					7,815.00	0.00	$4,098,613.00
Aggregate for 'J' Codes		ALL			1,441.00	0.00	$8,623,031.00
OUTPATIENT SERVICES							**$185,344,748.87**
ASSERTIVE COMMUNITY TREATMENT (ACT)		H0039		15 Minutes	5,807.00	1,043,580.00	**$60,344,562.52**
Treatment Planning		H0032		Encounter	47,722.00	74,274.00	$10,976,136.00
Monitoring of Treatment - Clinician		H0032	TS	Encounter	6,449.00	10,671.00	$1,908,048.00
Behavior Treatment Plan Review		H2000		Encounter	372.00	844.00	$83,195.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIA-Cases	MIA-Units	MIA-Cost
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	140.00	686.00	$97,950.00
Wraparound		H2021		15 Minutes	41.00	2,715.00	$258,435.00
Wraparound		H2022		Days	9.00	90.00	$21,715.00
Wraparound (SED Waiver)		H2022	TT	Days	0.00	0.00	$0.00
Supports Coordination/Wrap Facilitation		T1016		15 minutes	11,317.00	216,209.00	$16,826,273.00
Targeted Case Management		T1017		15 minutes	65,024.00	2,104,899.00	$114,448,753.00
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1,225.00	17,778.00	$1,640,976.00
CASE MANAGEMENT							**$146,261,481.78**
Enhanced Medical Equipment-Supplies		E1399		Items	3.00	4.00	$432.00
Community Living Supports in Independent living/own home		H0043		Per diem	1,396.00	267,018.00	$21,979,841.00
Community Living Supports (Daily)		H2016		Per Diem	1,094.00	231,641.00	$11,450,667.00
Community Living Supports (Daily)		H2016	TF	Per Diem	1,131.00	195,500.00	$13,234,461.00
Community Living Supports (Daily)		H2016	TG	Per Diem	4,184.00	891,813.00	$82,929,101.00
Foster Care		S5140		Days	39.00	10,650.00	$341,838.00
Foster Care		S5145		Days	1.00	365.00	$125,878.00
Personal Emergency Response System (PERS)		S5160		Encounter	2.00	2.00	$209.00
Personal Emergency Response System (PERS)		S5161		Month	51.00	458.00	$298,643.00
Environmental Modification		S5165		Service	2.00	2.00	$11,267.00
Enhanced Medical Equipment-Supplies		S5199		Items	14.00	51.00	$8,367.00
Residential Room and Board		S9976		Days	1,905.00	30,774.00	$1,591,032.00
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	1,939.00	444,092.00	$14,437,387.00
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1,190.00	185,223.00	$10,890,578.00
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2,660.00	565,784.00	$27,913,015.00
Enhanced Medical Supplies or Pharmacy		T1999		Items	1,425.00	7,503.00	$368,867.00
Fiscal Intermediary Services		T2025		Month	224.00	1,967.00	$239,873.00
Enhanced Medical Equipment-Supplies		T2028		Items	13.00	35.00	$13,227.00
Enhanced Medical Equipment-Supplies		T2029		Items	4.00	14.00	$1,768.00
Housing Assistance		T2038		Service	1,668.00	9,354.00	$3,578,003.00
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							**$189,414,455.18**
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	460.00	3,039.00	$559,808.00
Prevention Services - Direct Model		H0025		Face to Face Contact	217.00	2,122.00	$296,354.00
Home Based Services		H0036		15 Minutes	978.00	96,085.00	$6,898,025.00
Home Based Services		H0036	ST	15 Minutes	1.00	12.00	$788.00
Respite		H0045		Days	88.00	3,144.00	$115,931.00
Home Based Services		H2033		15 Minutes	6.00	708.00	$44,459.00
Family Training - EBP		S5110		15 Minutes	139.00	1,707.00	$80,309.00
Family Training		S5111		Encounter	179.00	1,267.00	$222,737.00
Family Training		S5111	HA	Encounter	0.00	0.00	$0.00
Family Training (SED Waiver)		S5111	HM	Encounter	11.00	120.00	$39,296.00
Respite		S5150		15 Minutes	2.00	1,462.00	$1,873.00
Respite		S5151		Per Diem	0.00	0.00	$0.00
Prevention Services - Direct Model		S9482		15 Minutes	99.00	6,068.00	$404,938.00
Respite Care		T1005		15 Minutes	221.00	96,154.00	$363,117.00
Respite Care		T1005	TD	15 Minutes	1.00	204.00	$4,539.00
Respite Care		T1005	TE	15 Minutes	0.00	0.00	$0.00
Respite Care (Children's Waiver)		T1005	TT	15 minutes	4.00	387.00	$1,212.00
Family Psycho-Education - EBP		T1015		Encounter	209.00	515.00	$96,714.00
Prevention Services - Direct Model		T1027		15 minutes	28.00	1,362.00	$85,071.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIA-Cases	MIA-Units	MIA-Cost
Prevention Services - Direct Model		T2024			0.00	0.00	$0.00
Respite Care		T2036		Per session. One night = one session	5.00	55.00	$6,451.00
Respite Care		T2037		Per session. One day/partial day = one session	1.00	5.00	$316.00
FAMILY/CAREGIVER SUPPORTS							**$9,221,940.37**
Transportation		A0080		Per mile	7.00	599.00	$2,727.00
Transportation		A0090		Per mile	0.00	0.00	$0.00
Transportation		A0100		Per one-way trip	179.00	287.00	$12,551.00
Transportation		A0110		Per one-way trip	13.00	13.00	$426.00
Transportation		A0120		Per one-way trip	144.00	2,742.00	$28,118.00
Transportation		A0130		Per one-way trip	202.00	228.00	$20,134.00
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	1,407.00	39,726.00	$1,618,091.00
Additional Codes-Transportation		A0427		Refer to code descriptions.	392.00	442.00	$121,165.00
Peer Directed and Operated Support Services		H0023		Encounter	1,392.00	56,118.00	$2,774,069.00
Peer Directed and Operated Support Services		H0038		15 minutes	16,603.00	616,196.00	$11,692,400.00
Peer Directed and Operated Support Services		NA			926.00	5,742.00	$4,346,260.00
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	3,605.00	2,474,807.00	$9,968,374.00
Community Living Supports (15 Minutes)		H2015		15 Minutes	7,625.00	6,672,211.00	$27,903,644.00
Supported Employment Services		H2023		15 minutes	3,658.00	743,538.00	$8,992,844.00
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	4,064.00	4,701,038.00	$24,739,453.00
Transportation		S0209		Per Mile	0.00	0.00	$0.00
Transportation		S0215		Per Mile	3.00	806.00	$677.00
Transportation		T2001		Encounter	2.00	6.00	$90.00
Transportation		T2002		Per Diem	215.00	152,608.00	$100,128.00
Transportation		T2003		Encounter / Trip	2,539.00	32,235.00	$756,524.00
Transportation		T2004		Encounter	0.00	0.00	$0.00
Transportation		T2005		Encounter	0.00	0.00	$0.00
DAYTIME SUPPORTS AND SERVICES							**$93,077,675.84**
OTHER					852.00	0.00	**$375,787.62**
Drug Screen for Methadone Clients Only		80100		Per Screen	558.00	682.00	$15,524.00
Drug Screen for Methadone Clients Only		80101		Per Screen	0.00	0.00	$0.00
Substance Abuse: Psychiatric Evaluation		90801		Encounter	15.00	15.00	$1,439.00
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	1.00	1.00	$46.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	10.00	19.00	$1,839.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	44.00	75.00	$10,437.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	1.00	1.00	$105.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	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: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0.00	0.00	$0.00
Substance Abuse: Psychotherapy (Individual Therapy)	0900, 0914, 0915, 0916, 0919	90826		Encounter 45-50 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Care		90832		30 Minutes	1.00	1.00	$44.00
Substance Abuse: Outpatient Care		90834		45 Minutes	37.00	41.00	$3,947.00
Substance Abuse: Outpatient Care		90837		60 Minutes	15.00	37.00	$4,255.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter	2.00	2.00	$88.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90857		Encounter	0.00	0.00	$0.00
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	995.00	1,663.00	$255,884.00
Substance Abuse: Accupuncture		97810		Encounter	0.00	0.00	$0.00
Substance Abuse: Accupuncture		97811		Encounter	0.00	0.00	$0.00
Substance Abuse: Physician Evaluation		99203		Encounter	0.00	0.00	$0.00
Substance Abuse: Physician Evaluation		99204		Encounter	1.00	1.00	$107.00
Substance Abuse: Physician Evaluation		99205		Encounter	173.00	175.00	$97,959.00
Substance Abuse: Transportation		A0100		Per one-way trip	0.00	0.00	$0.00
Substance Abuse: Transportation		A0110		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	1,294.00	8,372.00	$440,272.00
Substance Abuse: Laboratory		H0003		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	381.00	3,174.00	$59,490.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	363.00	2,031.00	$266,878.00
Substance Abuse: Case Management		H0006		Encounter	15.00	32.00	$480.00
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	56.00	194.00	$52,380.00
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	37.00	110.00	$24,750.00
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		Days	483.00	4,444.00	$1,558,350.00
Substance Abuse: Residential	1002	H0019		Days	22.00	1,334.00	$211,389.00
Substance Abuse: Methadone		H0020		Encounter	136.00	26,544.00	$618,663.00
Substance Abuse: Early Intervention		H0022		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: 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	2.00	2.00	$68.00
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		15 Minutes	0.00	0.00	$0.00
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Hour	0.00	0.00	$0.00
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Per Diem	0.00	0.00	$0.00
Substance Abuse Services: Transportation		S0215		Per Mile	0.00	0.00	$0.00
Substance Abuse Services: Residential Room and Board		S9976		Days	1.00	1.00	$134.00
Substance Abuse: Child Sitting Services		T1009		Encounter	0.00	0.00	$0.00
Substance Abuse: Recovery Support Services		T1012		Encounter	5.00	47.00	$705.00
Substance Abuse Services: Transportation		T2001		Encounter	0.00	0.00	$0.00
Substance Abuse Services: Transportation		T2002		Per Diem	0.00	0.00	$0.00
Substance Abuse Services: Transportation		T2003		Encounter / Trip	25.00	51.00	$559.00
Substance Abuse Services: Transportation		T2004		Encounter	0.00	0.00	$0.00
Substance Abuse Services: Transportation		T2005		Encounter	0.00	0.00	$0.00
SUBSTANCE ABUSE SERVICES							**$3,625,790.57**

FY 2013 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	344.00	14,663.00	$3,745,526.00
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	33.00	373.00	$231,254.00
STATE INPATIENT							**$3,976,780.11**
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2,393.00	20,506.00	$12,689,596.00
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	661.00	4,984.00	$3,513,505.00
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	1.00	39.00	$25,287.00
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	1,242.00	11,415.00	$3,131,499.00
Outpatient Partial Hospitalization	0913			Days	2.00	19.00	$5,351.00
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	0.00	0.00	$0.00
Crisis Residential Services		H0018		Days	225.00	1,832.00	$657,725.00
Crisis Intervention		H0030		Per Service	85.00	101.00	$17,634.00
Crisis Intervention		H2011		15 Minutes	5,428.00	40,208.00	$3,132,515.00
Crisis Intervention		H2020		Days	0.00	0.00	$0.00
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	124.00	898.00	$147,667.00
COMMUNITY INPATIENT AND CRISIS							**$23,320,779.23**
Interactive Complexity - Add On Code		90785			376.00	1,172.00	$39,192.00

FY 2013 Statewide Cost Report for Children with Serious Emotional Disturbance

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	3,234.00	3,597.00	$1,065,584.00
Assessment for Autism		90791	U5	Encounter	0.00	0.00	$0.00
Assessment		90792		Encounter	4,497.00	4,696.00	$1,598,225.00
Assessment for Autism		90792	U5	Encounter	0.00	0.00	$0.00
Assessment-Psychiatric Assessment		90801		Encounter	2,319.00	2,407.00	$1,002,007.00
Assessment-Psychiatric Assessment		90802		Encounter	256.00	620.00	$120,749.00
Therapy-Individual Therapy		90804		Encounter 20-30 Min	2,242.00	3,646.00	$417,029.00
Therapy-Individual Therapy		90805		Encounter 20-30 Min	23.00	24.00	$3,497.00
Therapy-Individual Therapy		90806		Encounter 45-50 Min	6,905.00	20,203.00	$3,324,883.00
Therapy-Individual Therapy		90807		Encounter 45-50 Min	24.00	24.00	$4,080.00
Therapy-Individual Therapy		90808		Encounter 75-80 Min	466.00	1,499.00	$246,185.00
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90810		Encounter 20-30 Min	75.00	150.00	$8,405.00
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90812		Encounter 45-50 Min	148.00	393.00	$56,949.00
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90814		Encounter 75-80 Min	3.00	3.00	$967.00
Therapy-Individual Therapy		90815		Encounter 75-80 Min	18.00	54.00	$4,854.00
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1.00	1.00	$100.00
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1.00	7.00	$1,405.00
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90826		Encounter 45-50 Min	154.00	639.00	$21,851.00
Therapy-Individual Therapy		90827		Encounter 45-50 Min	1.00	4.00	$188.00
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0.00	0.00	$0.00
Mental Health: Outpatient Care		90832		30 Minutes	4,865.00	10,722.00	$888,855.00
Assessment		90833		30 Minutes	28.00	37.00	$4,525.00
Assessment for Autism		90833	U5	30 Minutes	0.00	0.00	$0.00
Mental Health: Outpatient Care		90834		45 Minutes	10,084.00	41,576.00	$4,848,430.00
Assessment		90836		45 Minutes	14.00	14.00	$2,247.00
Assessment for Autism		90836	U5	45 Minutes	0.00	0.00	$0.00
Mental Health: Outpatient Care		90837		60 Minutes	7,562.00	28,220.00	$5,362,873.00
Assessment		90838		60 Minutes	3.00	3.00	$626.00
Assessment for Autism		90838	U5	60 Minutes	0.00	0.00	$0.00
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	10.00	13.00	$2,108.00
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	3.00	6.00	$786.00
Therapy-Family Therapy		90846		Encounter	3,670.00	11,916.00	$1,704,770.00
Therapy-Family Therapy		90847		Encounter	12,646.00	59,196.00	$9,339,327.00
Therapy-Family Therapy		90849		Encounter	124.00	441.00	$70,125.00
Therapy-Family Therapy		90849	HS	Encounter	113.00	396.00	$31,476.00
Therapy-Group Therapy		90853		Encounter	1,843.00	16,489.00	$1,337,980.00

FY 2013 Statewide Cost Report for Children with Serious Emotional Disturbance

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Therapy-Group Therapy		90857		Encounter	170.00	3,168.00	$149,560.00
Medication Review		90862		Encounter	9,222.00	15,877.00	$2,729,291.00
Additional Codes-ECT Physician		90870		Encounter	1.00	24.00	$11,259.00
Additional Codes-ECT Physician	0901	90870		Encounter	0.00	0.00	$0.00
Assessments-Other		90887		Encounter	563.00	620.00	$93,474.00
Speech & Language Therapy		92506		Encounter	18.00	18.00	$5,791.00
Speech & Language Therapy		92507		Encounter	13.00	98.00	$9,146.00
Speech & Language Therapy		92508		Encounter	1.00	1.00	$24.00
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	1,363.00	3,497.00	$1,210,885.00
Assessment for Autism		96101	U5	Hour	4.00	20.00	$8,828.00
Psychological Testing by Technician		96102		Per Hour	40.00	83.00	$11,697.00
Assessment for Autism		96102	U5	Hour	1.00	1.00	$333.00
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	1,861.00	2,292.00	$1,175,357.00
Assessments-Other		96111		Encounter	21.00	34.00	$5,408.00
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	1.00	1.00	$120.00
Neuropsych test by Psych/Phys		96118		Per Hour	15.00	66.00	$9,544.00
Assessment for Autism		96118	U5	Hour	2.00	2.00	$701.00
Neuropsych test by Tech		96119		Per Hour	2.00	18.00	$1,480.00
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
Medication Administration		96372		Encounter	42.00	411.00	$22,514.00
Physical Therapy		97001		Encounter	1.00	1.00	$132.00
Physical Therapy		97002		Encounter	0.00	0.00	$0.00
Occupational Therapy		97003		Encounter	98.00	103.00	$31,598.00
Occupational Therapy		97004		Encounter	5.00	5.00	$1,197.00
Occupational or Physical Therapy		97110		15 Minutes	11.00	82.00	$17,307.00
Occupational or Physical Therapy		97112		15 Minutes	0.00	0.00	$0.00
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	0.00	0.00	$0.00
Occupational or Physical Therapy		97150		Encounter	3.00	8.00	$240.00
Occupational or Physical Therapy		97530		15 Minutes	62.00	1,509.00	$23,786.00
Occupational or Physical Therapy		97532		15 Minutes	0.00	0.00	$0.00
Occupational or Physical Therapy		97533		15 Minutes	38.00	717.00	$37,064.00
Occupational or Physical Therapy		97535		15 Minutes	2.00	30.00	$2,106.00
Occupational or Physical Therapy		97537		15 Minutes	1.00	3.00	$312.00
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
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0.00	0.00	$0.00
C/O for Orthotic/Prosth Use		97762		15 minutes	0.00	0.00	$0.00

FY 2013 Statewide Cost Report for Children with Serious Emotional Disturbance

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Assessment or Health Services		97802		15 Minutes	309.00	2,244.00	$77,413.00
Assessment or Health Services		97803		15 Minutes	394.00	14,737.00	$509,423.00
Health Services		97804		30 Minutes	5.00	33.00	$2,588.00
Psychiatric Evauluation and Medicaid Management		99201		Encounter	16.00	17.00	$1,836.00
Assessment for Autism		99201	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99202		Encounter	54.00	56.00	$5,797.00
Assessment for Autism		99202	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99203		Encounter	47.00	47.00	$10,852.00
Assessment for Autism		99203	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99204		Encounter	78.00	79.00	$27,815.00
Assessment for Autism		99204	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99205		Encounter	98.00	100.00	$36,222.00
Assessment for Autism		99205	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99211		Encounter	824.00	1,725.00	$202,590.00
Assessment for Autism		99211	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99212		Encounter	2,343.00	4,657.00	$389,871.00
Assessment for Autism		99212	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99213		Encounter	9,216.00	24,069.00	$3,670,459.00
Assessment for Autism		99213	U5	Encounter	1.00	1.00	$273.00
Psychiatric Evauluation and Medicaid Management		99214		Encounter	6,073.00	14,674.00	$2,731,275.00
Assessment for Autism		99214	U5	Encounter	1.00	1.00	$397.00
Psychiatric Evauluation and Medicaid Management		99215		Encounter	986.00	1,469.00	$527,017.00
Assessment for Autism		99215	U5	Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99221		30 Minutes	65.00	71.00	$7,376.00
Additional Codes-Physician Services		99222		50 Minutes	262.00	291.00	$43,665.00
Additional Codes-Physician Services		99223		70 Minutes	15.00	34.00	$2,608.00
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	145.00	359.00	$28,112.00
Additional Codes-Physician Services		99232		25 minutes	287.00	1,359.00	$127,117.00
Additional Codes-Physician Services		99233		35 Minutes	61.00	83.00	$7,598.00
Additional Codes-Physician Services		99241		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99242		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99243		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99244		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99245		Encounter	25.00	25.00	$11,564.00
Additional Codes-Physician Services		99251		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99252		Encounter	4.00	4.00	$1,071.00
Additional Codes-Physician Services		99253		Encounter	3.00	3.00	$1,205.00
Additional Codes-Physician Services		99254		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99255		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99261		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99262		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99263		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99271		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99272		Encounter	0.00	0.00	$0.00

FY 2013 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		99273		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99274		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99275		Encounter	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	0.00	0.00	$0.00
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
Assessment		99349		Encounter	0.00	0.00	$0.00
Assessment for Autism		99349	U5	Encounter	0.00	0.00	$0.00
Assessment		99350		Encounter	17.00	73.00	$5,277.00
Assessment for Autism		99350	U5	Encounter	0.00	0.00	$0.00
Medication Administration		99506		Encounter	1.00	1.00	$221.00
Medication Administration (Children's Waiver)		99506		Encounter	0.00	0.00	$0.00
Medication Management		99605		15 Minutes	5.00	324.00	$12,660.00
Assessment		H0002		Encounter	7,774.00	10,903.00	$1,858,287.00
Assessment		H0031		Encounter	22,276.00	38,205.00	$10,092,335.00
Assessment for Autism		H0031	U5	Encounter	66.00	111.00	$43,547.00
Health Services		H0034		15 Minutes	163.00	289.00	$25,306.00
Comprehensive Medication Services - EBP only		H2010		15 minutes	0.00	0.00	$0.00

FY 2013 Statewide Cost Report for Children with Serious Emotional Disturbance

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Behavior Services		H2019		15 Minutes	75.00	5,491.00	$133,380.00
Applied Behavioraal Intervention (ABI)		H2019	U5	15 Minutes	13.00	2,340.00	$141,266.00
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	1.00	305.00	$27,756.00
Mental Health Therapy		H2027		15 Minutes	0.00	0.00	$0.00
Medication Review		M0064		Encounter Face-to-Face, generally less	1,296.00	2,526.00	$320,475.00
Occupational or Physical Therapy		S8990		Encounter	0.00	0.00	$0.00
Home Care Training to Home Care Client		S5108	U5	15 Minutes	4.00	85.00	$5,974.00
Health Services		S9445		Encounter	622.00	1,398.00	$151,706.00
Health Services		S9446		Encounter	1.00	1.00	$18.00
Health Services		S9470		Encounter	6.00	16.00	$1,601.00
Assessment		T1001		Encounter	1,612.00	1,652.00	$295,908.00
Health Services		T1002		Up to 15 min	3,145.00	9,231.00	$795,931.00
Assessments		T1023		Encounter	2,563.00	3,533.00	$1,726,216.00
Pharmacy (Drugs and Other Biologicals)					1,097,780.00	0.00	$137,971.00
Aggregate for 'J' Codes		ALL			5.00	0.00	$23,955.00
OUTPATIENT SERVICES							**$61,293,363.17**
ASSERTIVE COMMUNITY TREATMENT (ACT)		H0039		15 Minutes	10.00	809.00	**$60,174.45**
Treatment Planning		H0032		Encounter	15,965.00	52,486.00	$5,993,738.00
Monitoring of Treatment - Clinician		H0032	TS	Encounter	1,905.00	3,313.00	$647,094.00
Behavior Treatment Plan Review		H2000		Encounter	63.00	222.00	$40,327.00
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	8.00	11.00	$1,395.00
Wraparound		H2021		15 Minutes	1,505.00	101,057.00	$9,217,725.00
Wraparound		H2022		Days	335.00	9,238.00	$2,478,657.00
Wraparound (SED Waiver)		H2022	TT	Days	18.00	260.00	$81,880.00
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2,173.00	33,843.00	$2,714,052.00
Targeted Case Management		T1017		15 minutes	9,985.00	314,264.00	$19,256,384.00
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	3.00	10.00	$772.00
Targeted Case Management (Children's Waiver)		T2023		Month	0.00	0.00	$0.00
CASE MANAGEMENT							**$40,432,024.49**
Enhanced Medical Equipment-Supplies		E1399		Items	0.00	0.00	$0.00
Community Living Supports in Independent living/own home		H0043		Per diem	2.00	157.00	$27,639.00
Community Living Supports (Daily)		H2016		Per Diem	5.00	560.00	$31,584.00
Community Living Supports (Daily)		H2016	TF	Per Diem	6.00	1,065.00	$309,330.00
Community Living Supports (Daily)		H2016	TG	Per Diem	110.00	9,317.00	$2,218,460.00
Foster Care		S5140		Days	0.00	0.00	$0.00
Foster Care		S5145		Days	401.00	4,334.00	$1,003,985.00
Personal Emergency Response System (PERS)		S5160		Encounter	0.00	0.00	$0.00
Personal Emergency Response System (PERS)		S5161		Month	1.00	12.00	$6,062.00
Environmental Modification		S5165		Service	0.00	0.00	$0.00
Enhanced Medical Equipment-Supplies		S5199		Items	9.00	9.00	$1,180.00
Residential Room and Board		S9976		Days	64.00	725.00	$13,554.00
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	13.00	1,891.00	$64,851.00
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	22.00	4,418.00	$280,537.00
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2.00	130.00	$17,445.00

FY 2013 Statewide Cost Report for Children with Serious Emotional Disturbance

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Enhanced Medical Supplies or Pharmacy		T1999		Items	48.00	227.00	$51,836.00
Fiscal Intermediary Services		T2025		Month	339.00	2,756.00	$85,171.00
Enhanced Medical Equipment-Supplies		T2028		Items	9.00	22.00	$2,860.00
Enhanced Medical Equipment-Supplies		T2029		Items	0.00	0.00	$0.00
Housing Assistance		T2038		Service	9.00	10.00	$5,794.00
Enhanced Medical Equipment-Supplies		T2039		Items	0.00	0.00	$0.00
Goods and Services		T5999	HK	Per Item	3.00	3.00	$1,389.00
Wraparound Services		T5999		Per Item	2.00	2.00	$190.00
SUPPORTS FOR LIVING							**$4,121,866.86**
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	4.00	9.00	$1,701.00
Prevention Services - Direct Model		H0025		Face to Face Contact	573.00	5,063.00	$1,084,865.00
Home Based Services		H0036		15 Minutes	8,475.00	979,592.00	$57,544,141.00
Home Based Services		H0036	ST	15 Minutes	74.00	6,441.00	$372,292.00
Respite		H0045		Days	506.00	4,131.00	$903,689.00
Respite (Children's Waiver)		H0045	TD	Per Diem	0.00	0.00	$0.00
Respite (Children's Waiver)		H0045	TE	Per Diem	0.00	0.00	$0.00
Home Based Services		H2033		15 Minutes	266.00	28,736.00	$1,866,492.00
Family Training - EBP		S5110		15 Minutes	1.00	8.00	$438.00
Family Training		S5111		Encounter	1,804.00	12,050.00	$2,576,747.00
Family Training		S5111	HA	Encounter	38.00	276.00	$58,953.00
Family Training (SED Waiver)		S5111	HM	Encounter	530.00	5,263.00	$882,198.00
Respite		S5150		15 Minutes	28.00	96,070.00	$39,928.00
Respite		S5151		Per Diem	37.00	264.00	$40,942.00
Respite (Children's Waiver)		S5151	TT	Per diem	0.00	0.00	$0.00
Prevention Services - Direct Model		S9482		15 Minutes	423.00	24,423.00	$977,272.00
Respite Care		T1005		15 Minutes	1,619.00	898,350.00	$4,888,000.00
Respite Care		T1005	TD	15 Minutes	223.00	24,425.00	$81,627.00
Respite Care		T1005	TE	15 Minutes	18.00	9,752.00	$156,772.00
Respite Care (Children's Waiver)		T1005	TT	15 minutes	102.00	67,974.00	$169,896.00
Family Psycho-Education - EBP		T1015		Encounter	7.00	10.00	$1,316.00
Prevention Services - Direct Model		T1027		15 minutes	41.00	720.00	$26,757.00
Prevention Services - Direct Model		T2024			54.00	1,290.00	$81,449.00
Respite Care		T2036		Per session. One night = one session	251.00	1,461.00	$148,485.00
Respite Care		T2037		Per session. One day/partial day = one session	156.00	1,449.00	$74,817.00
FAMILY/CAREGIVER SUPPORTS							**$71,978,776.95**
Transportation		A0080		Per mile	4.00	551.00	$0.00
Transportation		A0090		Per mile	0.00	0.00	$0.00
Transportation		A0100		Per one-way trip	0.00	0.00	$0.00
Transportation		A0110		Per one-way trip	0.00	0.00	$0.00
Transportation		A0120		Per one-way trip	0.00	0.00	$0.00
Transportation		A0130		Per one-way trip	0.00	0.00	$0.00
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	39.00	1,905.00	$11,001.00
Additional Codes-Transportation		A0427		Refer to code descriptions.	18.00	20.00	$4,513.00

FY 2013 Statewide Cost Report for Children with Serious Emotional Disturbance

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	MIC-Cases	MIC-Units	MIC-Cost
Peer Directed and Operated Support Services		H0023		Encounter	0.00	0.00	$0.00
Peer Directed and Operated Support Services		H0038		15 minutes	116.00	420.00	$8,183.00
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	606.00	141,069.00	$452,605.00
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,872.00	710,895.00	$5,061,479.00
Supported Employment Services		H2023		15 minutes	64.00	8,007.00	$405,634.00
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1.00	79.00	$663.00
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	39.00	20,977.00	$11,584.00
Transportation		T2003		Encounter / Trip	36.00	50.00	$22,710.00
Transportation		T2004		Encounter	0.00	0.00	$0.00
Transportation		T2005		Encounter	0.00	0.00	$0.00
Out of Home Prevocational Service		T2015		Hour	0.00	0.00	$0.00
DAYTIME SUPPORTS AND SERVICES							**$5,978,371.86**
OTHER					75.00	0.00	**$8,393.84**
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
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0.00	0.00	$0.00
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	1.00	1.00	$65.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	16.00	30.00	$4,136.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0.00	0.00	$0.00
Substance Abuse: Psychotherapy (Individual Therapy)	0900, 0914, 0915, 0916, 0919	90826		Encounter 45-50 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Care		90832		30 Minutes	1.00	1.00	$44.00

FY 2013 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: Outpatient Care		90834		45 Minutes	6.00	6.00	$378.00
Substance Abuse: Outpatient Care		90837		60 Minutes	7.00	7.00	$939.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	1.00	1.00	$206.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90857		Encounter	0.00	0.00	$0.00
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	89.00	120.00	$21,063.00
Substance Abuse: Acupuncture		97810		Encounter	0.00	0.00	$0.00
Substance Abuse: Acupuncture		97811		Encounter	0.00	0.00	$0.00
Substance Abuse: Physician Evaluation		99203		Encounter	0.00	0.00	$0.00
Substance Abuse: Physician Evaluation		99204		Encounter	0.00	0.00	$0.00
Substance Abuse: Physician Evaluation		99205		Encounter	17.00	17.00	$10,768.00
Substance Abuse: Transportation		A0100		Per one-way trip	0.00	0.00	$0.00
Substance Abuse: Transportation		A0110		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	2,504.00	12,954.00	$470,001.00
Substance Abuse: Laboratory		H0003		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	15.00	90.00	$2,081.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	9.00	14.00	$2,006.00
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		Days	3.00	76.00	$9,880.00
Substance Abuse: Residential	1002	H0019		Days	1.00	158.00	$25,280.00
Substance Abuse: Methadone		H0020		Encounter	1.00	97.00	$2,261.00
Substance Abuse: Early Intervention		H0022		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		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 Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		15 Minutes	0.00	0.00	$0.00
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Hour	0.00	0.00	$0.00
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Per Diem	0.00	0.00	$0.00
Substance Abuse Services: Transportation		S0215		Per Mile	0.00	0.00	$0.00

FY 2013 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 Services: Residential Room and Board		S9976		Days	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		Encounter	0.00	0.00	$0.00
Substance Abuse Services: Transportation		T2002		Per Diem	0.00	0.00	$0.00
Substance Abuse Services: Transportation		T2003		Encounter / Trip	0.00	0.00	$0.00
Substance Abuse Services: Transportation		T2004		Encounter	0.00	0.00	$0.00
Substance Abuse Services: Transportation		T2005		Encounter	0.00	0.00	$0.00
SUBSTANCE ABUSE SERVICES							**$549,107.73**

FY 2012 Statewide Cost Report for Persons with 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	103.00	8,660.00	$3,371,367.00
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0.00	0.00	$0.00
STATE INPATIENT							**$3,371,367.48**
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	381.00	5,904.00	$3,220,759.00
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	378.00	4,527.00	$2,378,152.00
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	32.00	40.00	$6,561.00
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	3.00	36.00	$24,263.00
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	1.00	12.00	$6,372.00
Outpatient Partial Hospitalization	0912			Days	161.00	2,005.00	$542,068.00
Outpatient Partial Hospitalization	0913			Days	5.00	62.00	$10,053.00
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	10.00	85.00	$24,286.00
Crisis Residential Services		H0018		Days	61.00	452.00	$142,741.00
Crisis Intervention		H0030		Per Service	76.00	81.00	$14,284.00
Crisis Intervention		H2011		15 Minutes	838.00	5,341.00	$541,894.00
Crisis Intervention		H2020		Days	0.00	0.00	$0.00
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	95.00	293.00	$92,993.00
COMMUNITY INPATIENT AND CRISIS							**$7,004,425.45**
Interactive Complexity - Add On Code		90785			161.00	365.00	$8,644.00
Assessment for Autism		90785	U5		0.00	0.00	$0.00
Assessment		90791		Encounter	922.00	922.00	$244,987.00
Assessment for Autism		90791	U5	Encounter	30.00	31.00	$4,987.00
Assessment		90792		Encounter	2,039.00	2,187.00	$630,091.00
Assessment for Autism		90792	U5	Encounter	0.00	0.00	$0.00
Assessment-Psychiatric Assessment		90801		Encounter	1,230.00	1,267.00	$377,532.00
Assessment-Psychiatric Assessment		90802		Encounter	12.00	38.00	$7,075.00
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1,039.00	2,150.00	$142,052.00

FY 2012 Statewide Cost Report for Persons with Developmental Disabilities

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
Therapy-Individual Therapy		90805		Encounter 20-30 Min	41.00	45.00	$5,956.00
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2,087.00	6,634.00	$806,537.00
Therapy-Individual Therapy		90807		Encounter 45-50 Min	31.00	31.00	$5,270.00
Therapy-Individual Therapy		90808		Encounter 75-80 Min	108.00	297.00	$52,685.00
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90810		Encounter 20-30 Min	4.00	7.00	$1,076.00
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90812		Encounter 45-50 Min	7.00	18.00	$1,947.00
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90815		Encounter 75-80 Min	2.00	5.00	$443.00
Therapy-Individual Therapy		90816		Encounter 20-30 Min	6.00	18.00	$1,571.00
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90818		Encounter 45-50 Min	8.00	66.00	$11,102.00
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90826		Encounter 45-50 Min	7.00	17.00	$476.00
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0.00	0.00	$0.00
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0.00	0.00	$0.00
Mental Health: Outpatient Care		90832		30 Minutes	1,891.00	7,518.00	$457,818.00
Assessment		90833		30 Minutes	33.00	57.00	$8,515.00
Assessment for Autism		90833	U5	30 Minutes	0.00	0.00	$0.00
Mental Health: Outpatient Care		90834		45 Minutes	2,914.00	15,297.00	$1,549,649.00
Assessment		90836		45 Minutes	37.00	37.00	$6,608.00
Assessment for Autism		90836	U5	45 Minutes	0.00	0.00	$0.00
Mental Health: Outpatient Care		90837		60 Minutes	1,654.00	7,290.00	$1,194,538.00
Assessment		90838		60 Minutes	1.00	1.00	$365.00
Assessment for Autism		90838	U5	60 Minutes	0.00	0.00	$0.00
Psychotherapy for Crisis First 60 Minutes		90839		First 30-74 Min.	3.00	5.00	$1,028.00
Psychotherapy for Crisis Each Additional 30 Minutes		90840		Each Additional 30 Minutes	0.00	0.00	$0.00
Therapy-Family Therapy		90846		Encounter	610.00	1,986.00	$203,057.00
Therapy-Family Therapy		90847		Encounter	2,147.00	11,858.00	$1,084,524.00
Therapy-Family Therapy		90849		Encounter	6.00	42.00	$14,858.00
Therapy-Family Therapy		90849	HS	Encounter	15.00	25.00	$1,037.00
Therapy-Group Therapy		90853		Encounter	680.00	6,380.00	$544,863.00
Therapy-Group Therapy		90857		Encounter	8.00	152.00	$7,259.00
Medication Review		90862		Encounter	8,042.00	11,168.00	$1,896,716.00
Additional Codes-ECT Physician		90870		Encounter	1.00	32.00	$28,908.00
Additional Codes-ECT Physician	0901	90870		Encounter	0.00	0.00	$0.00
Assessments-Other		90887		Encounter	1,108.00	1,344.00	$209,839.00
Speech & Language Therapy		92506		Encounter	930.00	1,041.00	$255,138.00
Speech & Language Therapy		92507		Encounter	931.00	19,562.00	$1,770,664.00
Speech & Language Therapy		92508		Encounter	42.00	383.00	$19,018.00
Speech & Language Therapy		92526		Encounter	86.00	184.00	$30,283.00
Speech & Language Therapy		92610		Encounter	768.00	819.00	$174,572.00
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	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
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	2,062.00	8,700.00	$1,114,770.00
Assessment for Autism		96101	U5	Hour	36.00	147.00	$48,273.00
Psychological Testing by Technician		96102		Per Hour	55.00	85.00	$9,156.00
Assessment for Autism		96102	U5	Hour	3.00	56.00	$2,472.00
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	163.00	192.00	$60,941.00
Assessments-Other		96111		Encounter	856.00	1,430.00	$130,980.00
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	482.00	2,436.00	$163,636.00
Neuropsych test by Psych/Phys		96118		Per Hour	0.00	0.00	$0.00
Assessment for Autism		96118	U5	Hour	20.00	23.00	$6,796.00
Neuropsych test by Tech		96119		Per Hour	0.00	0.00	$0.00
Assessment for Autism		96119	U5	Hour	3.00	3.00	$63.00
Neuropsych test Admin w/Comp		96120		Per Hour	0.00	0.00	$0.00
Medication Administration		96372		Encounter	374.00	4,938.00	$454,132.00
Physical Therapy		97001		Encounter	407.00	430.00	$116,834.00
Physical Therapy		97002		Encounter	93.00	174.00	$62,480.00
Occupational Therapy		97003		Encounter	2,224.00	2,777.00	$825,772.00
Occupational Therapy		97004		Encounter	1,400.00	1,604.00	$292,704.00
Occupational or Physical Therapy		97110		15 Minutes	803.00	45,161.00	$1,061,251.00
Occupational or Physical Therapy		97112		15 Minutes	19.00	253.00	$13,046.00
Occupational or Physical Therapy		97113		15 Minutes	29.00	627.00	$14,478.00
Occupational or Physical Therapy		97116		15 Minutes	14.00	222.00	$20,410.00
Occupational or Physical Therapy		97124		15 Minutes	51.00	4,597.00	$80,991.00
Occupational or Physical Therapy		97140		15 Minutes	9.00	448.00	$25,386.00
Occupational or Physical Therapy		97150		Encounter	78.00	755.00	$34,162.00
Occupational or Physical Therapy		97530		15 Minutes	527.00	28,338.00	$1,007,218.00
Occupational or Physical Therapy		97532		15 Minutes	0.00	0.00	$0.00
Occupational or Physical Therapy		97533		15 Minutes	162.00	8,721.00	$199,611.00
Occupational or Physical Therapy		97535		15 Minutes	200.00	1,722.00	$160,013.00
Occupational or Physical Therapy		97537		15 Minutes	4.00	10.00	$669.00
Occupational or Physical Therapy		97542		15 Minutes	188.00	1,898.00	$275,769.00
Occupational or Physical Therapy		97750		15 Minutes	1.00	4.00	$218.00
Occupational Therapy		97755		15 Minutes	36.00	162.00	$11,173.00
Occupational or Physical Therapy		97760		15 Minutes	5.00	19.00	$1,703.00
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0.00	0.00	$0.00
C/O for Orthotic/Prosth Use		97762		15 minutes	6.00	19.00	$917.00
Assessment or Health Services		97802		15 Minutes	739.00	3,510.00	$242,295.00
Assessment or Health Services		97803		15 Minutes	771.00	4,131.00	$335,144.00
Health Services		97804		30 Minutes	67.00	287.00	$56,217.00
Psychiatric Evauluation and Medicaid Management		99201		Encounter	26.00	41.00	$4,906.00
Assessment for Autism		99201	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99202		Encounter	11.00	12.00	$2,074.00
Assessment for Autism		99202	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99203		Encounter	33.00	33.00	$8,500.00
Assessment for Autism		99203	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99204		Encounter	28.00	28.00	$9,665.00
Assessment for Autism		99204	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99205		Encounter	20.00	20.00	$8,337.00
Assessment for Autism		99205	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99211		Encounter	278.00	892.00	$104,374.00
Assessment for Autism		99211	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99212		Encounter	2,538.00	4,575.00	$462,637.00

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
Assessment for Autism		99212	U5	Encounter	0.00	0.00	$0.00
Psychiatric Evauluation and Medicaid Management		99213		Encounter	7,259.00	18,053.00	$2,213,514.00
Assessment for Autism		99213	U5	Encounter	2.00	5.00	$717.00
Psychiatric Evauluation and Medicaid Management		99214		Encounter	4,981.00	10,815.00	$1,970,105.00
Assessment for Autism		99214	U5	Encounter	1.00	4.00	$672.00
Psychiatric Evauluation and Medicaid Management		99215		Encounter	773.00	1,054.00	$346,507.00
Assessment for Autism		99215	U5	Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99221		30 Minutes	10.00	11.00	$2,210.00
Additional Codes-Physician Services		99222		50 Minutes	52.00	64.00	$8,473.00
Additional Codes-Physician Services		99223		70 Minutes	10.00	10.00	$1,500.00
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	49.00	272.00	$14,135.00
Additional Codes-Physician Services		99232		25 minutes	44.00	357.00	$22,864.00
Additional Codes-Physician Services		99233		35 Minutes	11.00	17.00	$1,047.00
Additional Codes-Physician Services		99241		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99242		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99243		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99244		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99245		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99251		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99252		Encounter	15.00	18.00	$3,145.00
Additional Codes-Physician Services		99253		Encounter	1.00	1.00	$484.00
Additional Codes-Physician Services		99254		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99255		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99261		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99262		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99263		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99271		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99272		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99273		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99274		Encounter	0.00	0.00	$0.00
Additional Codes-Physician Services		99275		Encounter	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	1.00	1.00	$63.00
Assessment for Autism		99334	U5	Encounter	0.00	0.00	$0.00
Assessment		99335		Encounter	36.00	62.00	$11,321.00
Assessment for Autism		99335	U5	Encounter	0.00	0.00	$0.00
Assessment		99336		Encounter	31.00	42.00	$9,648.00
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

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
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
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	8.00	50.00	$3,260.00
Medication Administration (Children's Waiver)		99506		Encounter	1.00	1.00	$77.00
Medication Management		99605		15 Minutes	20.00	1,996.00	$76,100.00
Assessment		H0002		Encounter	2,146.00	2,353.00	$607,317.00
Assessment		H0031		Encounter	12,535.00	17,915.00	$3,915,041.00
Assessment for Autism		H0031	U5	Encounter	174.00	306.00	$134,740.00
Health Services		H0034		15 Minutes	232.00	1,089.00	$55,279.00
Comprehensive Medication Services - EBP only		H2010		15 minutes	0.00	0.00	$0.00
Behavior Services		H2019		15 Minutes	69.00	13,672.00	$334,594.00
Applied Behavioraal Intervention (ABI)		H2019	U5	15 Minutes	51.00	6,622.00	$219,134.00
Early Intensive Behavioral Intervention (EIBI)		H2019	U5, TG	15 Minutes	57.00	16,435.00	$529,310.00
Mental Health Therapy		H2027		15 Minutes	0.00	0.00	$0.00
Medication Review		M0064		Encounter Face-to-Face, generally less than 10 minutes	2,585.00	7,501.00	$994,241.00
Home Care Training to Home Care Client		S5108	U5	15 Minutes	25.00	1,032.00	$76,546.00
Occupational or Physical Therapy		S8990		Encounter	370.00	8,258.00	$313,368.00
Health Services		S9445		Encounter	1,869.00	4,275.00	$245,895.00
Health Services		S9446		Encounter	122.00	1,172.00	$328,314.00
Health Services		S9470		Encounter	768.00	1,655.00	$296,466.00
Assessment		T1001		Encounter	4,557.00	5,036.00	$1,515,975.00
Health Services		T1002		Up to 15 min	5,317.00	39,374.00	$3,701,320.00
Assessments		T1023		Encounter	882.00	1,348.00	$486,195.00
Pharmacy (Drugs and Other Biologicals)					1,051.00	0.00	$197,316.00
Aggregate for 'J' Codes		ALL			57.00	0.00	$595,975.00
OUTPATIENT SERVICES							**$38,424,728.40**
ASSERTIVE COMMUNITY TREATMENT (ACT)		H0039		15 Minutes	87.00	15,709.00	**$916,624.71**
Treatment Planning		H0032		Encounter	11,138.00	31,083.00	$5,402,366.00
Monitoring of Treatment - Clinician		H0032	TS	Encounter	4,864.00	19,732.00	$4,608,840.00
Behavior Treatment Plan Review		H2000		Encounter	2,874.00	6,050.00	$932,755.00
Behavior Treatment Plan Review - Monitoring Activities		H2000	TS	Encounter	2,327.00	10,982.00	$1,449,373.00
Wraparound		H2021		15 Minutes	65.00	4,396.00	$466,050.00
Supports Coordination/Wrap Facilitation		T1016		15 minutes	34,300.00	1,068,577.00	$92,157,472.00
Targeted Case Management		T1017		15 minutes	6,856.00	195,054.00	$14,595,812.00
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	265.00	5,069.00	$346,860.00
Targeted Case Management (Children's Waiver)		T2023		Month	383.00	4,140.00	$1,307,420.00
CASE MANAGEMENT							**$121,266,947.37**
Enhanced Medical Equipment-Supplies		E1399		Items	296.00	456.00	$266,542.00
Community Living Supports in Independent living/own home		H0043		Per diem	3,548.00	1,000,433.00	$161,423,241.00
Community Living Supports (Daily)		H2016		Per Diem	2,113.00	583,023.00	$24,249,215.00
Community Living Supports (Daily)		H2016	TF	Per Diem	2,218.00	605,927.00	$38,246,008.00
Community Living Supports (Daily)		H2016	TG	Per Diem	5,193.00	1,507,593.00	$202,600,707.00
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)		K0739		15 Minutes	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
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	257.00	1,404.00	$530,001.00
Foster Care		S5140		Days	5.00	910.00	$76,529.00
Foster Care		S5145		Days	8.00	2,075.00	$473,677.00
Personal Emergency Response System (PERS)		S5160		Encounter	10.00	10.00	$7,676.00
Personal Emergency Response System (PERS)		S5161		Month	268.00	2,780.00	$2,045,819.00
Environmental Modification		S5165		Service	110.00	134.00	$645,425.00
Enhanced Medical Equipment-Supplies		S5199		Items	760.00	1,857.00	$547,470.00
Private Duty Nursing	0582	S9123		Hour	6.00	6,829.00	$214,040.00
Private Duty Nursing		S9123		Hour	13.00	23,381.00	$959,864.00
Private Duty Nursing		S9123	TT	Hour	0.00	0.00	$0.00
Private Duty Nursing	0582	S9124		Hour	8.00	13,503.00	$408,035.00
Private Duty Nursing		S9124		Hour	18.00	37,651.00	$1,195,857.00
Private Duty Nursing		S9124	TT	Hour	0.00	0.00	$0.00
Residential Room and Board		S9976		Days	202.00	66,183.00	$1,433,268.00
Private Duty Nursing		T1000		Up to 15 min	5.00	22,573.00	$176,521.00
Private Duty Nursing		T1000	TD	Up to 15 min	12.00	84,758.00	$660,709.00
Private Duty Nursing		T1000	TE	Up to 15 min	19.00	182,408.00	$1,389,537.00
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4,030.00	1,147,172.00	$28,412,609.00
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2,608.00	713,134.00	$39,940,027.00
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2,887.00	794,592.00	$85,876,888.00
Enhanced Medical Supplies or Pharmacy		T1999		Items	1,022.00	8,852.00	$451,496.00
Fiscal Intermediary Services		T2025		Month	7,577.00	77,263.00	$6,197,949.00
Enhanced Medical Equipment-Supplies		T2028		Items	83.00	168.00	$43,243.00
Enhanced Medical Equipment-Supplies		T2029		Items	48.00	1,130.00	$42,857.00
Housing Assistance		T2038		Service	527.00	4,033.00	$1,025,330.00
Enhanced Medical Equipment-Supplies		T2039		Items	17.00	20.00	$85,549.00
Goods and Services		T5999	HK	Per Item	5.00	14.00	$1,564.00
Wraparound Services		T5999		Per Item	7.00	72.00	$5,544.00
SUPPORTS FOR LIVING							**$599,633,197.64**
Family Training/Support EBP only		G0177		Encounter Session at least 45 min	19.00	100.00	$17,434.00
Prevention Services - Direct Model		H0025		Face to Face Contact	70.00	387.00	$62,997.00
Home Based Services		H0036		15 Minutes	422.00	47,183.00	$2,812,323.00
Home Based Services		H0036	ST	15 Minutes	7.00	678.00	$40,803.00
Respite		H0045		Days	1,590.00	24,700.00	$2,893,191.00
Respite (Children's Waiver)		H0045	TD	Per Diem	1.00	18.00	$1,490.00
Respite (Children's Waiver)		H0045	TE	Per Diem	1.00	18.00	$1,490.00
Home Based Services		H2033		15 Minutes	6.00	409.00	$20,013.00
Family Training - EBP		S5110		15 Minutes	12.00	226.00	$7,960.00
Family Training		S5111		Encounter	2,348.00	11,409.00	$1,605,322.00
Family Training		S5111	HA	Encounter	11.00	19.00	$644.00
Family Training (SED Waiver)		S5111	HM	Encounter	66.00	691.00	$151,564.00
Respite		S5150		15 Minutes	524.00	290,202.00	$621,429.00
Respite		S5151		Per Diem	900.00	13,054.00	$1,425,339.00
Respite (Children's Waiver)		S5151	TT	Per diem	1.00	2.00	$823.00
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0.00	0.00	$0.00
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0.00	0.00	$0.00
Prevention Services - Direct Model		S9482		15 Minutes	14.00	810.00	$82,833.00
Respite Care		T1005		15 Minutes	7,743.00	8,221,038.00	$30,122,164.00
Respite Care		T1005	TD	15 Minutes	74.00	75,066.00	$398,839.00
Respite Care		T1005	TE	15 Minutes	105.00	184,610.00	$1,465,229.00
Respite Care (Children's Waiver)		T1005	TT	15 minutes	321.00	307,843.00	$843,307.00
Family Psycho-Education - EBP		T1015		Encounter	14.00	32.00	$4,442.00
Prevention Services - Direct Model		T1027		15 minutes	3.00	44.00	$778.00
Prevention Services - Direct Model		T2024			0.00	0.00	$0.00

FY 2012 Statewide Cost Report for Persons with Developmental Disabilities

Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
Respite Care		T2036		Per session. One night = one session	279.00	16,343.00	$281,352.00
Respite Care		T2037		Per session. One day/partial day = one session	65.00	640.00	$63,421.00
FAMILY/CAREGIVER SUPPORTS							**$42,925,185.40**
Transportation		A0080		Per mile	7.00	4,603.00	$2,543.00
Transportation		A0090		Per mile	0.00	0.00	$0.00
Transportation		A0100		Per one-way trip	1.00	1.00	$82.00
Transportation		A0110		Per one-way trip	1.00	1.00	$32.00
Transportation		A0120		Per one-way trip	68.00	2,859.00	$34,008.00
Transportation		A0130		Per one-way trip	27.00	1,209.00	$29,243.00
Transportation		A0140		Per one-way trip	0.00	0.00	$0.00
Transportation		A0170			2.00	77.00	$3,116.00
Additional Codes-Transportation		A0425		Per Mile	3.00	293.00	$1,039.00
Additional Codes-Transportation		A0427		Refer to code descriptions.	0.00	0.00	$0.00
Activity Therapy (Children's Waiver)		G0176		Encounter	166.00	6,129.00	$524,342.00
Peer Directed and Operated Support Services		H0023		Encounter	44.00	1,729.00	$266,487.00
Peer Directed and Operated Support Services		H0038		15 minutes	266.00	20,674.00	$395,900.00
Peer Directed and Operated Support Services		NA			0.00	0.00	$0.00
Peer Directed and Operated Support Services		H0046		Encounter	126.00	1,872.00	$31,238.00
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	14,739.00	38,182,990.00	$139,027,944.00
Community Living Supports (15 Minutes)		H2015		15 Minutes	15,695.00	57,885,119.00	$215,932,775.00
Supported Employment Services		H2023		15 minutes	4,125.00	4,141,879.00	$26,765,268.00
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	281.00	407,688.00	$1,971,580.00
Transportation		S0209		Per Mile	0.00	0.00	$0.00
Transportation		S0215		Per Mile	3.00	305.00	$214.00
Transportation		T2001		Encounter	3.00	1,128.00	$18,937.00
Transportation		T2002		Per Diem	664.00	516,451.00	$1,014,864.00
Transportation		T2003		Encounter / Trip	880.00	292,917.00	$2,577,335.00
Transportation		T2004		Encounter	2.00	6.00	$262.00
Transportation		T2005		Encounter	0.00	0.00	$0.00
Out of Home Prevocational Service		T2015		Hour	688.00	558,788.00	$7,971,734.00
DAYTIME SUPPORTS AND SERVICES							**$396,568,944.58**
OTHER							**$63,571.62**
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
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0.00	0.00	$0.00
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	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 Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0.00	0.00	$0.00
Substance Abuse: Psychotherapy (Individual Therapy)	0900, 0914, 0915, 0916, 0919	90826		Encounter 45-50 Min	0.00	0.00	$0.00
Substance Abuse: Outpatient Care		90832		30 Minutes	0.00	0.00	$0.00
Substance Abuse: Outpatient Care		90834		45 Minutes	4.00	4.00	$241.00
Substance Abuse: Outpatient Care		90837		60 Minutes	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90846		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90847		Encounter	1.00	1.00	$206.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90849		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90853		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	90857		Encounter	0.00	0.00	$0.00
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	324.00	460.00	$81,089.00
Substance Abuse: Acupuncture		97810		Encounter	0.00	0.00	$0.00
Substance Abuse: Acupuncture		97811		Encounter	0.00	0.00	$0.00
Substance Abuse: Physician Evaluation		99203		Encounter	0.00	0.00	$0.00
Substance Abuse: Physician Evaluation		99204		Encounter	0.00	0.00	$0.00
Substance Abuse: Physician Evaluation		99205		Encounter	20.00	20.00	$11,600.00
Substance Abuse: Transportation		A0100		Per one-way trip	0.00	0.00	$0.00
Substance Abuse: Transportation		A0110		Per one-way trip	0.00	0.00	$0.00
Substance Abuse: Recovery Support Services		G0409		15 Minutes	1.00	4.00	$940.00
Substance Abuse: Individual Assessment		H0001		Encounter	90.00	399.00	$15,759.00
Substance Abuse: Laboratory		H0003		Encounter	0.00	0.00	$0.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0004		15 Minutes	3.00	23.00	$640.00
Substance Abuse: Outpatient Treatment	0900, 0906, 0914, 0915, 0916, 0919	H0005		Encounter	1.00	8.00	$1,146.00
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		Days	4.00	14.00	$5,084.00
Substance Abuse: Residential	1002	H0019		Days	0.00	0.00	$0.00
Substance Abuse: Methadone		H0020		Encounter	1.00	55.00	$1,282.00
Substance Abuse: Early Intervention		H0022		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		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

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Service Description	Revenue Code	HCPCS Code	Modifier	Unit Type	DD-Cases	DD-Units	DD-Cost
Substance Abuse Services: Outpatient Care	0900, 0914, 0915, 0916, 0919	H2027		15 Minutes	0.00	0.00	$0.00
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2035		Hour	0.00	0.00	$0.00
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H2036		Per Diem	0.00	0.00	$0.00
Substance Abuse Services: Transportation		S0215		Per Mile	0.00	0.00	$0.00
Substance Abuse Services: Residential Room and Board		S9976		Days	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		Encounter	0.00	0.00	$0.00
Substance Abuse Services: Transportation		T2002		Per Diem	0.00	0.00	$0.00
Substance Abuse Services: Transportation		T2003		Encounter / Trip	127.00	275.00	$2,922.00
Substance Abuse Services: Transportation		T2004		Encounter	0.00	0.00	$0.00
Substance Abuse Services: Transportation		T2005		Encounter	0.00	0.00	$0.00
SUBSTANCE ABUSE SERVICES							**$120,909.21**

SECTION 404 (2) (d)
SERVICE OUTCOMES
FY 2013

2013 Michigan Consumer Survey

MHSIP Consumer Satisfaction Survey
in ACT Teams

Youth Satisfaction Survey for Families
in Home-based Programs

May, 2014

2013 Consumer Survey Results
Michigan

Background and Overview

In response to federal reporting requirements, since 1998 the 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 November 4, 2013 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 November 4 – December 21, 2013. All data collection, however, was required to be completed by December 22, 2013 and transmitted to MDCH no later than Monday, February 10, 2014. 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 November/December, 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 November/December 2014. 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 November/December 2013. The MHSIP questionnaires were distributed among 107 ACT teams. Not all agencies tracked the number of adult consumers who were offered the survey, however, based on encounter data reported to the state 3,942 consumers received ACT services between November 4 – December 21, 2013 and would have been potentially eligible to participate in the survey. Of the 3,942 ACT consumers receiving services in November/December, 1,659 people responded to the survey for an approximate state-wide response rate of 42.1 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 326 home-based programs. Based on encounter data reported to the state, 4,447 consumers received home-based services during November/December 2013 and would have been potentially eligible to participate in the survey. Of the families offered the MHSIP YSS-F survey, 1,514 responded for an approximate state-wide response rate of 34.0 percent.

Scoring Protocols

<u>44-item MHSIP Consumer Survey</u>

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 percent of Michigan consumers receiving ACT who are in agreement on each of the seven domains. State-wide the percent of consumers is agreement was highest for Appropriateness and Quality of Care at 90% in agreement. The percentage in agreement with the other domains was 89% for General

Satisfaction, 88% for Access to Care, 81% for Participation in Treatment Planning, 77% for Outcomes, 76% for Functioning, and 74% for Social Connectedness.
There are ranges for each domain score across the 18 PIHPs. The percentage in agreement for **General Satisfaction** ranges from 79% (CMH Affiliation of Mid-Michigan) to 95% (network180). The ranges for the other domains are as follows: **Access to Care** 80% (Southwest Alliance) to 96% (CMH for Central Michigan), **Quality of Care** 77% (North Care) to 100% (network180), **Participation in Treatment Planning** 62% (CMH Affiliation of Mid-Michigan) to 90% (network180), **Outcomes of Care** 59% (Access Alliance) to 86% (Macomb), **Social Connectedness** 65% (Lakeshore Affiliation) to 82% (Saginaw), and **Functioning** 63% (Thumb) to 84% (network180).

Table 2 shows scores in more detail by CMHSP.

<u>YSS for Families – Home-Based</u>

The PIHP-wide analyses in Table 3 shows the 2013 results for each of the 6 domains on the YSS. The most positive response was for Cultural Sensitivity (97% agreement) and the least positive response was for Outcomes of Care (59% agreement). While the scores show overall satisfaction, there are ranges for each domain score across the 18 PIHPs. The team score for **Cultural Sensitivity** ranges from 93% (Southwest Alliance, Lifeways) to 100% (Lakeshore, Northern Affiliation, Saginaw), The ranges for the other domains are as follows: **Treatment Plan Participation** 88% (Southwest Alliance) to 100% (CMH for Central Michigan, Saginaw), **Access to Care** 87% (Macomb) to 100% (CMH for Central Michigan, Northern Affiliation, Saginaw), **Appropriateness of Care** 76% (Lakeshore Affiliation) to 100 (Saginaw), **Social Connectedness** 65% (Macomb) to 92% (Saginaw, Northern Affiliation), and **Outcomes of Care** ranges from 37 percent (Macomb) to 100 percent (Saginaw).

Table 4 shows scores in more detail by CMHSP.

MHSIP/ACT

Table 1: State-Wide Results for All ACT Teams

MHSIP Domain Scores FY2013
Percentage of Respondents Agreeing with Domain

	Appropriate/ Quality	Access	General Satisfaction	Participation in Treatment Planning	Outcomes	Functioning	Social Connectedness
Access Alliance	90%	82%	81%	82%	59%	77%	76%
CMH Affiliation of Mid-Michigan	88%	89%	79%	62%	75%	74%	76%
CMH for Central Michigan	86%	96%	89%	81%	71%	77%	78%
Detroit-Wayne	92%	91%	93%	84%	81%	79%	74%
Genesee	89%	88%	90%	83%	81%	83%	76%
Lakeshore Affiliation	88%	81%	86%	78%	84%	70%	65%
Lifeways	89%	94%	86%	76%	82%	77%	75%
Macomb	97%	94%	88%	83%	86%	77%	75%
network180	100%	90%	95%	90%	85%	84%	80%
Northern Affiliation	89%	83%	86%	77%	65%	70%	71%
NorthCare	77%	88%	90%	67%	62%	69%	78%
Northern Lakes	91%	91%	96%	83%	75%	73%	68%
Oakland	88%	86%	84%	82%	71%	75%	67%
Saginaw	91%	85%	94%	76%	80%	83%	82%
Southeast Partnership	91%	86%	88%	83%	78%	69%	78%
Southwest Alliance	84%	80%	85%	81%	78%	75%	73%
Thumb Alliance	93%	90%	87%	78%	63%	63%	69%
Venture	90%	88%	89%	76%	79%	71%	72%
State-wide	**90%**	**88%**	**89%**	**81%**	**77%**	**76%**	**74%**
Number Responding	1,484	1,609	1,659	1,631	995	1,584	1,568

Michigan data from the 44-item MHSIP Consumer Satisfaction Survey, collected October 2013

MHSIP/ACT

Table 2: CMHSP-Level Results

MHSIP Domain Scores FY2013
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	77%	13	75%	16	89%	18	78%	18	78%	9	65%	17	69%	16
AuSable	100%	16	95%	17	100%	17	88%	17	80%	5	75%	18	75%	16
Bay-Arenac	91%	22	88%	24	84%	25	88%	25	72%	18	80%	25	85%	26
Berrien	100%	14	93%	14	93%	15	87%	15	71%	7	87%	15	93%	15
CEI	82%	17	83%	18	79%	19	61%	18	73%	11	79%	19	83%	18
Central	86%	44	96%	50	89%	52	81%	52	71%	31	77%	47	78%	51
Copper Country	100%	6	100%	6	100%	6	100%	7	75%	4	86%	7	83%	6
Detroit-Wayne	92%	406	91%	435	93%	444	84%	437	81%	294	79%	432	74%	415
Genesee	89%	128	88%	137	90%	140	83%	135	81%	70	83%	132	76%	127
Gogebic	50%	2	100%	3	67%	3	67%	3	33%	3	33%	3	33%	3
Hiawatha BH	50%	8	82%	11	83%	12	40%	10	50%	6	40%	10	80%	10
Huron	89%	9	88%	8	89%	9	75%	8	83%	6	88%	8	100%	6
Ionia	100%	4	100%	4	100%	4	100%	4	100%	2	100%	4	67%	3
Kalamazoo	83%	106	80%	109	85%	114	82%	114	81%	64	81%	111	76%	112
Lapeer	96%	28	94%	33	94%	32	82%	33	73%	22	74%	31	70%	30
Lifeways	89%	26	95%	34	86%	35	76%	33	82%	22	77%	31	75%	32
Livingston	91%	21	91%	22	77%	22	86%	21	85%	13	67%	21	71%	21
Macomb	97%	62	94%	68	88%	72	83%	71	86%	43	77%	62	76%	65
Manistee Benzie		0		0	0%	1	0%	1		0	0%	1	0%	1
Monroe	100%	12	65%	17	94%	17	88%	16	100%	8	83%	12	92%	13
Montcalm	100%	5	80%	5	100%	5	100%	5	50%	2	60%	5	100%	5
Muskegon	97%	31	81%	36	92%	37	83%	36	83%	23	76%	33	77%	35
network180	100%	35	90%	40	96%	41	90%	39	85%	26	84%	38	80%	39
Newaygo	100%	3	100%	4	75%	4	33%	3	67%	3	33%	3	67%	3
North Country	83%	30	77%	31	82%	32	71%	31	67%	18	68%	31	71%	31
Northeast Michigan	88%	17	82%	17	83%	17	75%	16	57%	14	71%	17	69%	16
Northern Lakes	90%	19	90%	20	100%	20	90%	20	85%	13	85%	20	57%	21
Northpointe	100%	1		0	100%	1	100%	1		0	100%	1	100%	1
Oakland	88%	101	86%	103	85%	105	82%	105	71%	70	75%	105	67%	103
Ottawa	79%	29	82%	33	80%	35	72%	32	87%	15	63%	30	53%	34
Pathways	85%	13	83%	12	94%	16	67%	15	69%	13	87%	15	81%	16
Pines BH	90%	20	90%	20	90%	20	71%	21	81%	16	71%	21	67%	21
St. Clair	91%	21	83%	23	75%	24	74%	23	46%	13	50%	24	67%	24
St. Joseph	90%	20	84%	19	81%	21	83%	23	58%	12	55%	22	62%	21
Saginaw	91%	33	85%	34	94%	33	76%	33	80%	20	83%	30	82%	33
Sanilac	91%	22	91%	23	91%	23	75%	24	60%	5	63%	24	71%	21
Shiawassee	89%	9	80%	10	80%	10	80%	10	71%	7	100%	10	67%	9
Summit Pointe	82%	27	84%	31	77%	31	69%	32	75%	20	61%	31	65%	31
Tuscola	87%	22	77%	26	72%	25	77%	26	31%	16	64%	25	62%	26
Van Buren	93%	28	88%	32	97%	32	81%	31	85%	20	73%	30	72%	32
Washtenaw	87%	31	92%	39	91%	43	80%	39	65%	20	66%	35	77%	34
West Michigan	91%	23	92%	25	93%	27	79%	28	63%	11	64%	28	79%	26
State-wide	90%	1,484	86%	1,609	89%	1,659	81%	1,631	77%	995	76%	1,584	74%	1,568

Michigan data from the 44-item MHSIP Consumer Satisfaction Survey, collected October 2013

YSS/Home-Based

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

YSS Domain Scores FY2013

Percentage of Respondents Agreeing with Domain

	Cultural Sensitivity	Participation in Treatment Planning	Access	Appropriate/ Quality	Social Connectedness	Outcomes
Access Alliance	94%	93%	93%	84%	80%	63%
CMH Affiliation of Mid-Michigan	96%	95%	96%	89%	77%	64%
CMH for Central Michigan	96%	100%	100%	91%	83%	59%
Detroit-Wayne	96%	95%	92%	88%	88%	57%
Genesee	98%	96%	97%	90%	89%	65%
Lakeshore Affiliation	100%	98%	94%	76%	65%	32%
Lifeways	93%	97%	97%	90%	86%	57%
Macomb	96%	98%	87%	91%	65%	37%
network180	97%	93%	96%	89%	81%	62%
Northern Affiliation	100%	95%	100%	95%	100%	74%
North Care	97%	95%	97%	94%	92%	65%
Northern Lakes	97%	94%	97%	85%	79%	65%
Oakland	98%	96%	95%	94%	86%	65%
Saginaw	100%	100%	100%	100%	100%	100%
Southeast Partnership	98%	96%	96%	90%	79%	52%
Southwest Alliance	93%	88%	96%	80%	75%	50%
Thumb Alliance	99%	99%	94%	94%	90%	59%
Venture	99%	92%	98%	94%	83%	61%
State-wide	**97%**	**95%**	**95%**	**89%**	**82%**	**59%**
Number Responding	1,454	1,510	1,514	1,489	1,489	1,473

Data from the 26-item MHSIP YSS-F Consumer Satisfaction Survey, collected October 2013.

YSS/Home-Based

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

YSS Domain Scores FY2013
Percentage of Respondents Agreeing with Domain

	Access		Appropriate/Quality		Outcomes		Participation in Treatment Planning		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
Allegan	100%	1	100%	1	0%	1	100%	1	100%	1	100%	1
AuSable	100%	2	100%	2	100%	2	100%	2	100%	2	100%	2
Barry	100%	2	100%	2	100%	2	100%	2	100%	2	100%	2
Bay-Arenac	86%	14	57%	14	46%	13	86%	14	73%	11	54%	13
Berrien	98%	60	95%	57	55%	55	93%	60	98%	53	88%	57
Woodlands(Cass)	100%	18	61%	18	44%	18	83%	18	94%	17	67%	18
CEI	97%	65	82%	66	55%	64	95%	65	95%	65	66%	66
Central	100%	23	91%	22	59%	22	100%	22	96%	22	83%	23
Copper Country	100%	3	100%	3	67%	3	100%	3	100%	3	100%	3
Detroit-Wayne	92%	252	88%	251	57%	248	95%	254	96%	239	88%	244
Genesee	97%	92	90%	91	65%	88	96%	90	98%	88	89%	91
Gogebic	100%	5	80%	5	60%	5	100%	5	80%	5	80%	5
Gratiot	93%	42	93%	42	76%	37	95%	42	98%	41	88%	40
Hiawatha BH	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1
Huron	100%	2	100%	2	0%	2	100%	2	100%	2	50%	2
Ionia	93%	14	93%	14	64%	14	100%	14	93%	14	86%	14
Kalamazoo	94%	16	87%	15	47%	15	81%	16	88%	16	75%	16
Lapeer	100%	6	100%	6	67%	6	100%	6	100%	6	100%	6
Lenawee	91%	21	90%	20	62%	21	91%	21	100%	20	91%	21
Lifeways	96%	28	90%	29	57%	28	97%	29	93%	27	87%	29
Livingston	100%	15	93%	15	27%	15	100%	15	100%	13	60%	15
Macomb	87%	46	91%	45	37%	46	98%	46	96%	45	65%	46
Manistee-Benzie	100%	8	100%	8	50%	8	100%	8	100%	8	88%	8
Monroe	100%	17	88%	17	59%	17	100%	16	93%	15	77%	17
Montcalm	91%	11	91%	11	64%	11	100%	11	100%	10	82%	11
Muskegon	95%	42	79%	43	29%	42	100%	43	100%	35	62%	42
network180	96%	269	89%	260	62%	260	93%	269	97%	263	81%	264
Newaygo	100%	5	100%	5	100%	4	60%	5	100%	5	75%	4
North Country	100%	11	91%	11	82%	11	100%	11	100%	11	100%	11
Northeast Michigan	100%	7	100%	7	57%	7	86%	7	100%	7	100%	7
Northern Lakes	96%	23	83%	23	61%	23	96%	23	96%	23	78%	23
Northpointe	100%	9	100%	8	67%	9	78%	9	100%	9	89%	9
Oakland	95%	141	94%	141	65%	141	96%	141	98%	141	86%	141
Ottawa	91%	11	64%	11	40%	10	91%	11	100%	11	73%	11
Pathways	95%	20	95%	19	63%	19	100%	20	100%	19	94%	18
Pines BH	100%	6	83%	6	67%	6	83%	6	100%	6	100%	6
St. Clair	93%	56	92%	55	57%	54	98%	56	98%	54	91%	55
St. Joseph	93%	14	100%	12	67%	12	100%	13	100%	14	85%	13
Saginaw	100%	2	100%	2	100%	2	100%	2	100%	2	100%	2
Sanilac	100%	10	100%	10	67%	9	100%	10	100%	10	78%	9
Shiawassee	100%	10	89%	9	60%	10	100%	10	100%	10	90%	10
Summit Pointe	98%	50	96%	46	65%	49	92%	47	100%	44	75%	48
Tuscola	94%	33	91%	33	75%	32	91%	33	97%	33	88%	33
Van Buren	100%	4	75%	4	75%	4	100%	4	100%	4	75%	4
Washtenaw	94%	16	88%	16	56%	16	94%	16	100%	16	82%	17
West Michigan	100%	11	91%	11	73%	11	91%	11	100%	11	82%	11
State-wide	95%	1,514	89%	1,489	59%	1,473	95%	1,510	97%	1,454	82%	1,489

Data from the 26-item MHSIP YSS-F Consumer Satisfaction Survey, collected October 2013.

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.	SA 1	A 2	N 3	D 4	SD 5	NA 9
16.	Staff respected my wishes about who is and who is not to be given information about my treatment services.	SA 1	A 2	N 3	D 4	SD 5	NA 9
17.	I, not staff, decided my treatment goals.	SA 1	A 2	N 3	D 4	SD 5	NA 9
18.	Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language, etc.).	SA 1	A 2	N 3	D 4	SD 5	NA 9
19.	Staff helped me obtain the information I needed so that I could take charge of managing my illness or disability.	SA 1	A 2	N 3	D 4	SD 5	NA 9
20.	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	SA 1	A 2	N 3	D 4	SD 5	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.	SA 1	A 2	N 3	D 4	SD 5	NA 9
22.	I am better able to control my life.	SA 1	A 2	N 3	D 4	SD 5	NA 9
23.	I am better able to deal with crisis.	SA 1	A 2	N 3	D 4	SD 5	NA 9
24.	I am getting along better with my family.	SA 1	A 2	N 3	D 4	SD 5	NA 9
25.	I do better in social situations.	SA 1	A 2	N 3	D 4	SD 5	NA 9

26.	I do better in school and/or work.	SA 1	A 2	N 3	D 4	SD 5	NA 9
27.	My housing situation has improved.	SA 1	A 2	N 3	D 4	SD 5	NA 9
28.	My symptoms are not bothering me as much.	SA 1	A 2	N 3	D 4	SD 5	NA 9

Thank you for completing this survey.

G:\Common\QMP\Forms\Consumer Satisfaction Survey Rev. 5/2/07

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: ***please answer for relationships with persons other than your mental health provider(s)***	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 404 (2)(e)(i)(ii)(g)
ACCESS TO SERVICE & CMHSP NEEDS ASSESSMENT
FY 2013

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, every CMHSP utilized a standardized process to meet this requirement. The process involved 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 was included in the FY 12 report.

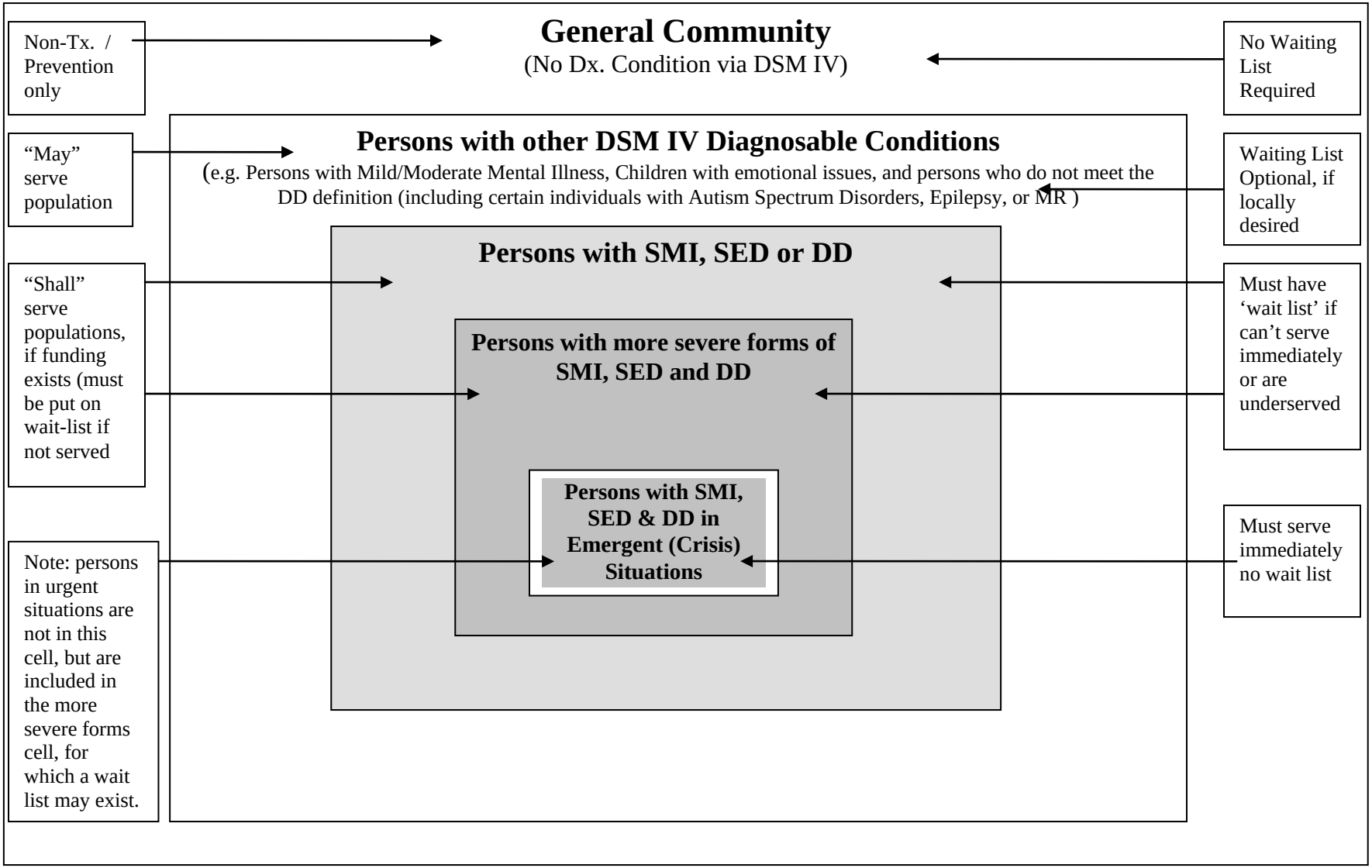
CMHSPs are only required to complete the Stakeholder Survey and Priority Needs and Planned Action every 2 years. All CMHSPs completed both of these in FY 12. For FY 13, CMHSP's were asked to submit a narrative describing any progress or accomplishments made by the CMHSP on items identified in the Priority Needs and Planned Actions or any changes that were made. This narrative is included in the 404 Report.

MDCH 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 form 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 MDCH 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 MDCH, 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.

The Standards Group

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.

Period: October 1, 2012 to September 30, 2013

All CMHs
Alpha by PIHP

Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Access Alliance / Bay-Arenac					Access Alliance / Huron					Access Alliance / Montcalm				
		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
1	Total # of people who telephoned or walked in	149	2,434	559	1,877	5,019	23	413	80	179	695	25	610	190	389	1,214
2	Is Info on row 1 an unduplicated count? (yes/no)	y	y	y	y		y	y	y	y	yes	y	y	y	y	yes
3	# referred out due to non MH needs (of row 1)	2	3	0	33	38	0	0	0	2	2	0	0	0	10	10
4	# seeking substance abuse services (of row 1)	0	0	0	363	363	0	0	0	34	34	0	7	1	53	61
5	Total # who requested services the CMHSP provides (of row1)	147	2,382	558	1,531	4,618	23	404	80	152	659	25	603	189	326	1,143
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	3	131	4	398	536	0	18	1	33	52	1	38	2	78	119
7	Of the # in Row 5 - How many people were scheduled for assessment	144	2,251	554	1,133	4,082	23	386	79	119	607	24	565	187	248	1,024
8	other--describe	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	2	51	0	1,068	1,121	0	7	0	115	122	0	213	9	236	458
10	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
11	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	3	8	0	11
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	0	0	0	0	0	0	0	0	0	0	33	7	6	46
12a	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	0	26	5	0	31
12b	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	7	2	6	15
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	142	2,200	554	65	2,961	23	379	79	4	485	24	316	163	7	510
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	61	4	0	65	0	10	2	0	12	1	14	1	0	16
15	Of the # in Row 13 - How many met immediate admission criteria	5	188	18	0	211	0	38	8	0	46	2	58	14	0	74
16	Of the # in Row 13 - How many were put on a waiting list					0					0	0	0	0	0	0
16a	Of the # in row 16 - How many received some cmhsp services, but wait listed for other services					0					0	0	0	0	0	0
16b	Of the # in row 16 - How many were wait listed for all cmhsp services					0					0	0	0	0	0	0
17	Other - explain					0					0	0	0	0	0	0

Period: October 1, 2012 to September 30, 2013

Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Access Alliance / Shiawassee					Access Alliance / Tuscola					Affiliation of Mid-Michigan / Clinton-Eaton-Ingham				
		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
1	Total # of people who telephoned or walked in	45	802	225	484	1,556	84	468	143	320	1,015				6,455	6,455
2	Is Info on row 1 an unduplicated count? (yes/no)	y	y	y	y	yes	y	y	y	y	yes					
3	# referred out due to non MH needs (of row 1)	0	0	0	11	11	0	0	0	10	10				829	829
4	# seeking substance abuse services (of row 1)	0	15	2	83	100	0	15	1	48	64				33	33
5	Total # who requested services the CMHSP provides (of row1)	45	787	223	390	1,445	84	453	142	262	941	242	2,071	1,154	1,041	4,508
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	49	2	104	155	2	20	0	53	75	62	814	340	1	1,217
7	Of the # in Row 5 - How many people were scheduled for assessment	45	738	221	286	1,290	82	433	142	209	866	180	1,257	814	1,040	3,291
8	other--describe					0	0	0	0	0	0					0

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	0	13	0	272	285	1	6	0	202	209	0	387	70		457
10	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
11	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
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	0	0	0	0	0	0	0	0	0					0
12a	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					0
12b	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
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	45	725	221	14	1,005	81	427	142	7	657	138	1,200	812	1,040	3,190
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	12	3	0	15	0	10	3	0	13					0
15	Of the # in Row 13 - How many met immediate admission criteria	0	56	3	0	59	0	40	4	0	44	1	1	1	1	4
16	Of the # in Row 13 - How many were put on a waiting list					0					0					0
16a	Of the # in row 16 - How many received some cmhsp services, but wait listed for other services					0					0					0
16b	Of the # in row 16 - How many were wait listed for all cmhsp services					0					0					0
17	Other - explain					0					0					0

Period: October 1, 2012 to September 30, 2013

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	CMHSP Point of Entry-Screening	Affiliation of Mid-Michigan / Gratiot					Affiliation of Mid-Michigan / Ionia					Affiliation of Mid-Michigan / Manistee-Benzie				
		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
1	Total # of people who telephoned or walked in	33	585	330		948	48	865	421	58	1,392	15	656	248	2,028	2,947
2	Is Info on row 1 an unduplicated count? (yes/no)	yes	yes	yes			no	no	no	no	no	N	N	N	N	
3	# referred out due to non MH needs (of row 1)	0	104	25		129	3	85	22	46	156	0	0	0	2,028	2,028
4	# seeking substance abuse services (of row 1)	0	17	3		20	1	16	3	8	28	0	0	0	0	0
5	Total # who requested services the CMHSP provides (of row1)	33	481	305		819	42	744	376	20	1,182	15	656	248	0	919
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	1	149	64		214	8	289	234	20	551	2	23	7	0	32
7	Of the # in Row 5 - How many people were scheduled for assessment	31	332	241		604	35	491	156	0	682	13	633	241	0	887
8	other--describe	1	0	0		1	4	58	22	10	94	0	0	0	0	0

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	2	38	24		64	0	150	33	0	183	2	61	33	0	96
10	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	10	14	0	24
11	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	60	60	6	126	0	10	14	0	24
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	3	0		3	0	0	0	0	0	0	16	3	0	19
12a	Of the # in row 12 - How many were referred out to other mental health providers	0	1	0		1	0	0	0	0	0	0	16	3	0	19
12b	Of the # in row 12 - How many were not referred out to other mental health providers	0	2	0		2	0	0	0	0	0	0	0	0	0	0
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	31	329	241		601	35	299	89	0	423	11	536	177	0	724
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria					0	3	113	31	0	147	4	148	32	0	184
15	Of the # in Row 13 - How many met immediate admission criteria	31	329	241		601	35	299	89	0	423	7	259	145	0	411
16	Of the # in Row 13 - How many were put on a waiting list	0	0	0		0	0	0	0	0	0	0	129	0	0	129
16a	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	16	0	0	16
16b	Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0		0	0	0	0	0	0	0	113	0	0	113
17	Other - explain	0	44	1		45	0	0	0	0	0	0	0	0	0	0

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Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Affiliation of Mid-Michigan / Newaygo					Central Michigan					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
1	Total # of people who telephoned or walked in	27	999	327	243	1,596	151	2,981	1,099	1,590	5,821	1,478	11,921	4,939	80,692	99,030
2	Is Info on row 1 an unduplicated count? (yes/no)	no	no	no	no		No	No	No	No	No	No	No	No	No	no
3	# referred out due to non MH needs (of row 1)	0	159	18	111	288	0	0	0	766	766	0	0	0	11,205	11,205
4	# seeking substance abuse services (of row 1)	0	27	0	6	33	0	0	0	12	12	34	4,640	375	495	5,544
5	Total # who requested services the CMHSP provides (of row1)	27	813	309	126	1,275	151	2,981	1,099	812	5,043	1,288	12,339	5,218	2,851	21,696
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	99	9	57	165	2	133	21	257	413	21	381	114	0	516
7	Of the # in Row 5 - How many people were scheduled for assessment	27	618	261	39	945	141	2,779	1,070	483	4,473	1,267	11,938	5,088	0	18,293
8	other--describe					0	8	69	8	60	145	0	0	0	2,851	2,851

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	0	39	15	0	54	1	101	28	586	716	236	2,247	862	0	3,345
10	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	1	10	6	0	17
11	Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	12	12	0	24	0	42	18	73	133	6	32	28	0	66
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	0	0	0	0	5	206	98	69	378	7	49	7	0	63
12a	Of the # in row 12 - How many were referred out to other mental health providers	0	0	0		0	5	206	98	69	378					0
12b	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
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	12	300	183	0	495	133	2,037	1,051	25	3,246	859	6,297	3,028	0	10,184
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	6	213	75	0	294	0	199	24	7	230	19	3,033	596	0	3,648
15	Of the # in Row 13 - How many met immediate admission criteria	12	300	183	0	495	133	1,648	1,027	18	2,826	859	6,297	3,028	0	10,184
16	Of the # in Row 13 - How many were put on a waiting list	0	6	0	0	6	0	190	0	0	190	0	0	0	0	0
16a	Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	6	0	0	6	0	0	0	0	0	0	0	0	0	0
16b	Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0	0	0	0	190	0	0	190	0	0	0	0	0
17	Other - explain	3	81	27	0	111	0	0	0	0	0	0	0	0	0	0

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Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Genesee					Lakeshore Behavioral Health Alliance / Muskegon					Lakeshore Behavioral Health Alliance / 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
1	Total # of people who telephoned or walked in	197	6,753	993	0	7,943	335	2,583	987		3,905	136	790	344	71	1,341
2	Is Info on row 1 an unduplicated count? (yes/no)	no	no	no	no	no	yes	no	no			Yes	Yes	Yes	Yes	
3	# referred out due to non MH needs (of row 1)	0	0	0	0	0	12	680	259		951	15	123	38	34	210
4	# seeking substance abuse services (of row 1)	11	3,635	109	0	3,755	0	62	1		63	0	1	0	0	1
5	Total # who requested services the CMHSP provides (of row1)	186	3,118	884	0	4,188	335	1,530	753		2,618	121	666	306	37	1,130
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	0	0	0	0	7	605	243		855	17	108	32	14	171
7	Of the # in Row 5 - How many people were scheduled for assessment	186	3,118	884	0	4,188	146	840	359		1,345	104	558	274	22	958
8	other--describe	0	0	0	0	0	0	439	126		565	0	0	0	1	1

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	9	519	242	0	770	48	43	22		113	54	64	19	15	152
10	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	173	36		209	0	0	0	0	0
11	Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	7	381	39	0	427		118	29		147	0	0	0	0	0
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	28	1,392	16	0	1,436	0	0	0		0	9	100	21	3	133
12a	Of the # in row 12 - How many were referred out to other mental health providers	28	1,392	16	0	1,436	0	0	0		0	9	100	21	3	133
12b	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
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	142	826	587	0	1,555	96	680	330		1,106	35	394	234	4	667
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	2	79	7	0	88	0	471	83		554	0	0	0	0	0
15	Of the # in Row 13 - How many met immediate admission criteria	140	747	580	0	1,467	0	64	51		115	33	249	221	4	507
16	Of the # in Row 13 - How many were put on a waiting list	0	0	0	0	0	0	0	0		0	2	137	6	0	145
16a	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
16b	Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0	0	0	0	0	0		0	2	137	6	0	145
17	Other - explain	0	0	0	0	0					0	0	8	7	0	15

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	CMHSP Point of Entry-Screening	Lifeways					Macomb					Network 180				
		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
1	Total # of people who telephoned or walked in	310	3,700	1,103	0	5,113	1,173	8,966	2,067	1,437	13,643	411	10,420	3,149	2,918	16,898
2	Is Info on row 1 an unduplicated count? (yes/no)	no	no	no	no	Yes	No	No	No	No	No	No	No	No	No	
3	# referred out due to non MH needs (of row 1)	9	38	13	0	60	381	2,914	672	467	4,434	20	123	29	0	172
4	# seeking substance abuse services (of row 1)	1	65	1	0	67	0	49	0	570	619	0	0	0	2,918	2,918
5	Total # who requested services the CMHSP provides (of row1)	223	2,341	914	0	3,478	792	6,052	1,395	970	9,209	391	10,297	3,120	0	13,808
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	34	1,355	410	0	1,799	42	146	90	373	651	19	260	69	0	348
7	Of the # in Row 5 - How many people were scheduled for assessment	189	986	504	0	1,679	695	5,616	1,176	158	7,645	372	10,037	3,051	2,918	16,378
8	other--describe	31	202	110	0	343	55	259	107	327	748					0

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	9	168	74	0	251	183	2,156	329	76	953	132	275	21	0	428
10	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
11	Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	1	17	8	0	26	3	34	10	0	47	0	59	55	0	114
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	7	65	12	0	84	10	**28**	**9**	**5**	35	12	496	35	0	543
12a	Of the # in row 12 - How many were referred out to other mental health providers	5	48	6	0	59	**0**	**6**	**3**	**0**	8	0	207	15	0	222
12b	Of the # in row 12 - How many were not referred out to other mental health providers	2	17	6	0	25	**8**	17	**2**	**0**	19	12	289	20	0	321
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	133	506	308	0	947	445	3,274	714	67	1,678	201	8,804	2,726	0	11,731
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	46	0	13	0	59	7	994	214	30	1,072	25	1,052	185	0	1,262
15	Of the # in Row 13 - How many met immediate admission criteria	87	506	295	0	888	445	3,274	714	67	4,500	176	7,752	2,541	0	10,469
16	Of the # in Row 13 - How many were put on a waiting list	0	0	0	0	0	0	0	0	0	526	0	0	0	0	0
16a	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	14	0	0	0	0	0
16b	Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0	0	0	0	0	0	0	255	0	0	0	0	0
17	Other - explain	0	0	0	0	0					5					0

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Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	NorthCare / Copper Country					NorthCare / Gogebic					NorthCare / Hiawatha				
		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
1	Total # of people who telephoned or walked in	31	252	120	601	1,004	15	127	70	215	427	34	399	182	595	1,210
2	Is Info on row 1 an unduplicated count? (yes/no)	NO	NO	NO	NO		No	No	No	No		N	N	N	N	
3	# referred out due to non MH needs (of row 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	# seeking substance abuse services (of row 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Total # who requested services the CMHSP provides (of row1)	31	252	120	0	403	15	127	70	0	212	34	399	182	0	615
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	92	21	0	113	0	55	20	0	75	0	180	30	0	210
7	Of the # in Row 5 - How many people were scheduled for assessment	31	160	99	0	290	15	72	50	0	137	34	219	152	0	405
8	other--describe					0					0					0

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	2	16	20	0	38	1	24	4	0	29	0	6	0	0	6
10	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
11	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	3	5	0	8	0	0	0	0	0
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	7	4	0	11	0	0	3	0	3	0	24	2		26
12a	Of the # in row 12 - How many were referred out to other mental health providers	0	4	4	0	8	0	0	1	0	1	0	24	2		26
12b	Of the # in row 12 - How many were not referred out to other mental health providers	0	3	0	0	3	0	0	2	0	2	0	0	0	0	0
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	29	144	79	0	252	14	45	40	0	99	34	189	150	0	373
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
15	Of the # in Row 13 - How many met immediate admission criteria	0	0	0	0	0	0	0	0		0	34	189	150	0	373
16	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
16a	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
16b	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
17	Other - explain	0	0	0	0	0	1	2	1	0	4	0	0	0	0	0

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Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	NorthCare / Northpointe					NorthCare / Pathways					Northern Affiliation / AuSable				
		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
1	Total # of people who telephoned or walked in	46	550	200	796	1,592	70	677	309	1,495	2,551	55	794	388	103	1,340
2	Is Info on row 1 an unduplicated count? (yes/no)	NO	No	NO	NO		NO	NO	NO	NO	n/a	Yes	Yes	Yes	Yes	
3	# referred out due to non MH needs (of row 1)	0	0	0	0	0	0	0	0	0	0	0	44	17	0	61
4	# seeking substance abuse services (of row 1)	0	0	0	0	0	0	0	0	0	0	0	9	0	0	9
5	Total # who requested services the CMHSP provides (of row1)	46	550	200	0	738	70	677	309	0	1,056	55	741	371	103	1,270
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	249	51	0	300	0	281	53	0	334	0	68	26	0	94
7	Of the # in Row 5 - How many people were scheduled for assessment	46	301	149	0	496	70	396	256	0	722	55	673	345	1	1,074
8	other--describe					0					0	0	0	0	102	102

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	0	59	18	0	56	5	21	23	0	49	1	133	37	0	171
10	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
11	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
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	48	0	0	48	1	11	6	0	18	0	131	1	0	132
12a	Of the # in row 12 - How many were referred out to other mental health providers	0	48	0	0	48	1	10	6	0	17	0	131	0	0	131
12b	Of the # in row 12 - How many were not referred out to other mental health providers	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	46	253	131	0	430	64	364	227	0	655	54	409	308	0	771
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	2	0	0	2	0	0	0	0	0	0	34	10	0	44
15	Of the # in Row 13 - How many met immediate admission criteria	46	253	131	0	430	64	364	227	0	655	0	4	308	0	312
16	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
16a	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
16b	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
17	Other - explain					0	0	0	0	0	0	0	0	0	0	0

Period: October 1, 2012 to September 30, 2013

Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Northern Affiliation / North Country					Northern Affiliation / Northeast					Northwest Affiliation / Northern Lakes				
		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
1	Total # of people who telephoned or walked in	104	1,670	848	322	2,944	55	936	293	94	1,378	182	2,288	938	0	3,408
2	Is Info on row 1 an unduplicated count? (yes/no)	Yes	Yes	Yes	Yes		Y	Y	Y	Y	Y	N	N	N	N	
3	# referred out due to non MH needs (of row 1)	0	122	86	0	208	0	80	33	0	113	1	130	35	0	166
4	# seeking substance abuse services (of row 1)	0	9	1	0	10	0	2	0	0	2	0	97	3	0	100
5	Total # who requested services the CMHSP provides (of row1)	104	1,539	761	0	2,404	54	854	260	94	1,262	181	2,061	900	0	3,142
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	231	86	0	317	5	58	13	54	130	6	353	93	0	452
7	Of the # in Row 5 - How many people were scheduled for assessment	104	1,308	675	0	2,087	54	796	247	50	1,147	161	1,549	770	0	2,480
8	other--describe	0	0	0	322	322		0	0	0	0	14	159	37	0	210

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	4	263	139	0	406	5	86	30	50	171	25	493	206	0	724
10	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	58	57	0	115	0	0	0	0	0	0	0	0	0	0
11	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
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	3	147	17	0	167	3	252	35	0	290	19	214	81	0	314
12a	Of the # in row 12 - How many were referred out to other mental health providers	2	6	0	0	8	2	239	32	0	273	2	59	10	0	71
12b	Of the # in row 12 - How many were not referred out to other mental health providers	1	141	17	0	159	1	13	3	0	17	17	155	71	0	243
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	97	840	462	0	1,399	28	319	141	0	488	117	842	483	0	1,442
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	64	21	0	85	0	104	29	0	133	0	16	1	0	17
15	Of the # in Row 13 - How many met immediate admission criteria	97	840	462	0	1,399	28	319	141	0	488	117	842	483	0	1,442
16	Of the # in Row 13 - How many were put on a waiting list	0	0	0	0	0	0	13	2	0	15	0	0	0	0	0
16a	Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	0	0	0	0	0	5	0	0	5	0	0	0	0	0
16b	Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0	0	0	0	8	2	0	10	0	0	0	0	0
17	Other - explain	0	0	0	0	0					0	0	0	0	0	0

Period: October 1, 2012 to September 30, 2013

Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Northwest Affiliation / West Michigan					Oakland					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
1	Total # of people who telephoned or walked in	72	1,569	530	396	2,567	533	5,059	1,546	7,693	14,831	156	673	369	38	1,236
2	Is Info on row 1 an unduplicated count? (yes/no)	yes	yes	yes	yes		no	no	no	no		no	no	no	no	
3	# referred out due to non MH needs (of row 1)	22	761	171	103	1,057	51	952	556	96	1,655	17	252	98	22	389
4	# seeking substance abuse services (of row 1)	0	0	0	390	390				1,766	1,766	0	3	0	0	3
5	Total # who requested services the CMHSP provides (of row1)	50	808	359	293	1,510	511	4,430	1,340	2,125	8,406	137	444	290	0	871
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	6	322	133	242	703	28	952	326	148	1,454	0	5	5	0	10
7	Of the # in Row 5 - How many people were scheduled for assessment	44	486	226	51	807	170	3,295	745	190	4,400	137	439	285	0	861
8	other--describe					0	3	103	14	21	141	0	0	0	0	0

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	10	164	73	44	291	8	255	23	57	343	26	141	72	0	239
10	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)	3	43	23	13	82	0	4	3	4	11	0	0	0	0	0
11	Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	52	33	0	85	2	38	42	31	113	0	4	5	0	9
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	6	289	153	51	499	18	655	258	83	1,014	2	6	2	0	10
12a	Of the # in row 12 - How many were referred out to other mental health providers	6	289	153	51	499	3	127	21	83	234	2	6	2	0	10
12b	Of the # in row 12 - How many were not referred out to other mental health providers	0	0	0	0	0	15	510	237	0	762	0	0	0	0	0
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	38	197	73	0	308	170	3,295	745	190	4,400	109	288	206	0	603
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	0	0	0	0	4	494	59	83	640	0	0	0	0	0
15	Of the # in Row 13 - How many met immediate admission criteria	38	197	73	0	308	170	3,295	745	190	4,400	109	288	206	0	603
16	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
16a	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
16b	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
17	Other - explain	0	0	0	0	0					0	0	0	0	0	0

Period: October 1, 2012 to September 30, 2013

Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Southeast Michigan / Lenawee					Southeast Michigan / Livingston					Southeast Michigan / Monroe				
		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
1	Total # of people who telephoned or walked in	28	1,133	357	329	1,847	144	1,580	563	556	2,843	71	1,171	452	52	1,746
2	Is Info on row 1 an unduplicated count? (yes/no)	no	no	no	no	NO	no	no	no	no	no	no	no	no	no	yes
3	# referred out due to non MH needs (of row 1)	0	0	0	18	18	71	1,128	281	546	2,026	6	334	91	47	478
4	# seeking substance abuse services (of row 1)	0	181	9	256	446	7	366	33	324	730	0	15	0	12	27
5	Total # who requested services the CMHSP provides (of row1)	28	952	348	55	1,383	123	398	281	15	817	65	491	201	7	764
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	6	264	78	53	401	2	75	23	12	112	10	65	27	6	108
7	Of the # in Row 5 - How many people were scheduled for assessment	22	688	270	2	982	118	301	245	2	666	55	426	174	5	660
8	other--describe	0	0	0	0	0	3	22	13	1	39	0	0	0	0	0

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	4	165	33	1	203	10	65	46	0	121	0	0	0	0	0
10	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	15	3	0	18	0	0	0	0	0	0	0	0	0	0
11	Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	29	46	0	75	0	0	0	0	0	0	36	15	0	51
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	39	4	0	43	0	32	0	0	32	3	19	8	5	35
12a	Of the # in row 12 - How many were referred out to other mental health providers	0	39	4	0	43	0	32	0	0	32	3	13	5	0	21
12b	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	6	3	5	14
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	16	455	172	0	643	100	224	207	1	532	52	371	151	0	574
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	13	4	0	17	0	0	0	0	0	0	31	9	17	57
15	Of the # in Row 13 - How many met immediate admission criteria	17	393	166	0	576	0	0	0	0	0	0	31	9	17	57
16	Of the # in Row 13 - How many were put on a waiting list	0	49	2	0	51	0	0	0	0	0	0	0	0	0	0
16a	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
16b	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
17	Other - explain	1	8	3	0	12					0	0	0	0	0	0

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Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Southeast Michigan / Washtenaw					Southwest / Allegan					Southwest / Cass / Woodlands				
		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
1	Total # of people who telephoned or walked in	266	3,063	793	58,207	62,329	86	728	247	42	1,103	17	368	224	307	916
2	Is Info on row 1 an unduplicated count? (yes/no)	no	no	no	no	no	No	No	No	No	no	no	no	no	no	
3	# referred out due to non MH needs (of row 1)	39	843	164	42,372	43,418	0	0	0	28	28	0	1	0	0	1
4	# seeking substance abuse services (of row 1)	3	135	5	132	275	0	0	0	14	14	0	19	0	307	326
5	Total # who requested services the CMHSP provides (of row1)	227	2,193	628	26	3,074	86	728	247	0	1,061	17	301	204	307	829
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	25	792	120	16	953	14	215	38	0	267	0	3	1	0	4
7	Of the # in Row 5 - How many people were scheduled for assessment	161	902	459	408	1,930	72	513	209		794	17	298	203	307	825
8	other--describe	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	16	206	94	101	417	3	202	82	0	287	2	169	48	300	519
10	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
11	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	1	2	1	0	4
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	9	180	51	56	296	0	14	4		18	0	0	0	0	0
12a	Of the # in row 12 - How many were referred out to other mental health providers	9	180	51	56	296	0	12	4		16	1	4	15		20
12b	Of the # in row 12 - How many were not referred out to other mental health providers	0	0	0	0	0	0	2	0		2	0	1	0		1
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	138	516	314	124	1,092	69	297	123		489	16	214	116		346
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	4	84	31	0	119	0	42	15		57	9	192	35		236
15	Of the # in Row 13 - How many met immediate admission criteria	136	488	294	150	1,068	69	297	123		489	5	86	12		103
16	Of the # in Row 13 - How many were put on a waiting list	5	18	2	0	25	0	0	0	0	0					0
16a	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
16b	Of the # in row 16 - How many were wait listed for all cmhsp services	5	18	2	0	25	0	0	0	0	0					0
17	Other - explain					0	0	0	0	0	0					0

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Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Southwest / Kalamazoo					Southwest / St Joseph					Thumb Alliance / Lapeer				
		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
1	Total # of people who telephoned or walked in	236	3,312	2,596	2,383	8,527	38			366	404	75	798	243	225	1,341
2	Is Info on row 1 an unduplicated count? (yes/no)	No	No	No	No		no	no	no	no		Yes	Yes	Yes	Yes	
3	# referred out due to non MH needs (of row 1)	22	648	113	954	1,737	0	42	5		47	0	0	0	204	204
4	# seeking substance abuse services (of row 1)	1	151	12	671	835		44	4	338	386	0	3	0	4	7
5	Total # who requested services the CMHSP provides (of row1)	235	3,154	2,584	1,711	7,684	38	740	302	366	1,446	75	797	243	19	1,134
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	21	579	367	170	1,137		212	80		292	0	0	0	6	6
7	Of the # in Row 5 - How many people were scheduled for assessment	235	3,154	2,584	1,711	7,684	38	578	272	366	1,254	75	797	243	19	1,134
8	other--describe	0	16	7	11	34					0					0
	CMHSP ASSESSMENT															
9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	3	61	19	12	95	1	207	65		273	27	378	111	13	529
10	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)	22	66	277	17	382	0	0	0	0	0	0	0	0	0	0
11	Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	10	40	228	11	289	0	38	21		59	0	9	8	0	17
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	20	565	350	138	1,073	2	17	4		23	10	252	69	8	339
12a	Of the # in row 12 - How many were referred out to other mental health providers	10	372	315	101	798	0	10	3		13	10	247	69	8	334
12b	Of the # in row 12 - How many were not referred out to other mental health providers	11	257	35	48	351	0	7	1		8	0	5	0	0	5
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	132	906	1,466	433	2,937	35	523	182	28	768	66	597	182	4	849
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	7	340	673	217	1,237				28	28	10	183	28	1	222
15	Of the # in Row 13 - How many met immediate admission criteria	17	46	182	8	253					0	58	506	170	3	737
16	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
16a	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
16b	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
17	Other - explain	0	0	0	0	0					0	1	13	4	1	19

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Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Thumb Alliance / St Clair					Thumb Alliance / Sanilac					Venture Behavioral / Barry				
		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
1	Total # of people who telephoned or walked in	214	1,751	512	692	3,169	51	448	166	147	812	24	683	209	427	1,343
2	Is Info on row 1 an unduplicated count? (yes/no)	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	
3	# referred out due to non MH needs (of row 1)	0	0	0	631	631	0	0	0	139	139	0	12	2	12	26
4	# seeking substance abuse services (of row 1)	0	19	2	2	23	0	1	0	0	1	0	299	17	238	554
5	Total # who requested services the CMHSP provides (of row1)	214	1,744	511	65	2,534	51	448	166	8	673	22	675	192	380	1,269
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	2	0	32	34	0	0	0	7	7	0	6	5	2	13
7	Of the # in Row 5 - How many people were scheduled for assessment	214	1,744	511	65	2,534	51	448	166	8	673	22	669	187	378	1,256
8	other--describe	0	0	0	0	0					0	0	0	0	0	0

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	36	772	190	34	1,032	9	161	47	6	223	0	76	16	127	219
10	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
11	Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	20	10	0	30	0	3	2	0	5	0	4	5	2	11
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	13	496	129	11	649	5	116	36	2	159	0	34	22	0	56
12a	Of the # in row 12 - How many were referred out to other mental health providers	12	486	129	10	637	4	114	36	2	156	0	28	20	0	48
12b	Of the # in row 12 - How many were not referred out to other mental health providers	1	13	0	1	15	1	4	0	0	5	0	6	2	0	8
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	198	1,357	389	22	1,966	49	351	135		535	20	456	126	170	772
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	25	570	90	8	693	6	102	23	0	131	0	1	0	1	2
15	Of the # in Row 13 - How many met immediate admission criteria	178	1,088	340	15	1,621	46	298	120	0	464	20	455	126	169	770
16	Of the # in Row 13 - How many were put on a waiting list	2	93	0	0	95	0	0	0	0	0	0	0	0	0	0
16a	Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	24	0	0	24	0	0	0	0	0	0	0	0	0	0
16b	Of the # in row 16 - How many were wait listed for all cmhsp services	2	69	0	0	71	0	0	0	0	0	0	0	0	0	0
17	Other - explain	6	25	19	1	51	0	8	0	0	8	0	0	0	0	0

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Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Venture Behavioral / Berrien					Venture Behavioral / Pines					Venture Behavioral / Summit Pointe				
		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
1	Total # of people who telephoned or walked in	176	2,124	574	328	3,202	52	959	337	576	1,924				10,330	10,330
2	Is Info on row 1 an unduplicated count? (yes/no)	N	N	N	N	NO	N	N	N	N					no	No
3	# referred out due to non MH needs (of row 1)	0	12	2	33	47	0	14	6	0	20	0	0		156	156
4	# seeking substance abuse services (of row 1)	0	6	0	3	9	0	441	12	0	453	0	0	0	208	208
5	Total # who requested services the CMHSP provides (of row1)	176	2,122	573	325	3,196	52	677	287	443	1,459	110	1,561	912	254	2,837
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	9	2	31	42	0	0	0	0	0	0	0	0	260	260
7	Of the # in Row 5 - How many people were scheduled for assessment	176	2,111	571	295	3,153	52	677	287	443	1,459	105	1,462	892	245	2,704
8	other--describe					0					0				2,294	2,294

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	0	0	0	0	0	0	274	44	133	451	18	397	179	203	797
10	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
11	Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	1	0	0	1	0	18	8	0	26	0	0	0	0	0
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	1	1	0	0	2	0	4	2	0	6	7	146	299	21	473
12a	Of the # in row 12 - How many were referred out to other mental health providers	0	0	0	0	0	0	3	1	0	4	5	142	273	14	434
12b	Of the # in row 12 - How many were not referred out to other mental health providers	0	1	1	2	2	0	1	1	0	2	2	4	26	7	39
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	176	2,123	574	327	3,200	52	381	233	576	1,242	34	748	302	11	1,095
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	46	471	44	46	607	0	57	35	0	92	3	61	3	3	70
15	Of the # in Row 13 - How many met immediate admission criteria	130	1,639	527	249	2,545	0	0	0	0	0	31	687	299	8	1,025
16	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
16a	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
16b	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
17	Other - explain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Period: October 1, 2012 to September 30, 2013

Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Venture Behavioral / VanBuren				
		DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
1	Total # of people who telephoned or walked in	83	967	219	0	1,269
2	Is Info on row 1 an unduplicated count? (yes/no)	yes	yes	yes	yes	
3	# referred out due to non MH needs (of row 1)	0	110	21	0	131
4	# seeking substance abuse services (of row 1)	0	131	16	0	147
5	Total # who requested services the CMHSP provides (of row1)	83	726	182	0	991
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	0	139	25	0	164
7	Of the # in Row 5 - How many people were scheduled for assessment	83	577	157	0	817
8	other--describe					0

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	0	0	0	0	0
10	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
11	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
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	0	0	0	0
12a	Of the # in row 12 - How many were referred out to other mental health providers	0	0	0		0
12b	Of the # in row 12 - How many were not referred out to other mental health providers	0	0	0	0	0
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	83	577	157	0	817
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	0	0	0	0	0
15	Of the # in Row 13 - How many met immediate admission criteria	83	577	157	0	817
16	Of the # in Row 13 - How many were put on a waiting list	0	0	0	0	0
16a	Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	0	0	0	0
16b	Of the # in row 16 - How many were wait listed for all cmhsp services	0	0	0	0	0
17	Other - explain	0	0	0	0	0

Period: October 1, 2012 to September 30, 2013

Report on the Requests for Services and Disposition of Requests

	CMHSP Point of Entry-Screening	Totals				
		DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
1	Total # of people who telephoned or walked in	7,554	90,025	30,489	186,056	314,124
2	Is Info on row 1 an unduplicated count? (yes/no)					
3	# referred out due to non MH needs (of row 1)	671	9,714	2,757	60,913	74,055
4	# seeking substance abuse services (of row 1)	58	10,480	610	9,288	20,436
5	Total # who requested services the CMHSP provides (of row1)	7,060	79,307	30,296	15,114	131,777
6	Of the # in Row 5 - How many people did not meet eligibility through phone or other screen	344	9,825	3,265	2,427	15,861
7	Of the # in Row 5 - How many people were scheduled for assessment	6,121	68,615	26,731	11,201	112,668
8	other--describe	119	1,327	444	6,000	7,890

CMHSP ASSESSMENT

9	Of the # in Row 7 - How many did not receive eligibility determination (dropped out, no show, etc.)	895	11,332	3,400	3,651	19,278
10	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)	26	379	419	34	858
11	Of the # in Row 7 - how many were not served because they were MA HP enrolled and referred out to MA health plan	30	1,065	710	123	1,928
12	Of the # in Row 7 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	200	6,087	1,748	458	8,493
12a	Of the # in row 12 - How many were referred out to other mental health providers	119	4,627	1,323	397	6,466
12b	Of the # in row 12 - How many were not referred out to other mental health providers	71	1,462	429	69	2,031
13	Of the # in Row 7 - How many people met the cmhsp eligibility criteria	4,622	46,810	19,513	3,119	74,064
14	Of the # in Row 13 - How many met emergency/urgent conditions criteria	228	9,270	2,383	441	12,322
15	Of the # in Row 13 - How many met immediate admission criteria	3,459	35,287	14,614	899	54,259
16	Of the # in Row 13 - How many were put on a waiting list	9	635	12	0	656
16a	Of the # in row 16 - How many received some cmhsp services, but wait listed for other services	0	51	0	0	51
16b	Of the # in row 16 - How many were wait listed for all cmhsp services	9	535	10	0	554
17	Other - explain	12	189	62	2	265

Community Needs Assessment
Priority Needs and Planned Actions

For FY 12

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 13

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 12. For FY 13, 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
1. Stakeholders report that accessing CMH services is quite difficult.	ACCMHS services are difficult to access due to: insurance, eligibility criteria, community members do not know about ACCMHS services, and available transportation.	As requests for ACCMHS services increase, and overall agency capacity becomes strained, eligibility for ACCMHS services is "reserved" for individuals with the most severe symptoms and highest risk factors. Individuals with moderate symptoms, who still need treatment and support, are being referred to alternative community resources. The Horizons Circle of Friends Drop-In Center is developing peer-run recovery and support groups for individuals with mild to moderate symptoms. ACCMHS continues to maintain an open and ongoing dialogue with Allegan County Transportation (ACT), our local public transit system. Allegan County has more miles of paved roads than any other county in Michigan. With many small rural communities throughout the county, transportation is an ongoing barrier to citizens accessing services. ACCMHS and ACT will continue exploring solutions to the transportation problems effecting all populations in the county. This may include advocating for a transportation millage in Allegan County. **2013 Update:** ACCMHS has worked diligently at making services more available to the residents of Allegan County. Under the direction of a new Clinical Director, ACCMHS identified areas of improvement in the Access and Crisis departments. This included an identified need for an additional Access staff. This position was filled. Beginning with data from the first quarter in FY 2013-2014, improvement was made in the time frame from application for services to the intake assessment. In addition, eligibility criteria were expanded in the summer of 2013 which impacted some individuals covered by General Fund. Efforts have continued with Allegan County Transportation so that individuals can access services. ACCMHS has purchased "bus passes" for some individuals that do not qualify for county transportation services.
2. Substance abuse and self-medicating.	Stakeholders report that individuals self-medicate due to access issues. Stakeholders also report great concern about alcohol and illicit/licit drug abuse, especially among students and	ACCMHS does not currently provide substance abuse services, however they do provide behavioral health services to individuals with a co-occurring disorder. For individuals specifically seeking substance abuse services, ACCMHS Access staff refer the individuals to the appropriate service provider for assessment and treatment.

	young adults.	ACCMHS Prevention Services provides a variety of educational opportunities to school-aged children and the community at large. They work closely with law enforcement on special projects, such as a task force to combat the production and use of methamphetamine. The ACCMHS Community Education Committee provides substance abuse and prevention educational materials to a wide range of stakeholders. These include school systems in the county, parents, students, seniors, and the community at large. **2013 Update:** At this time, ACCMHS continues to refer individuals if the primary service need is substance abuse counseling. However, the ACT program provides IDDT and we do offer a Dual Recovery group that serves individuals with mental health and substance abuse issues. ACCMHS recognizes the need to provide services to individuals with substance abuse disorders. The ACCMHS Board recently approved a new mission statement which includes providing services to individuals with a primary diagnosis of substance abuse. The ACCMHS Community Education Committee provides substance abuse and prevention educational materials and presentations to a wide range of stakeholders. These include school systems in the county, parents, students, seniors, and the community at large.
3. Decreasing face-to-face time with doctors and primary clinicians.	Doctors and primary clinicians are so over-worked that they are spending less and less time with consumers.	New productivity standards implemented in 2012 will ensure more face-to-face time with the individuals served by ACCMHS. The agency set an overall goal of a 10% increase in clinician/client face-to-face time. **2013 Update:** Productivity has shown an overall increase. Contributing factors include the implementation of an Electronic Medical Record which has decreased paperwork time. In addition, the Director of Services for the Developmentally Disabled and the Clinical Director focused on the need to increase productivity, allowing more individuals to be served. This has had an impact and has increased caseload size. During 2014, emphasis is placed on the IT Department to provide productivity data that can be used in program planning. ACCMHS also identified a need for increased hours in our medication clinic. The Family Nurse Practitioner recently increased his hours at ACCMHS.
4. Provide education to the community about mental illness, stigma, and services	Many stakeholders reported that, due to stigma, people will not seek the treatment they need. They also reported that many	The ACCMHS Community Education Committee (CEC) continually engages with other public and private organizations for the purpose of providing educational materials and opportunities for any interested party. Historically, CEC participates in events held by public school systems, older adult service organizations, Miranda's Park Party, Allegan County Fair, religious organizations, and health

available from ACCMHS to treat individuals with disabilities.	people do not know ACCMHS is an "option" for seeking treatment.	systems. These events have afforded ACCMHS the opportunity to provide information about topics such as autism, substance abuse, brain injury, relationship wellness, anger management, social wellness, anxiety depression, post-traumatic stress disorder, healthy aging, teen self-esteem, and many other health topics. ACCMHS has developed a robust anti-stigma campaign that has included such things as developing an anti-stigma video, holding a film festival, and an open microphone night, giving people with a wide spectrum of disabilities "a voice." **2013 Update:** ACCMHS has continued with a robust anti-stigma campaign as evidenced by 10 community forum efforts during 2013. The forums have been held throughout the county and have been designed to reach individuals and families with a variety of service needs. The Grass Roots Advocacy group of ACCMHS will be hosting another "Open Mic Night" on April 19, 2014 in Allegan. This event will have an anti-stigma focus and will include a variety of activities for the community. A Parent Advisory Committee has been added which is designed for parents/guardians of individuals with developmental disabilities. This Committee meets with the Executive Director and other staff on a monthly basis in order that their ideas regarding services and community involvement can be considered in program planning. ACCMHS recently became involved with a Peer Coalition initiative with Kent, Muskegon, and Ottawa Counties. The Community Education Committee has continued to participate in city festivals, the Allegan County fair, school events, etc. to provide educational materials to the community at large.
5. Partnering with and training other community organizations.	Stakeholders report that they would like ACCMHS to provide training for school employees, police, religious organizations, etc., to recognize and appropriately deal with people exhibiting symptoms of mental illness.	ACCMHS will continue to partner with other public and private organizations to ensure the community is "equipped" to assist individuals with mental illness or developmental disabilities. This will be done through direct interventions with and by our partners or through referrals. ACCMHS is planning to provide educational opportunities for a staff person to become certified in Mental Health First Aid. This will allow a representative of this agency to reach out to other public and private organizations for the purpose of educating other stakeholders in recognizing serious symptoms of mental illness.

		2013 Status Update: Over the last six months, ACCMHS has worked diligently to improve the ongoing working relationship with the Allegan County Jail. Through planning meetings, ACCMHS and the Allegan County Jail are working much more collaboratively in order to serve the residents of Allegan County. ACCMHS is very involved with the Suicide Prevention Coalition and the Systems of Care project that include multiple agencies within the county. The Housing Program within ACCMHS works very closely with the Housing Resource Center in Allegan. HRC is the Lead Agency in Allegan County for the MSHDA-CoC Emergency Solutions Grant. Staff is also involved with the CoC Inter-Agency Services Team Committee to support individuals and their families with multiple barriers to housing. We also have a collaborative arrangement with the Department of Human Services regarding referrals and needed financial assistance. ACCMHS provided the opportunity for two staff to receive training in Mental Health First Aid during 2013. Another staff was certified as a Youth Mental Health First Aid trainer. In January 2013, the ACCMHS training unit began offering Mental Health First Aid to staff and provider agencies. Connections will be made with the police force and the school systems in order to integrate the training curriculum into those community stakeholders.

CMHSP: AuSable Valley Community Mental Health Authority

Priority Issue	Reasons For Priority	CMHSP Plan
1. Awareness of Services Provided	• To facilitate service coordination • Increase access to care • Increasing community relations • Underutilization of services could result in an increase in emergency services	• To develop a comprehensive Agency brochure for distribution throughout community and partner agencies • Create a Speakers' Bureau where CMH staff could speak to various community organizations • Educate own staff for knowledge of agency services • Redesign Agency website for ease in navigation and information distribution **2013 Update** a) Developing an agency brochure. Not only was this accomplished, but brochures were developed for all agency departments as well as a brochure for integrated health. These brochures are available in the agency's lobbies but also have recently been used for agency open houses in an effort to expand the community's knowledge of CMH services. These brochures have been very well received from community partners like the courts, DHS, schools, hospitals and Primary Care offices and the like. b) Creating a Speakers' Bureau where CMH staff could speak to various community organizations. While a formal "Speakers' Bureau" has not been developed, agency staff have conducted community trainings in an effort to expand knowledge. c) Educate own staff for knowledge of agency services. AVCMHA reorganized consumer services over the past two years. Educating staff has been accomplished via all staff trainings conducted by Program Directors training on the specifics of their programs. Also, staff attended Mental Health First Aid training. d) Redesign agency website for ease in navigation and information distribution. This task has just begun to take shape. A focus group, consisting of consumers and staff, has recently met to discuss the needs and wants and possible designs for a new agency website. AVCMHA looks for their new website and design to be implemented this fiscal year.
2. Convenient Access to Services	• Identified as a need by multiple focus groups • Service provider locations do not accommodate the rural-ness of our	• Increase service hours and locations of service sites throughout our catchment area • Increase presence in local community meetings **2013 Update** In order to accomplish our second priority of making access to care more convenient, AVCMHA's plan was to increase service hours and locations of service sites in our catchment, which was done. Psychiatric service hours were increased and three more satellite locations were opened

	area • Lack of mental health providers in the area as a whole	throughout the area. Additionally, types of services delivered were diversified; i.e., where services to I/DD consumers were historically only delivered to them, the agency now has integrated outpatient therapists and case managers, both for adults and children, to provide therapy, groups and skill building thus making access to care more convenient in our rural settings.
3. Increase in SUD Services	• Consistently been identified by stakeholder groups for multiple years • Extreme lack of SUD service providers within catchment area	• We currently have youth co-occurring services available in our counties and a plan to expand those • With the passing of the Poleski bills, the CAs will be integrated into the PIHP. Our Agency will develop a group of credentialed providers and be in a position to apply to become a member of the provider panel when it's opened **2013 Update** To increase SUD services, we have expanded our Youth Co-Occurring services as well as recently began an adult group for Co-Occurring, as well. We have not developed a group of credentialed providers in order to be ready for when the provider panel is open when the Coordinating Agencies are integrated into the PIHPs. This was part of our prospective plan that was not accomplished this past year; however, is still a desire to accomplish.
4. Lack of a full continuum of services for children and youth up to the transitional ages of 17/18/19	• Stakeholder groups identified a gap of services for children transferring from children's services to adult services and the lack of interventions at the young adult service level	• Establish young adult groups, FPE-like, and expand the same to adult case management and outpatient therapy **2013 Update** In order to increase the continuum of care for youths ages 17-19, we tried to reduce the gap in service through better communication between programs thus allowing a better and smoother transition as opposed to having a lapse in service or a stark "cut-off" of service while waiting for the next service to begin; i.e., child to adult services.
5. Expansion of service delivery to persons with mild to moderate	• Severe lack of mental health providers in this area to address this	• Continue pilot program of placing our therapists in Primary Care Physicians' offices and possible expansion based on identified need **2013 Update**

mental health issues utilizing Integrated Care Model	population which eventually leads to an increase in severity of symptomology	Expansion of service delivery to the mild to moderate population was inhibited for a while by administrative turnover at our local Primary Care facility. AVCMHA had a contract with Primary Care for Nurse Practitioner Services and, additionally, we were co-locating a therapist in the Primary Care facility. We have recently renewed that contract between the agencies and, therefore, are looking forward to the Nurse Practitioner regaining focus on our specialty population and, again, putting a mental health therapist in a Primary Care facility. In January of this year, AVCMHA held four open houses in an additional effort to expand knowledge within the community and catchment area as well as to, again, assess needs. The same survey was offered this year as last and data showed that there was a shift in what were considered to be the most significant mental health needs not being adequately addressed. Last year, the top three responses of need were Young Adults 18-25, SUD for young adults, and Co-Occurring services. This year, the top three identified needed populations were Adults 26-59, Teens 13-17, and Senior Adults 60+. SUD as a whole ranked very low percentage-wise and this year would not be identified as a need based on the survey results albeit this seems contrary to current national findings and data obtained from the year prior.

CMHSP: Barry County Community Mental Health Authority

Priority Issue	Reasons For Priority	CMHSP Plan
1. Psychiatric availability and access for adults and children.	Increased demand in recent years has created a higher need and BCCMHA has had difficulty in obtaining more psychiatric availability. BCCMHA is currently working with affiliates to fulfill needs.	-Increase efforts to obtain additional contract hours of psychiatrist for both children and adults. -Explore tele-psychiatry. -Goal of January 2014 to obtain an actual full time psychiatrist. **2013 Update** We have been able to secure more child psychiatric time for our home-based children. This is always a challenging area to find available resources. Our goal of increasing hours for our current psychiatrist has not been met; however, we are investigating the use of telepsychiatry in order to supplement the hours that our psychiatrist is on site.
2. Better communication to the community.	With increased service demands, other stakeholders are becoming overwhelmed with direct service needs and reduced funding.	-Other community agencies fail to understand our client confidentiality laws and the true nature of community mental health. -Explore client rights, services BCCMHA provides (i.e. sexual dysfunction prevention) and long-term vs. short-term services. -This is an ongoing initiative and we will continue with community education. **2013 Update** We continue with community education whenever asked or desired. We have been asked to provide CME's for the physicians at Pennock Hospital in September. We continue to educate our community partners in regards to client confidentiality – through the courts, wraparound, etc.
3. Better suicide awareness within the community.	A recent increase in county-wide death by suicide has made this an important issue.	-Continue with prevention awareness program. -Multi-collaborative committee made up by community stakeholders. -This is an ongoing endeavor and our goal is a reduction in death by suicide. **2013 Update** BCCMHA administration and staff continue to serve on the BCRN Suicide Awareness Initiative to work together collaboratively to prevent suicide in our community. The BCRN Suicide Awareness Initiative has a broad membership, and is entering its third year of awareness and prevention efforts. The BCRN Suicide Awareness Initiative is looking at local data to assist in these prevention efforts. Local data is as follows:

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<tr><td>Year</td><td>Suicide Deaths</td><td>Gender (M/F)</td></tr>
<tr><td>2011</td><td>7</td><td>6/1</td></tr>
<tr><td>2012</td><td>17</td><td>11/6</td></tr>
<tr><td>2013</td><td>10</td><td>8/2</td></tr>
</table>
Recent trends indicate that Barry County males, over the age of 50, are more at risk for death by suicide than other populations, including youth. We are also tracking data related to suicide threats and attempts.
In the past twelve months the activities completed include:

Two media campaigns designed to raise awareness of suicide and resources for help, including print, radio, outdoor and mobile advertising.
Suicide Awareness trainings were provided to several groups, including healthcare providers and leaders of the faith community.
A training on mental health crisis was held for local law enforcement officers.
Information was disseminated throughout the county regarding the Suicide Prevention Lifeline and other local resources.

Plans for 2014 include media campaigns with a focus on older adults, hosting Mental Health Frist Aid trainings, and using social/electronic media to share prevention messages.
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<td>4. Mental health services made available to the school systems.</td>
<td>With the reduction of or elimination of counselors at the area schools there is a great need for our presence in the local school systems.</td>
<td>-Better communication with the schools advising them of the services we offer such as improved access within the schools and better access to our services.
-Possibility of free counseling offered to both students and families in need.
-Possible grant application to receive resources for training of school personnel in mental health awareness of students and or family members.
-This is an ongoing initiative with the school systems and as more information/resources are received, it is our desire to develop and possibly offer mental health services to the schools.

<u>2013 Update</u>

We are providing counseling in one of Barry County’s high schools one day per week. The MSW is available for intakes, individual and group therapy sessions, or consultation. We hope to expand this program to all interested schools in Barry County.</td>
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5. Increasing more positive communication and relationships with PCP's.	The upcoming initiatives on integrated health make this a necessary and viable need in our county.	-An open channel of communication needs to be developed and implemented with PCP's and our staff. -More frequent therapy visits: weekly or every two weeks. -This again is an ongoing initiative with the desired outcome to be the improved health of BCCMHA clients. **<u>2013 Update</u>** We are involved in an integrated health initiative which was originally implemented by Venture Behavioral Health. The five individuals who are involved have seen benefits by their interactions with medical personnel. We also now have a FQHC access point in Barry County and have co-located an MSW in their clinic. As demand increases, more time will be provided to this endeavor. We meet quarterly with Pennock Hospital in order to improve relationships and provide a more user-friendly service for the physicians.

CMHSP: Bay Arenac Behavioral Health

Based on information gathered regarding requests for service, community needs, and stakeholder input, Bay-Arenac Behavioral Health (BABH) representatives have identified five priority needs. The priority needs were determined by the frequency of comments on these five topics by varying stakeholder groups, the consistency of these needs with the goals and objectives of the Provider Network Strategic Plan, and supporting contextual data from the community needs data collection as well as internal data monitoring. The current priority needs for BABH are:

1) Services for Youth;
2) Training on Mental Health Topics, Services & Access to Services for Community Partners;
3) Services to Persons without Medicaid;
4) Access to Mental Health and Substance Use Services via AAM; and
5) Access to and Availability of Psychiatric Services.

Information regarding relevant initiatives from the BABH Provider Network Strategic Plan and applicable contextual data are provided in the BABH Annual Needs Assessment FY12 Community Needs Final Report, included in this submission.

BABH leadership has responded to each priority need with details on applicable current and planned actions; details can be found in the BABH Annual Needs Assessment FY12 Community Needs Final Report. It should be noted that the priorities listed above are consistent with previously identified needs, and as such, efforts are underway to support these community efforts through BABH services and supports.

2013 Update

Based on information gathered regarding requests for service, community needs, and stakeholder input during the FY12 Community Needs Assessment, Bay-Arenac Behavioral Health (BABH) representatives identified five priority needs. The priority needs were determined by the frequency of comments on these five topics by varying stakeholder groups, the consistency of these needs with the goals and objectives of the existing Provider Network Strategic Plan, and supporting contextual data from the community needs data collection as well as internal data monitoring. The priority needs established in FY12 for BABH were:

1) Services for Youth;
2) Training on Mental Health Topics, Services & Access to Services for Community Partners;
3) Services to Persons without Medicaid;
4) Access to Mental Health and Substance Use Services; and
5) Access to and Availability of Psychiatric Services.

Information regarding relevant initiatives from the BABH Provider Network Strategic Plan and applicable contextual data were provided in the BABH Annual Needs Assessment FY12 Community Needs Final Report. BABH leadership responded to each priority need with details on applicable current and planned actions; details can be found in the BABH Annual Needs Assessment FY12 Community Needs Final Report.

Specific accomplishments for FY13 include: the successful implementation of wraparound services; implementation of the Autism Benefit Waiver effective April 1, 2013; certification of three staff in Trauma Focused Cognitive Behavioral Therapy, with two more scheduled to complete certification in April and a new cohort of four staff to begin thereafter; a community education session on Bay Arenac Behavioral Health access and services was held in February 2013, 25 community members attended; education is provided on a continuing basis at local collaborative meetings as well as specialized trainings for individual agencies; Crossroads Center for Recovery continues to provide services to persons without insurance and has expanded their coverage to include Arenac county; BABH staff has helped to educate the community on the Affordable Care Act and Medicaid Expansion through Healthy Michigan; access to services has improved as a result of the implementation of a revised intake process as well as same day access services provided by some BABH programs; and BABH has localized much of their psychiatric services to assist in their access and availability to persons receiving services.

The FY12 report and identified needs were redistributed to the leadership of BABHA service population committees by the Performance Improvement Specialist for review and consideration during their FY14 strategic planning. The BABHA Strategic Plan for FY 2014 reflects the continued focus of the organization on these priorities.

CMHSP: Berrien Mental Health Authority (BMHA)

Priority Issue	Reasons For Priority	CMHSP Plan
1. Health Integration	• Mental health and physical health problems for our consumers are interwoven. • Many BMHA consumers lack a primary care physician or have not seen a physician in the last 12 months. • Belief that when mental health and primary care services are linked, outcomes will improve. • Primary health care providers have identified access for this population as a priority. • Assists the BMHA in becoming a patient-centered medical home. • Belief that costs efficiencies can be realized.	• FQHC and BMHA identified the need for integrated care and decided to develop a bilateral co-location model. *Completed* • FQHC began recruiting a provider. • 1/2013 – begin design of processes and procedures. • 2/2013 – will begin contacting consumers and will begin scheduling appointments. • 3/4/13 – initiate primary care treatment on BMHA's campus part time. • 3/2013 – BMHA to place behavioral health consultants at the FQHC's site. • Late 2013 – completion of physical plant remodel for integrated medical services (psychiatric and primary care). **<u>2013 Update</u>** • Completed the model at the end of 2012. • Provider selected to initiate services. • Improved ability to identify individuals who would best benefit from participating in the integrated health care services and streamlined the referral process. • Initiated on-site services part time by using FQHC's mobile van in March of 2013. • Decision was made to have FQHC employ behavior health consultants in order to expand services to other counties in the future. • Initiated on-site services in BMHA's remodeled space in December of 2013.
2. Integrated SUD Treatment	• A large portion of consumers with SMI possess dual MI/SA diagnoses. • SUD services in Berrien County are inadequate in scope and capacity. • The justice system, public health, Venture (PIHP) and Lakeshore Coordinating Council (CA) are all supportive of the BMHA expanding into this area of service provision. • Providing SUD services with a recovery focus will compliment efforts to emphasize recovery for the SMI population.	• Have discussions with the Health Department, Venture and Lakeshore Coordinating Council. *Completed* • 1/2013 Submitted enrollment packet and funding request to LCC. *Completed* • 1/2013 Seek consultant to help develop a strategic plan and implementation strategy. *Completed* • Obtain financial information. *Completed* • Obtain LCC & Venture billing codes and reporting requirements. *Completed* • Review of EBP and design program. • Complete procedures & job descriptions. • Develop budget. • Hire supervisor and staff.

		2013 Update • Completed discussions and finalized a plan to initiate SUD services – summer of 2013. • Enrolled as a provider with LCC and Venture – summer of 2013. • Developed a strategic plan and implementation strategy – summer of 2013. • Obtained licenses for 3 sites – summer '13. • Completed budget, job descriptions and hired staff by November of 2013. • Initiated services in December of 2013. • Established intake process. • Clarified & corrected billing issues – 2014. • Initiated quality improvement process to improve outcomes. • Engaged in ROSC implementation with a broad community group.
3. Autism Services	• The State of Michigan passed legislation mandating insurance coverage for children with Autism. • The State of Michigan is amending its Medicaid Plan to add Early Intensive Behavioral Intervention (EIBI) and Applied Behavioral Intervention (ABI) coverage for children with Autism. • Each CMH/PIHP in Michigan will be responsible for developing and implementing these benefits for the Medicaid population. EIBI and ABI services are not currently available. • The school systems are seeking these services from BMHA.	• Determine number of eligible individuals. • Attend training events. • Secure contracts with external providers to deliver these new services. • Develop processes for seamless coordination of care. • Implement billing, claims and contract monitoring. **2013 Update** • Secured a contract with Logan Community Resources to deliver these new services. • Shortened the length of time from request to beginning ABA services. • Implemented a process for assuring documentation from external provider is received timely. • One additional clinician scheduled to be trained and available to complete the ADOS2 evaluations. • Developed and disseminated educational materials for pediatricians and families.
4. Wraparound Services	• The local DHS is supportive of BMHA expanding services to children involved in multiple local systems. • BMHA recently applied to become an approved site for the Serious Emotional Disturbance Waiver (SEDW). • A requirement of becoming an	• Partner with the local Department of Human Services to determine if their Wraparound program meets the MDCH requirements. • Determine if contracting with the provider that DHS currently utilizes for the implementation of Wraparound is the best approach. • Develop processes for seamless coordination of care • Implement billing, claims and contract monitoring.

	SEDW site includes offering Wraparound services to the participants. • Wraparound services are a particularly effective approach in serving children served by multiple systems.	**2013 Update** • Determined the local Department of Human Services' wraparound program would not be adequate. • Recruitment of a Wraparound Coordinator is underway. • Wraparound Coordinator will complete the required training. • The develop of processes for seamless coordination of care is underway. • Billing, claims and contract monitoring has been out in place for cases served via contracts with other CMHs for Berrien County cases outside of our County
5. Anti-Stigma	• The need for increased anti-stigma efforts was identified by consumers, advocates and other stakeholders. • Increased efforts will be consistent with continuation of the Mental Health First Aid trainings we currently offer.	• Partner with stakeholders to identify the main topics to be addressed • Develop an annual plan utilizing various resources such as radio, print, website and signage. • Partner with other community agencies and business to increase the support and impact. **2013 Update** • Stakeholder group has helped identify the topics for radio ads/interviews.

CMHSP: Centra Wellness Network (Manistee-Benzie Counties)

Priority Issue	Reasons For Priority	CMHSP Plan
1."Increase connections with the schools"	Educate various community partners on available resources in the community addressing our most vulnerable population as expressed by numerous stakeholders	• Expand awareness of Safenet Program throughout schools served by beginning of 2013 school year • Develop flow chart of services offered by CWN that can be distributed to families by September 2013 • Develop crisis triage chart delineating CWN and DHS jurisdictions and services by beginning of 2013 school year **2013 Update** Safenet Program reviewed and enhanced – Visio flow chart and decision tree for crisis developed and disseminated to all stakeholders. Coordination with DHS for child welfare awareness heightening
2."Community Training on mental health issues"	Wealth of knowledge within CWN staff and/or other providers acknowledged by stakeholders – establish training opportunities for needs of the community as desired by stakeholders [Schools, Drop In Centers, law enforcement, etc.]	• Provide various trainings through the year open to the community – attempt to offer at least 3 opportunities • Bring various speakers to the area to address various community/partner concerns throughout time period **2013 Update** See Priority Need #4 - in addition Jail personnel/law enforcement trained, Drop in centers offered various trainings, Case Management/Recovery/Strength Based training offered to community partners/members
3."on the job experience for customers looking for work skills"	Need identified for Benzie and Manistee county for job readiness and coaching classes – stakeholders identified significant value for community members when 'employment' in their lives. Continuum of employment from hobby – microbusiness – volunteer – part/full time, etc.	• Develop SEP Employment Action Plan, Orientation Checklist and Work Program Work site Analysis by spring of 2013 • Coordinate/collaborate CMHSP staff with MRS, DHC, etc. stakeholders to enhance opportunities ongoing timeline **2013 Update** SEP staff enhanced communication with internal staff, community partners/employers and MRS/DHS through various presentations and coordination meetings. Developed Consumer Count fund to assist in the establishment of microbusinesses. Enhancing opportunities for non-traditional/competitive employment. Offered Spring job coaching classes – well attended.

		Various volunteer opportunities further expanded for the consumers we serve.
4.”substance abuse is a problem”	Law Enforcement, judicial system, DHS, schools etc. all expressed various concerns re addictions	• Establish educational/training events for all stakeholders re addiction • Maintain agenda item of addictions in various meeting venues [Continuum of Care/housing; Child Advocacy Center; Emergency partner meetings/law enforcement, judicial departments, hospitals, etc as examples] **<u>2013 Update</u>** Offered to Centra staff, community partners, CMHSP’s, etc. Seven training days: Integrated Health Forum Motivational Interviewing – 3 days, SAMHSA presented Trauma/Addictions, Treatment of Co-occurring and Trauma, DSM-5 training.
5.Integrated Health services	Although not specifically identified many stakeholders identified various needs for children, adults, older adults in a greater quality of life.	• Establish communication lines between various stakeholders re Integrated Health • Maintain agenda item in various meetings venues to propel integration in different discussions **<u>2013 Update</u>** Communicating regularly within our provider partners in the local area as well as region. Efforts continue on the Micro, mezzo and macro levels in a strategic, coordinated and comprehensive approach.

CMHSP: CEI - Clinton-Eaton-Ingham County CMH

Priority Issue	Reasons For Priority	CMHSP Plan
1.) Expanding the eligibility criteria for AMHS	Historically, AMHS has not been able to serve persons with mild to moderate mental illnesses/mental health conditions. This has led to large gaps in the provision of mental health services in the Tri-County area for persons not meeting a level of care for enhanced services. Without earlier intervention for this population, at times, the mental health conditions have become more acute/serious and have required higher levels of care (i.e. psychiatric hospitalizations or crisis residential) to resolve the issue.	1. Expansion of services for persons with mild to moderate mental health conditions by: • Partnering with Health Departments in the three counties for co-located services within a primary care setting • Initiating clinics at several sites within Ingham County to serve persons with mild to moderate mental health conditions who have Medicaid • Expanding psychiatry services for this population • Initiating a Crisis Recovery Team to divert individuals from psychiatric hospitalizations by providing intensive services for 90 days with linkage back to primary care/other community services **<u>2013 Update</u>** Expansion of services for persons with mild to moderate mental health conditions by: Partnering with Health Departments in the three counties for co-located services within a primary care setting. A total of 5 therapists have served in this capacity as follows: • There are currently 3 therapists who provide counseling at various Ingham County Health Department sites. The Ingham County Health Department contracts with CEI to fill these three positions. • A fourth therapist works within the Clinton County Health Department providing co-located services. • Up until March 2014 there was a fifth therapist working within the Eaton County Health Department. • Initiating clinics at several sites within Ingham County to serve persons with mild to moderate mental health conditions who have Medicaid. A total of 4 therapists have been providing outpatient

		services to this population as follows: Two therapists provide outpatient counseling for this population at the Adult Medicaid Counseling Program under the auspices of Adult Mental Health Services. One therapist provides counseling services to patients at the McLaren Multi-specialty Clinic 40 hours per month. One therapist provides counseling services in Mason, Michigan at the Sparrow Mason Family Practice Office and she also has office hours for those with mild/moderate mental health conditions at the Mason Rural Outreach Program. Expanding psychiatry services for this population. • One psychiatrist works 4 hours per week at the Ingham County Health Department's Adult Health program. • One psychiatrist works 8 hours per week at the Medicaid Outpatient Counseling Program. • Due to a shortage in psychiatry hours, we have two previously filled slots (total of 12 hours per week) in the community that are vacant. One psychiatrist was splitting time between McLaren Multi-Specialty Clinic and Care Free Clinic providing psychiatric consultation services. • Initiating a Crisis Recovery Team to divert individuals from psychiatric hospitalizations by providing intensive services for 90 days with linkage back to primary care/other community services This team was developed and implemented in summer of 2011.
2. Coordination of Care for individuals with substance use/mental health needs during and post incarceration	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	Increase coordination of care for persons who have been incarcerated at either the local jails or state facilities by: • Better discharge planning between local jails and outpatient treatment. • Shoring up communication between jail-based CMH programs (i.e. CATS) and outpatient/aftercare treatment

	mental health as well as legal issues. 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.	programs • Developing working relationships with local courts to explore, at a minimum, better communication as well as the possibility of treatment courts. **2013 Update** The referral process to AMHS from the CATS program has improved significantly. The CATS Coordinator routinely contacts The second floor team I coordinator for ART appointments (initial assessments) that are given to the inmates upon discharge. There is difficulty in obtaining outpatient services for individuals with Mild to Moderate disorders as few inmates have a regular Medicaid benefit for outpatient counseling services. A Mental Health Court for individuals adjudicated through the 55th district court in Mason, Michigan, was implemented in the Fall of 2013, partially funded through a grant written collaboratively to the State Court Administrator's Office. Staff have been hired and the program is fully implemented with 18 active cases.
3. Autism Services expansion	The incidence of Autism has increased significantly over the past decade (from 1:160 children to 1:88). Recently both private insurances and Medicaid have expanded coverage's to include an Autism benefit. CEI CMH will open an Autism Center to provide diagnosis, evidence based treatment, education and support for children with Autism, their families and the community at large.	• Obtain a facility within Ingham county that will accommodate the provision of multiple therapies and educational events. • Train Staff in recommended assessment tools to develop a best practice assessment process. • Partner with other Agencies as appropriate to develop capacity to serve as an area Diagnostic Center. • Develop Capacity to provide Applied Behavioral Analysis services. • Hire additional staff in order to expand the provision of speech therapy, occupational therapy and behavioral supports. • Network with other agencies, school districts and advocacy organizations to: a) publicize and coordinate service and • Develop ancillary services and supports (e.g. Support groups or recreational activities). **2013 Update** •CEI CMH has recently opened a therapy center, the Ward cliff Abilities Center, to provide services to individuals with Autism and other

		disabilities. •CEI has developed a multidisciplinary assessment process to provide evaluation and diagnosis of Autism. Staff has been trained in the administration of the Autism Diagnostic Observation Train Staff in recommended assessment tools to develop a best practice assessment process. •CEI is currently in discussion with Michigan State University to examine the feasibility of joining together to bring an Approved Autism Evaluation Center (AAEC) to the Mid Michigan area, for children with Blue Cross Blue Shield or Blue Care Network Insurance •CEI CMH has hired additional Occupational Therapy and Speech Language Therapy Staff to expand provision of these services to more Children with Autism.
4.) Extended stabilization services for persons with acute psychiatric issues	Historically, AMHS has had only psychiatric hospitals, the Bridges Crisis Unit (BCU)/crisis residential program and other traditional outpatient/aftercare programs in which to stabilize persons with acute psychiatric issue. These resources have not been adequate to serve the almost 400 individuals, many of whom did not have an adequate discharge destination for follow up care, particularly related to psychotropic medications. Approximately half of these individuals were discharged on Probate Court orders.	• The Crisis Recovery Team was initiated in late 2011 to expand services for an estimated 250 adults being either discharged from psychiatric hospitalizations or diverted from psychiatric hospitalizations who do not quality for enhanced case management at AMHS, but have acute psychiatric issues, by providing short-term services (psychiatry, medication clinic, short-term case management stabilization, problem-solving, heath related services); the target maximum is 90 days of service with linkage to primary care for continued treatment. The primary goals of CRT are to improve the clinical care for these consumers as well as to reduce recidivism for the hospital and BCU. • Additionally, the BCU Coordinator recently worked with the BCU Medical staff to expand the BCU admission criteria allowing those with some types of medical needs which have previously been excluded from admission are now eligible for admission. **<u>2013 Update</u>** •The Crisis Recovery Team was initiated in summer 2011 to expand services for an estimated 250 adults being either discharged from psychiatric hospitalizations or diverted from psychiatric hospitalizations

		who do not quality for enhanced case management at AMHS, but have acute psychiatric issues, by providing short-term services (psychiatry, medication clinic, short-term case management stabilization, problem-solving, heath related services); the target maximum is 90 days of service with linkage to primary care for continued treatment. The primary goals of CRT are to improve the clinical care for these consumers as well as to reduce recidivism for the hospital and BCU. The Crisis Recovery Team served 251 individuals during the period 10/1/2012 – 9/30/2013, and provided 2336 services. •Additionally, the BCU Coordinator recently worked with the BCU Medical staff to expand the BCU admission criteria allowing those with some types of medical needs which have previously been excluded from admission are now eligible for admission. There will be a follow-up meeting with Dr. Stanley, Renee Benard, and John Berres to review BCU Admission Guidelines, the Supervision of Nurses Policy, and the AFC medical care guideline on 5/5/14 to address any follow-up and to formalize medical issue review processes.
5. Children/families that have experienced trauma and the interventions/treatment necessary to support them will be a priority of this CMHSP. We will focus particularly on children who are under the care of the Department of Human Services (DHS); i.e. children in foster care, and children and families who are open with Protective Services as a result of neglect or	Trauma and its harmful effects are wide ranging, especially among our more vulnerable populations such as children and youth. Current research indicates that exposure to trauma can have significant negative effects on brain development and children's sensory systems. Trauma exposure can cause such intense fear, anger, shame and helplessness that children are overwhelmed by their feelings. Children who are affected in this way often appear to be intentionally misbehaving and uncooperative when they are actually reacting to overwhelming sensory stimulation or emotional triggering. A specialized approach is needed.	This CMHSP intends to provide trauma-informed and trauma-specific mental health services to children and families who may not otherwise have access to these specialized services, especially those children who are under the care of DHS. Our plan includes the following: • Further development of our Children's Trauma Clinic, including the provision of occupational therapy and sensory integration services. • Increased partnership with DHS in an effort to: a. Provide DHS staff with education about the short-term and long-term effects of trauma on children b. Identify children and families who could benefit from trauma services c. Facilitate their entry into the CMH service delivery system for trauma services d. Provide education and support to DHS frontline and supervisory workers who may be experiencing the effects of secondary traumatic stress • Increased marketing to DHS, other community agencies, and families through the distribution of a CMH Children's Trauma

abuse.		Clinic brochure which is currently in development. • Enhanced training and staff development efforts for CMH clinical staff in trauma-related treatment, including: a. Continued training and skill development in Trauma-Focused Cognitive Behavioral Therapy, Structured Sensory Intervention for Traumatized Children, Adolescents, and Parents, Infant-Parent Psychotherapy, and Dialectical Behavior Therapy. b. Annual participation in continuing education efforts with the National Institute for Trauma and Loss in Children c. On-site training, scheduled in March, 2013, from Tina Payne Bryson, Ph.D., psychotherapist, researcher, and co-author of *The Whole-Brain Child*, which advances a therapeutic approach which helps to develop children's minds and integrate their brains for better treatment outcomes. **<u>2013 Update</u>** This CMHSP intends to provide trauma-informed and trauma-specific mental health services to children and families who may not otherwise have access to these specialized services, especially those children who are under the care of DHS. Our plan includes the following: •Further development of our Children's Trauma Clinic, including the provision of occupational therapy and sensory integration services. •Increased partnership with DHS in an effort to: a. Provide DHS staff with education about the short-term and long-term effects of trauma on children b. Identify children and families who could benefit from trauma services c. Facilitate their entry into the CMH service delivery system for trauma services d. Provide education and support to DHS frontline and supervisory workers who may be experiencing the effects of secondary traumatic stress •Increased marketing to DHS, other community agencies, and families through the distribution of a CMH Children's Trauma Clinic brochure which is currently in development. •Enhanced training and staff development efforts for CMH clinical staff in trauma-related treatment, including:

		a. Continued training and skill development in Trauma-Focused Cognitive Behavioral Therapy, Structured Sensory Intervention for Traumatized Children, Adolescents, and Parents, Infant-Parent Psychotherapy, and Dialectical Behavior Therapy. b. Annual participation in continuing education efforts with the National Institute for

CMHSP: CMH for Central Michigan

Priority Issue	Reasons For Priority	CMHCM Plan (include time frames and milestones)
1. Access/Assessment – To create an open-access environment to enhance potential for same-day assessment.	Re-designing the access structure would increase availability and participation while assuring consistent entrance criteria is followed.	1. Create flowchart of re-design including potential barriers (February 2013). 2. Run data for current baseline (March 2013). 3. Pilot re-designed structure (March - April 2013). **2013 Update** The access structure was redesigned and implemented on October 1, 2013 to increase service availability and consumer engagement while assuring consistent entrance criteria is followed.
2. Prevention and promotion of mental health awareness.	Increasing the agency's efforts would assist to reduce stigma, promote awareness, and inform of expanded service availability, specifically targeting youth, individuals with a mild and moderate mental illness, and individuals with a substance use disorder.	1. Expand behavioral health services in primary care locations (on going). 2. Expand services to children/youth through expansion of screening and assessment activities targeting children 18 months to 6 years (April 1, 2013). 3. Review expansion of children's services with a mild or moderate mental illness (October 1, 2013). 4. Increase the number of people trained in Mental Health First Aid (MHFA). Review the MHFA curriculum for youth for possible implementation (October 1, 2013). 5. Expand the suicide prevention training for staff and the community (October 2, 2013). 6. Host community event promoting mental health awareness (June 1, 2013). **2013 Update** CMHCM implemented efforts to reduce stigma, promote awareness, and inform of expanded service availability, for example: ✓ Expanded services to children/youth through expansion of screening and assessment activities targeting children 18 months to 6 years in the Autism Benefit ✓ Added a second MHFA trainer and added MHFA Rural and Youth trainer designations. ✓ Provided suicide prevention training for staff and the community ✓ Hosted 50th Anniversary of CMH with Patrick Kennedy ✓ Hosted suicide prevention speaker at four high schools ✓ Sponsored the Great Michigan Read event featuring Annie's Ghost

3. Collaboration – To expand collaboration with health care providers and local agencies and improve the whole health quality of care consumers receive.	Expanding collaborative efforts would assist to reverse the trend for individuals with a mental illness or developmental disability having a shorter life expectancy than the general population.	1. Hire a Heath Integration Director (April 2013). 2. Review communication with local agencies (December 2013). 3. Collaborate with newly-formed Federally Qualified Health Centers (FQHCs) and FQHC Look-Alike (2013). 4. Expand co-location of services (December 2013). **<u>2013 Update</u>** Provided Care Management training for Case Managers Reviewing partnership feasibility with an FQHC in Midland office Expanded co-location to Clare and Gladwin in addition to Harrison sites. Launched Whole Health Action Management consumer training model Ongoing dialogue with new FQHC and an FQHC Look Alike Supported Midland County-sponsored Behavior Risk Factor Survey

CMHSP: Copper Country Mental Health Services

Priority Issue	Reasons For Priority	CMHSP Plan
1. The need for more access to mental health services (including for those that don't meet criteria for community mental health services)	This was the highest rated concern by community stakeholders (see attached chart from CNA survey report 2012) and has remained a concern expressed by stakeholders over the years.	CCMHS ability to provide services to persons does depend on specified eligibility criteria. CCMHS will continue to educate community partners as to what those eligibility requirements are and assist them in understanding the services we provide as well as other resources that may be available to them in our community. In cooperation with NorthCare Network, CCMHS will continue to provide persons looking for services with the necessary referral information to assist them. **2013 Update** With the recent Medicaid Expansion in the State of MI, CCMHS expects to provide services to more individuals who meet the revised eligibility criteria. Education to the public and community partners will continue.
2. The need for more mental health services for children & youth 0-18	This was rated the second 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. **2013 Update** Wraparound services have been added to serve families. Infant Mental Health Services are provided to seven children zero to five years of age and their families. Trainings were held at the CCMHS Institute throughout the year to support caregivers and were sponsored by the Great Start Regional Child Care Resource Center. In 2013, The CCMHS Institute provided substance abuse prevention and promoted positive mental health through the use of Michigan Model for Health® lessons for elementary students. Students from seven area school districts participated while at

		summer Great Explorations care sites.
3. The significant increase in substance/drug abuse in the community	This was rated the third most important concern of community stakeholders	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 Western UP Regional Substance Abuse Services Coordinating Agency. 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. **<u>2013 Update</u>** Services continue and will likely expand with Medicaid Expansion. In 2013, The CCMHS Institute provided substance abuse prevention and promoted positive mental health through the use of Michigan Model for Health® lessons for elementary students. Students from seven area school districts participated while at summer Great Explorations care sites. CCMHS has entered into an agreement with the Drug Court in Houghton County to assess participants for a mental illness component and refer to appropriate service providers.
4. The need for more access to psychiatry services	This was rated the fourth most important concern of community stakeholders	For several years, CCMHS has attempted to recruit an additional psychiatrist to its staff without success. CCMHS is presently collaborating with a local primary healthcare provider, Portage Health Systems to recruit qualified providers of psychiatry services to our catchment area. In 2013, CCMHS will employ a part-time nurse practitioner to assist with providing psychiatry services to persons served. These two developments have been very encouraging to CCMHS in meeting this need.

		2013 Update A part-time nurse practitioner is currently employed along with the existing two psychiatrists on staff. The need for more services continues, although recently CCMHS entered into a contract for telepsychiatry services, which will also help to meet the increasing need for more access to these services.
5. The need for more public transportation options	This was rated the fifth most important concern of community stakeholders	Public transportation issues have been raised by area citizen groups throughout our catchment area for many years. So, it was not a surprise to hear this concern expressed by focus group participants, the majority of which are persons with developmental disabilities working in the community who find transportation their biggest hurdle to maintaining employment. Although CCMHS is not responsible for providing transportation services, it recognizes the limitations that a lack of affordable public transportation places on persons served. CCMHS continues to coordinate transportation services as well as advocate for and support the efforts of persons served to acquire public transportation. For example, the Ontonagon County RICC (Regional Interagency Consumer Committee) is working with the Ontonagon County Transit to provide transportation to groups for special events and the transit manager is a member of the RICC group. Also, the Houghton County RICC has invited their congressional representative to their meeting to discuss their concerns over the lack of affordable public transportation. **2013 Update** Public transportation options continue to be a need throughout our catchment area. Demand for services continues to exceed the supply. Awareness of this need remains a topic of discussion by many collaborative community groups, one of which recently published a full brochure outlining the transportation services that are available with contact information, hours of services, service routes, etc. CCMHS has made the effort to distribute this information agency wide.

CMHSP: Detroit-Wayne County Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Homelessness	Homelessness and issues related to housing appeared across a number of items as a top priority for stakeholders. In response to the survey question, "Which of the following populations are most underserved?" the top response was 'homeless', being ranked first among nearly half (45%) of respondents. Furthermore, in response to the question, "Which of the following are the most significant mental health	D-WCCMHA Board of Director's Strategic Plan and Funding Priorities #9: "Decrease Consumers Experiencing Homelessness and Residential Instability". D-WCCMHA Permanent Supportive Housing Initiative. **2013 Update** 1,374 individuals were housed in FY 12/13. This data was compiled from the completion of all information entered into the Homeless Management Information System (HMIS), Annual HUD Progress Reports (APR) entered into esnaps, Service Point and the PDX Exchange System for Projects for Assistance in Transition from Homelessness (PATH). Also through the DWMHA Permanent Supportive Housing Initiative and during FY 12-13, a total of 129 individuals successfully moved into permanent supportive housing surpassing the goal of 125 consumers. With AHP assistance, the Authority also remains committed to expanding workforce development by ensuring the provision of training for all staff hired to provide supported housing services according to the best practices. Since FY 11-12, the Authority worked with AHP to develop an on-line training curriculum that is posted on the VCE website. Through FY 12-13, a total of four modules were developed. Module 1 is entitled "Overview of Permanent Supportive Housing"; Module 2 is "Housing and Recovery"; Module 3 is "Planning for Housing: Addressing Housing Needs Through Person-Centered Planning"; Module 4 is "Critical Time Intervention in Permanent Supportive Housing". A fifth module entitled "Assuring Quality In Evidence-Based Practices: Introduction To The General Organizational Index (GOI)" was created but required additional post-production work and thus was not completed and posted on the web site at the end of FY 12-13. In order to ensure system wide implementation and sustainability of PSH, the Authority's goal for next fiscal year is to significantly enhance the availability of this training curriculum. The target audience varies from module to module but in total includes all levels of professionals in the provider network. This includes clinicians, therapists, case managers, care coordinators, administrators, physicians, peer support specialists, direct care personnel, and MCPN personnel. Additionally, AHP staff conducted a two day training regarding how to implement the SAMHSA Permanent Supportive Housing (PSH) fidelity tool and the General Organizational Index (GOI) to assess performance and effectiveness of the PSH program. The GOI measures a set of general operating characteristics of an organization hypothesized to be related to its overall capacity to implement and sustain any evidence-based practice (EBP). For PSH, the GOI is intended to be a companion assessment tool used at the same time the PSH fidelity scale is administered. While fidelity scales differ greatly among EBPs, the GOI is largely the same from

	needs in the community that are not being addressed?" the fourth most frequent response (27%) of 16 possible responses was 'housing'. When asked, "Which *one* need do you recommend as the priority for D-WCCMHA?" the third most frequent recommendation was 'housing' (tied with 'Access to Benefits'). In addition, over half of the focus groups reported that housing among individuals receiving services is a top priority. (Figure 2)	practice to practice. The utility of the GOI across EBPs suggests that it may be useful for other non-PSH staff (i.e., quality, evidence based medicine, etc.). The target audience for this training included both PSH and non-PSH staff. During FY 12-13, the PSH-participating providers conducted a fidelity and GOI self-assessment. Although the providers were more generous with their scoring, an over-site review of their evaluation substantiated that there has been year-to-year improvement in the implementation of the PSH program.
2. Transitioning from one care arena to another	Respondents to the on-line survey were asked to identify the two	ARR Section 6: Treatment of People in the Criminal Justice System. ARR Section 8: Coordinating and Managing Care. D-WCCMHA Board of Director's Strategic Plan and Funding Priorities #4: "Improve Jail Diversion Efforts With Attention to Pre-booking Efforts and Community Re-entry Supports".

	most underserved populations in the Detroit-Wayne County area. Adolescents who have SED and are transitioning to adult services were identified as the second population (42%) population most underserved. Another transitioning population, those transitioning from jail or prison back to the community – was identified third most frequently (36%) as most underserved. (Figure 2)	**2013 Update** **Jail Diversion Contracts: Wayne County Children and Family Service (CAFS) Case Differentiation Unit (CDU), expected outcome – screen 1,080 incoming inmates:** total screened 14,240 inmates: 11,614 K-6 screenings; 2,447 pre-trial screenings; and179 post-sentencing screenings. **Wayne County Jail Mental Health Service, expected outcome – serve 4,000 priority population inmates:** admitted 4,604 for mental health care: 3,239 were diagnosed with a serious mental illness; 3,302 were diagnosed with a co-occurring mental illness and substance abuse disorder; 10 inmates with developmental disabilities received mental health services; and there were 59 Administrative Jail Releases (AJR). **Wayne County Office of the Prosecutor Expedited Plea/Plea Under Advisement program , expected outcome – evaluate 150 -200 priority population referrals:** received 280 referrals for evaluation, 167 were found criminally acceptable for recommendation to the court for probation with community-based mental health treatment (Detroit Central City Early Release program); 113 were deemed not eligible due to criminal history, presenting charge, guidelines too low or refused offer for mental health diversion; 55 of evaluated cases referred to Mental Health Court and 34 referred as court's discretion. **Detroit Central City Community Mental Health Early Release Program, expected outcome – serve 160 consumers:** served 163; 13 completed the 12 month program; and 770 case management services were provided to consumers (an average of 4.72 case management contacts per program consumer). **Northeast Guidance Center Community and Police Partnership Advocacy (CAPPA) Police Training, expected outcome – train 770police officers:** trained a total of 1,462 Detroit Police Department officers; and 18 police officers from various out-Wayne County police jurisdictions. **Northeast Guidance Center CAPPA Peer Support - Police Training:** peer support specialists provide support to Police Training team which include follow up to police districts that have signed a MOU with the Agency and arranging appointments; the certified peer participates in police training "tells recovery story" to provide further insight and understanding; both peers maintain records and coordination. **Northeast Guidance Center CAPPA Police Outreach, expected outcome – Police Liaison (mental health clinician) and police officer will divert 306 priority population and 653 permissive population from jail incarceration through pre-booking jail diversion interventions:** 878 street encounters were made by the Police Liaison and on-duty police officer; the outreach team intervention resulted in 790 referrals to mental

		health services and 758 referrals to human services. Only one street encounter resulted in an arrest. **Northeast Guidance Center CAPPA Peer Support Specialist - Police Training*** Northeast Guidance Center received a block grant to hire a full time Peer Support Specialist to provide additional support to the CAPPA Police Training, to achieve training goals in out-Wayne County police jurisdictions. Peers were trained in their support role through a coordinated, collaborative cross-training approach, which included the police and Northeast Guidance Center's master level clinicians, in a classroom setting. These efforts assured the integration of the peers into the training process and recognition of the professional nature of the peers training and contribution to the workplace. CAPPA Peer Support Specialist - Police Training program was successful in accomplishing the following throughout fiscal year 2012/2013: • Advertised, recruited and hired three different Peer Support Specialist over the course of the year. • Created a orientation process to train Peer Support Specialist staff which included cold call processes, riding with police officers and CAPPA Police Liaison. • Developed a networking packet and distributed it directly to out-Wayne County police jurisdictions. • Peers served the program by marketing training to out-Wayne County police jurisdictions; they conducted multiple outreach visits to various out-Wayne County police jurisdictions, monthly. • Maintained training schedules for CAPPA Police Trainers. • Participated in trainings by sharing their recovery story.
3. Integration and Collaboration	Respondents were asked next to identify the most significant mental health needs of the community that were not being	ARR Section 8: "Coordinating and Managing Care". D-WCCMHA Board of Director's Strategic Plan and Funding Priorities #7: "Improve Integration of Physical, Mental Health and Substance Abuse Systems of Care Coordination" D-WCCMHA Board of Director's Strategic Plan and Funding Priorities #8: "Improve Response to Co-Occurring Disorders, Particularly With Substance Abuse". **2013 Update**

	addressed adequately. Access to services (34%), **integration of services (32%),** and transportation (28%) were identified as the three greatest needs. (Figure 3) The next item asked respondents to identify the *one* need that D-WCCMHA should address as the top priority. Access to services (17%) and **integration of services (15%) again** appeared as the top two responses. (Figure 4)	The Agency has three key initiatives related to coordinating and managing care. They include integration of SUD and Mental Health, Primary Care and Behavioral Health for Adults and Primary and Behavioral Health for Children. The Authority submitted its Plan to Plan for the integration of SUD and Behavioral Health. A SUD steering committee has been formed to implement and further develop the plan. Subcommittees have been formed to carry out the recommendations. We are on target for the deliverables of this plan. The second area is Primary Care and Behavioral Health for Adults. The Authority recognizes that significant opportunity to improve outcomes of persons served by integrating primary care and behavioral health. The Authority has formed a Primary Care and Behavioral Health Steering Committee. They have developed a plan to expand our capacity for integrated care. The results of that activity to date indicate that we have more than 25 providers that are providing some level of integrated care. A third of the providers are level two providers, another third are between level 3 and 5 and the remaining providers are level 6. Level 1 & 2 indicate Minimal or Basic collaboration at a distance, Level 2 indicate basic collaboration on-site, Level 3 indicates Close collaboration in a partly integrated system and levels 5 & 6 indicate a close collaboration approaching a fully integrated system or a close collaboration in a fully integrated system. The Authority has been selected as a pilot site for implementation of the MDCH's Dual Eligible Program. A plan is being developed to implement this pilot as part of our integrated care activity. Screening Kids in Primary Care Plus (SKIPP), an initiative at Starfish Family Services, provides behavioral health screening, assessments, and referrals to services through the use of Behavioral Health Consultants placed at pediatric practices throughout Wayne County. These professionals work closely with Primary Care physicians and serve as specialists for pediatric patients with behavioral health or developmental needs. Currently, Behavioral Health Consultants are working within 4 practices and have been successful at identifying children with needs and linking them to appropriate services. 1,438 children were screened and assessed by primary care physicians and Behavioral Health Consultants in 2012-2013. In addition to the above, the Authority created positions to champion these initiatives. The Authority hired a new Director of Substance Use Disorder and a new Director for Integrated Health Care.
4. Access to Services	Respondents were asked next to identify	ARR Section 7: Assessing Needs and Managing Demands. ARR Section 8: Coordinating and Managing Care.

the most significant mental health needs of the community that were not being addressed adequately. **Access to services (34%)** and integration of services (32%) were identified as the two greatest needs. (Figure 3)

The next item asked respondents to identify the *one* need that D-WCCMHA should address as the top priority. **Access to services (17%)** and integration of services (15%) again appeared as the top two responses. (Figure 4)

2013 Update

In addition to continuing meeting the standard for the three performance indicators (1, 2 and 3) under the Access Domain described in the Michigan Mission Based Performance Indicators Code Book, the DWMHA has also implemented Satisfaction surveys which are valuable tools healthcare providers can use to identify areas that need improvement. By extracting accurate, measurable data, satisfaction surveys can help assess the quality of utilized care and service from the stakeholders' perspectives. The Access Center, MCPNs and Service Providers conducted provider and customer satisfaction surveys using a variety of tools. For example, the Access Center's satisfaction survey process requires all calls that come into the Access Center are requested to participate in a satisfaction survey (with the exception of crisis calls as this would not be clinically appropriate). Providers and consumers are administered separate surveys consisting of similar questions. The surveys are compiled of several questions that address: Quality of Care, Access and Attitude/Service. All items are rated on a scale of 1 (poor) to 5 (excellent) or N/A. Below is a breakdown of the aggregated satisfaction rate:

DWMHA Access Center Consumer Satisfaction

	1Q	2Q	3Q	4Q	FY12/13 Cumulative	FY12/13
Consumers that Agreed to participate in a survey	1,726	1,257	3,699	1,794	**8,476**	*9,739*
Surveys that did not receive a response	1,153	905	2,917	1,366	**6,341**	*6,710*
Surveys administered	573	352	782	428	**2,135**	*3,029*
Satisfaction rate	99.06%	98.53%	94.9%	95.4%	**96.97%**	97.66%

DWMHA Access Center Provider Satisfaction

	1Q	2Q	3Q	4Q	FY12/13 Cumulative	FY12/13 Cumulative
Providers that Agreed to participate in a Survey	118	88	254	169	**629**	1,743

Surveys that did not receive a response	65	44	157	122	**388**	1,217
Surveys administered	53	44	97	47	**241**	526
Satisfaction rate	98.96%	99.94%	99.15%	97.71%	**98.94%**	96.69%

Similar to FY 11-12, the Access Center met the benchmark of 95% consumer satisfaction rating for FY 12-13. The Access Center also conducts silent monitoring which is an internal quality evaluation measurement utilized to ensure adherence to best practice standards. Fifty calls total are silent monitored each month (600 annually). Each call is given a percentage rating based on 14 quality review items for the customer unit and 17 quality review items for the clinical unit. Each item is rated on a Likert scale of 1 (poor) to 5 (excellent). The breakdown of each item average score and percentage can be seen in the table below that shows the 95% standard was exceeded in all domains except for agreement to participate in follow up.

Customer Service Unit	**1Q**	**2Q**	**3Q**	**4Q**	**FY 12/13 Cumulative**	FY11/12 Cumulative
Customer Service Specialist Identified themselves	99%	100%	99.3%	99.3%	**99.4%**	96.8%
Notified caller they may be recorded for Quality Assurance	100%	100%	99.3%	100%	**99.8%**	97.8%
Assess Call for a Crisis Situation	98%	100%	99.3%	99.3%	**99.2%**	96.5%
Quickly Identified the callers needs	99.9%	100%	100%	99.9%	**99.9%**	99.5%
Treated Caller with Dignity and Respect	100%	100%	100%	99.9%	**100%**	99.7%
Demonstrated a welcoming & Customer Service Oriented Attitude	99.9%	100%	100%	100.0%	**100%**	99.2%
Demonstrated Empathy, Acceptance & Positive Regard for Individuals Regardless of Readiness to Change	100%	100%	100%	100%	**100%**	98.6%
Listened to all requests & answered all questions	99.5%	100%	100%	99.9%	**99.9%**	98.4%
Demonstrated Program Knowledge	99.9%	100%	100%	100%	**100%**	98.9%
Sounded Confident and Comfortable	99.9%	100.0%	100.0%	100.0%	**100%**	99.6%
Spoke Clearly/Appropriate Pace	99.6%	99.6%	100.0%	99.9%	**99.8%**	98.3%
Caller was asked to participate in a follow up survey	58.1%	60.1%	57.6%	60.3%	**59.0%**	55.6%

		Caller was linked to appropriate unit/caller's objective was achieved	100%	100%	100%	100	**100.%**	99.4%
		Clinical Unit						
		Clinicians Identified themselves & Title	97.5%	97.5%	99.2%	100	**98.5%**	97.7%
		Notified caller of approximate time to complete clinical screen	97.3%	100%	99.1%	98.3%	**98.7%**	96.8%
		Clinician discussed confidentiality & duty to warn	97.4%	98.3%	98.2%	100%	**98.5%**	95.4%
		Quickly Identified the callers needs	99.3%	99.3%	99.3%	100%	**99.5%**	99.5%
		Treated Caller with Dignity & Respect	100%	99.7%	100%	100%	**99.9%**	99.3%
		Demonstrated a welcoming & customer service oriented attitude	99.3%	100%	99.7%	100%	**99.8%**	97.6%
		Listened to requests & answered additional questions	99.4%	99.7%	100%	100.0%	**99.8%**	98.8%
		Demonstrated Program Knowledge	100%	100%	99.7%	99.7%	**99.8%**	98.6%
		Sounded Confident & Comfortable	99.7%	99.3%	99.7%	100%	**99.7%**	98.4%
		Spoke Clearly/Appropriate Pace	99.3%	99.3%	99.7%	100%	**99.6%**	97.7%
		Clinician provided an option for choice of provider/MCPN	100%	100%	100%	100%	**100.0%**	99.2%
		Appt. was set within 14 calendar days	97.4%	100%	100%	100%	**99.4%**	96.9%
		Clinician provided caller with information on what they will need to bring to the intake appt.	95.3%	92.2%	94.1%	96.3%	**94.5%**	91.6%
		Caller was linked to the appropriate unit/caller's objective was achieved	100%	100%	10%	100%	**100%**	99.5%
		Total	**98.2%**	**98.6%**	**98.1%**	**98.2%**	**98.3%**	97.1%

5. Prevention: •Suicide •Early Detection •Trauma Informed System of Care	When asked to identify the *one* need that D-WCCMHA should address as the top priority,	D-WCCMHA Board of Director's Strategic Plan and Funding Priorities #10: "Increase the Reimbursements to Incentivize providers to Increase Trauma Focused Best Practices". ARR Section 2: Improving the Culture of Systems Care". **<u>2013 Update</u>** The Authority remains committed to increasing the number of qualified mental health practitioners provid Trauma Focused Cognitive Behavioral Therapy (TF-CBT) system wide and to increasing the utilization of TF-C

	prevention and early intervention were named as the fifth most recommended priority. (Figure 4)	serves for children and youths struggling with trauma related difficulties. From FY 11-12 to FY 12-13, the ove number of staff who completed training increased from 15 to 22 and the overall number of staff who contin and/or began training increased from 15 to 47. The Authority also partnered with the VCE and implemented the following four trauma informed learning series trainings during FY 12-13: 1. Time for Resilience: How to Build Resilience in Children with Sarah Slamer, MA, LLPC, CTC-s (3 CEUs) - 204 participants. 2. Promising Practices: Third Wave Cognitive Behavioral Therapy with Tamara Lovirch, PhD (3 CEUs) - 171 participants. 3. Differential Diagnosis between Oppositional Defiant Disorder and Post Traumatic Stress Disorder in Children with Caelan Kuban, LMSW (3 CEUs) - 349 participants. 4. Trauma-Informed Care: Raising Awareness about Trauma within Evidence-based Practices for Adults with Serious Mental Illness and their Families Also a two-day Suicide training was provided in partnership with VCE on "Applied Suicide Intervention Skills Training (ASIST)" In addition to the above a half-day training session was provided in partnership with the Eastern Michigan University Agency Collaboration project: Raising awareness on the topic of trauma was the featured focus of the 3rd Quarter Evidence-Based Practice e-newsletter distributed across the Detroit-Wayne provider network article, "The Centrality of Trauma" In September 2012, we received notification that the Children's Trauma Assessment Center (CTAC) received a 4 year SAMHSA award and DWMHA was named as a partner. This grant started 10/1/12. This grant is to assist Detroit in becoming a trauma informed system. CTAC has provided several trainings to educators through Wayne areas. They have also provided two Trauma Focused Cognitive Behavioral Therapy (TF-CBT) trainings. We have also received two trainings for Secondary Traumatic Stress, one in FY 12-13. DWMHA also have providers who have been participating in MDCH TF-CBT cohorts. Monthly leadership meetings occur with CMH representatives, Parent representative, and Juvenile Justice Representatives to continue to discuss system expansion in regards to a trauma informed system. In FY 12-13, the Trauma-Focused Cognitive Behavioral Therapy initiative continued to grow and 148 youths received TF-CBT as a component of their services. This is an increase of 24 or 16% from FY 11-12 during which 124

		youths were served

CMHSP: Genesee County Community Mental Health

Note: Genesee Health System (GHS; formerly Genesee County CMH) uses a five-year strategic planning process (with annual updates and modifications as needed), which, in 2013, is in its fifth year. The planning process yielded similar findings to the present needs assessment. Thus, most of the items identified below reflect activities already in process in the plan. A new five-year plan is scheduled to start in 2014. Its development will include review of needs identified in the current assessment.

Priority Issue	Reasons For Priority	CMHSP Plan
1. Maintaining / improving service accessibility	This was a strongly expressed priority for stakeholder survey respondents. Also, as Genesee moves from being a stand-alone PIHP to part of Region 10, it will be important to maintain ease of access and ensure continuity.	The CMHSP strategic plan includes multiple interventions that are ongoing: • GHS is developing strategies to improve visibility and communication via social media such as Facebook and Twitter • GHS has changed its name to better reflect the integrated health emphasis, and also to reduce potential stigma associated with the term "mental health". • Region 10 is preparing for potential Medicaid expansion, which will provide eligibility for mental health services for many more individuals. • A number of processes have streamlined Access services, including direct referrals (no Access screen) for children and SUD outpatient, simplified processes for jail screenings, and courtesy referrals to other providers for those not eligible for GHS services. • GHS provides an annual grant to the Genesee Health Plan to provide a limited mental health benefit for those not eligible for CMH services. In 2012, the grant amount was $537,875. In FY 2013, we are planning additional study and interventions: • Stakeholder survey findings will be shared with the PIHP Consumer Advisory Group and the CMHSP Consumer Council, to elicit recommendations regarding Access. • By 5/1/2013, the GHS Quality Management Committee will review Access issues with *ad hoc* participation by Marketing and Access representatives, to develop a plan to address continued perceptions of difficult access, lack of knowledge of services, and long wait times.
2. Physical health for individuals with SMI and DD	2008 NASMHPD report findings on life expectancy for individuals with SMI are consistent with GHS data for SMI, and also DD consumers. Mean age at death for GHS consumers with MI or DD is consistently	GHS's strategic plan is heavily focused on physical health, including the following initiatives: • Development of an FQHC (opened 2012) • Implementation and expansion of InSHAPE®, an evidence-based practice focused on physical health promotion for CMH consumers • Organization-wide promotion of wellness activities and programs, including consumers and staff, including a community garden, InSHAPE®, and integration of physical health measures into the GHS EMR. • GHS has selected completeness and validity of health measures as the PIHP's optional

Priority Issue	Reasons For Priority	CMHSP Plan
	around 50. Annually, around 70%-80% of consumer deaths are due to natural causes.	Performance Improvement Project in 2013. One motivation for this is to gain complete and accurate data that can be used to identify consumers at risk, and target appropriate interventions toward the risk. • Implementation of a Recovery Navigator Health Home pilot project to assist "hot spotter" consumers with multiple health issues in staying engaged with services. In FY2013, we received an MDCH grant to expand the project. • GHS has established relationships with a number of organizations, locally and nationally, focused on integrated healthcare. • GHS continues to host onsite primary care services provided by practitioners from the Hamilton Clinic, a Genesee County FQHC. • GHS is partnering in development of the Center for Hope, a one-stop resource for multiple needs, including CMH and healthcare.
3. Homeless individuals with mental illness	Homelessness increased by 78% from 2009 to 2011.	Again, this is a focus GHS has already identified in its strategic plan. The plan includes several interventions that are ongoing (status reports as of 2012): • Development of a new FQHC with homeless as a targeted population (opened 2012) • Plans for the Center for Hope include homeless services, and the homeless are a major target population for its services. • Supervisor position dedicated to housing issues continues to work closely with National Homeless Council and other local and regional groups • 5/2012: started Chronic Homeless Initiative grant services • GHS provides grants to homeless shelter providers in order to enhance their ability to serve CMH-eligible clients (grants totaled $330,000 for 11 providers in FY 2012)
4. Community resource needs	Needs assessment clearly documents general need. The proportion of the population on Medicaid has increased by 10% since 2008, While slowly recovering, community unemployment rates are still high. Violence, bullying, and other social problems were identified by many respondents on the needs assessment.	GHS maintains an active engagement with the community around prevention and education activities. This forms, again, an area addressed in our Strategic Plan: • A new grant in 2012 focuses on anti-bullying initiatives; In 2013, GHS will, for the second year offer the "Bullyproof" day camp during the summer. • Genesee is one of ten Michigan counties to share a three-year SPF/SIG grant focused on substance abuse prevention. • GHS is participating in SWAP (Students Who Appreciate Peace) initiative with schools, churches and other community groups. • GHS provides psychiatric and social work support to the Genesee Valley Regional Center, which houses juveniles detained by the court. We also provide staff to do mental health screenings at Juvenile Court, consultations for new juveniles entering the Probate Court system, and provide Multi-Systemic Therapy for juveniles diverted from court residential placements. Needs Assessment findings will be used as we plan prevention and outreach activities. The starting point for systematic inclusion of the needs assessment information will be the Quality Management Committee, where GHS's Manager of Prevention will participate in review and

Priority Issue	Reasons For Priority	CMHSP Plan
		planning.
5. Assurance of an adequate professional workforce	While only a few Needs Assessment comments touched on this topic, it has been a focus of scrutiny for GHS for several years. The 32.75 vacancies documented in the FTE equivalent data submitted along with this report represent mostly professional staff – psychiatrists and master's level clinicians. This information is consistent with frequent reports from GHS providers that they have substantial difficulty in recruiting and retaining psychiatrists and Master's level mental health professionals.	GHS is investing aggressively in workforce development activities, as reflected in the Strategic Plan: • Base pay within the CMH provider for some professional staff classifications has been increased. • GHS hired a seasoned LMSW in 2012 to develop and grow the intern pipeline for schools of public health, psychology, social work, and the allied health professions. • GHS continues to operate a "Grow the Field" summer internship program for undergraduates – the project is in its 7th year. • In 2012, GHS consulted with Advocates for Human Potential to develop workforce initiative, which included conducting a salary survey/analysis cost of hiring, identifying methods of recruiting outside the area, and the development of a recruitment and retention plan. • GHS has formed a collaboration with the CMH School of Medicine, Department of Psychiatry in order to provide training sites for psychiatry residents.

CMHSP: Gogebic CMHA

Priority Issue	Reasons For Priority	CMHSP Plan
1. Prevention Services: School Based Services	Review of ongoing satisfaction surveys from consumers and community partners as well as results from recent needs assessment survey for program planning which included consumers and community partners	Providing Services In Our Public Schools and Prevention Programs – Gogebic County CMHSP is working towards providing services in our public schools. Internally, the agency has re-aligned caseloads, appointed a Children's Services Supervisor and re-structured children's services to a family-focused children's program. The increase in the need for children's services has been apparent. The next step in this process is to hire staff to provide services in the public school system. Decision making relies on the agency budget to make a future commitment to fund these services. This commitment will include a focus on a prevention program. Gogebic County CMHSP has a strong desire and need to provide services to the children of our community! **2013 Update** 1. Speak with the DCH prevention staff to discuss prevention model. (complete) 2. Speak with local school districts to discuss the possibility of implementing school success services (complete) 3. Hire a person to fill the position (complete) 4. Have the worker meet with other school success programs (complete) 5. Develop a program plan and description (in progress) 6. Enroll program with PIHP by 4/1/14 7. Initiate the school success program in one school by 4/1/14

2.Family Focused Services	Same as above	1. Establish a support group for individuals with ID/DD and their families. 2. Determine from group above need areas/interests and assist in facilitating group, to include providing/acquiring subject matter experts for presentations. 3. Continue to support staff development in Family focus training and implementation of EBP's and Promising Practices as relevant. It is anticipated that this group will organize in mid-April and the group will determine future direction from attendee input. Staff will continue to be offered training opportunity in the area of Family Focused care. **<u>2013 Update</u>** GCMHA has increased training, education and support to staff regarding family focused services. In addition GCMHA has partnered with DHS, the courts and schools to further address community focus, education and organizational collaboration with children and families. GCMHA has provided community partner training in trauma awareness for children and families. In addition a wraparound coordinator has been trained and GCMHA is in the process of contemplating a parent support partner position.
3.Community Education and outreach	Same as above	Continue education and awareness efforts relating to mental illness and developmental disabilities and attempting to reduce stigma related to such, which include: (1) monthly articles and various advertisements in local paper; (2) highway billboard signs [currently have suicide prevention and anti-bullying displayed on the two major highways in Gogebic County]; (3) CMH staff availability for community education regarding mental health; (4) offer and organize community Mental Health First Aid training; (5) up-to-date information on CMH agency web site and face book page; (6) update-to-date information on recovery bulletin board located in CMH lobby; (7) update on an as-needed basis, the CMH-developed anti-stigma 20-minute video in Outpatient waiting room to include wellness/healthy information and children-specific information; (8) host 2nd annual Walk A Mile In My Shoes campaign (scheduled for May 22, 2013). The agency's anti-stigma committee has been very active in education and awareness since July 2011; in addition to the above events that the Committee has assisted in organizing, planning, etc., the Committee was successful in bringing Eric Hipple, retired Detroit Lions QB,

		now working at the University of Michigan Depression Center, to Gogebic County in the Upper Peninsula to provide depression, suicide prevention, and mental fitness presentations to all local schools, touching approximately 1,000 middle- and high-school students. Mr. Hipple also conducted a Community Awareness night, which presentations focused toward parents and adults. **2013 Update** CMHA continues in a community education program through educational services to the community. In addition GCMHA has an active anti stigma and wellness program that the staff and consumers have participated in. Outreach efforts continue thru billboards and regular newspaper articles. In addition GCMHA has launched a Facebook account to help facilitate access and information.
4. Enhanced Psychiatric services for mild to moderate population	Same as above	1. Assess current CMHA needs for priority population. (this happens on an ongoing basis in review of psychiatric schedules and referrals for psychiatric services) 2. Continue to evaluate need to expand psychiatric care for current consumers via a nurse practitioner and or hiring additional psychiatric care. 3. Discuss with community partners the ability to contract with an existing psychiatrist and or nurse practitioner. 4. Discuss with UPHP the ability to bring additional psychiatric services for non CMHA consumers. The ability of CMHA to develop or expand services for the mild to moderate population is directly correlated to the Medicaid expansion efforts, dual eligibility pilot, integrated care and discussion/planning with community stakeholders. Upon determination of Medicaid expansion and the dual eligible pilot additional community and regional meetings will occur to help develop further plans. It is anticipated that once the state has determined Medicaid expansion plans and the dual eligible pilot further plans can be developed and implemented. **2013 Update** 1. Assess current CMHA needs for priority population. (this happens on an ongoing basis in review of psychiatric schedules and referrals for psychiatric services) 2. Continue to evaluate need to expand psychiatric care for current consumers via a nurse practitioner and or hiring additional psychiatric care. 3. Discuss with community partners the ability to contract with an existing psychiatrist and or nurse practitioner. 4. Discuss with UPHP the ability to bring additional psychiatric services for non CMHA

		consumers. The ability of CMHA to develop or expand services for the mild to moderate population is directly correlated to the Medicaid expansion efforts, dual eligibility pilot, integrated care and discussion/planning with community stakeholders. Upon determination of Medicaid expansion and the dual eligible pilot additional community and regional meetings will occur to help develop further plans. It is anticipated that once the state has determined Medicaid expansion plans and the dual eligible pilot further plans can be developed and implemented
5. Enhanced access mild to moderate population	Same as above	Gogebic County has limited availability of private sector mental health treatment for the mild to moderate population. At this time there is only one provider located in Ironwood, MI. Catholic Social Services has had discussed opening a clinic but has not done so to date. There continues to be a tremendous need within our county for services locally for this population. It would certainly be our prerogative to serve this population but our funding is limited. We have been selected by DCH as a Dual Eligible pilot site and therefore will be providing services to the mild to moderate Dual Eligible population as of 1/1/2014. It is yet to be determined if the Medicaid Expansion, if approved, will transfer the responsibility of serving the mild to moderate to CMH or have the Health Plan retain the service. When this has been determined, and CMH holds the funding and responsibility, we will begin the process of recruitment of qualified staff to serve the mild to moderate population. **2013 Update**

CMHSP: Gratiot County Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Become licensed as a Substance Abuse Treatment Provider.	A recurrent theme in the community surveys was a general acknowledgement that current SA services were either inadequate or ill-received from the current provider. Gratiot CMH has, up to this time, chosen not to compete with the local CA-contracted entity; however, most CMH clinical staff are MCBAP credentialed, thus providing "Co-Occurring Knowledgeable" treatment. With the mergers of the CA's into the relevant CMH's and in order to provide true IDDT, becoming a licensed treatment provider seems appropriate and per the community's wishes.	1. Confirmation from CEI – CA that additional SA providers can be added to the existing provider network. Timeline: 03/15/13 2. Complete and submit application LARA/SUB - 500. Timeline: 04/15/13 3. Receive SA Treatment license and join the CA's Provider Network. Timeline: 07/31/13 **<u>2013 Update</u>** 1. Update: Goal met. 2. Update: Goal met, although timeline was necessarily amended to 09/03/13. 3. Update: SA Treatment License #SA0290034 approved 10/09/13. At this time the agency will provide co-occurring care but will likely wait until the full merger of MH and SUD before becoming a contracted SA provider.
2. Expand existing co-location sites by at least one, possibly two sites.	Gratiot County does NOT have county-wide public transportation, nor has the local DHS been successful in building capacity to meet their medical-related transportation responsibilities. Thus, CMH personnel provide a substantial amount of transportation for both	1. Gratiot CMH has previously identified the County Court as a possible site to provide co-occurring services (see #1 priority) and as a possible access point for individuals whose mental health needs have been contributory to their legal issues. Thus, CMH will pursue dialogue from the Gratiot County Courts to co-locate a CMH clinician on site. Timeline: 03/15/13 2. If favorably reviewed by the County Courts, co-locate a CMH Clinician in that environment. Timeline: 06/15/13 3. The Gratiot CMH Leadership Team will evaluate demographic data that should represent the underserved area(s) of the county. Timeline: 04/15/13

	medical and mental health appointments. Not having public transportation in this rural county has been a barrier for access, too, and additional co-located sites in defined geographical areas would serve as additional access points, as well as service delivery sites (potentially Health Integrated with Primary Care).	4. The Gratiot CMH Leadership Team will pursue dialogue with local Primary Care Physicians in the most likely geographic area (using data from #2). Timeline: 07/31/13 5. If a Primary Care Physician is willing to enter into a Health Integration agreement, train and co-locate a CMH Clinician to that environment. Timeline: 10/01/13 **2013 Update** 1. Update: Goal met. 2. Update: Goal met; however, the CMH Clinician's start date was necessarily amended to 07/08/13. 3. Update: Goal met. Breckenridge area deemed most likely. 4. Update: Goal met following discussion with Mark Santamaria, CEO at MidMichigan Health – Gratiot. 5. Update: Goal NOT met. Gratiot CMH is an active participant in MDCH's Integrated Health Learning Collaborative but is awaiting formal adoption of MDCH standards and support (including fee for service billing) for Integrated Care.
3. Expand Children's Psychiatric services (i.e., accessibility)	Due to the lack of local resources, Gratiot County CMH has been dependent on Michigan State University's medical contractors for child psychiatric services. Previous efforts to recruit and/or add Psychiatrists (including enrolling in the Medical Opportunities of Michigan J-1 program) have been unsuccessful. Thus, wait times of 90 days (or more) from referral to psychiatric evaluation are not uncommon.	1. Contact MSU and inquire (again) re: the availability of additional child psychiatric services. Timeline: 04/15/13 2. Establish communication between Clinical and Medical Directors within MidState Affiliation to collaborate and share resources to recruit Child Psychiatrists and/or mid-level child practitioners. Timeline: 07/31/13 3. If #1 and #2 are unsuccessful, make inquiries and explore a business plan of engaging tele-psychiatry services for children/adolescents. Timeline: 10/01/13 **2013 Update** 1. Update: Goal met; however, no further hours were available from MSU. 2. Update: Goal NOT met; however, Gratiot CMH was successful in recruiting a former employee who is currently a local, private Psychiatrist to be a part-time contracted provider. 3. Update: Goal now N.A. due to update described in #2, above.
4. Expand existing school-based services.	Gratiot CMH currently has one Children's Therapist	1. The Gratiot Leadership Team will explore opportunities for funding additional school-based clinicians re: the 13/14 school year. Timeline: 05/31/13

	assigned (in selected Gratiot County schools) to be the "school liaison", provide short-term services and be an referral source for children with SED who are not enrolled in services. This position has been received with overwhelming positivity from both school personnel and children and provides a collateral contact for children already assigned to an OP or Home-Based Therapist. The schools and advocates would like additional resources assigned for currently un-served schools, opportunity for additional case consultations and availability to provide more prevention activities.	**2013 Update** 1. Update: Goal NOT met due to anticipated lack of General Funds.
5. Community training re: Mental health and additional community collaboration.	The news over the last several years have peaked the public's interest and concerns re: individuals with mental health disorders. There were suggestions throughout the surveys of sharing more information about mental health issues to the community, law enforcement, human service organizations, business owners, etc.	1. Explore possibility of enrolling a CMH employee in a "Mental Health First Aid" curriculum. Timeline: 04/15/2013 2. If feasible, select appropriate candidate and acquire MHFA training. Timeline: 07/31/13 3. Conduct initial MHFA Training to a community group by 10/01/13. **2013 Update** 1. Update: Goal met. 2. Update: Goal met; however, target date was necessarily amended due to The National Council's training schedule. Two employees (a Customer Service Representative and a Certified Peer Support Specialist) completed their 5-day Youth Training for MHFA on 01/31/14 and are tentatively enrolled to complete the MHFA Adult Curriculum during March. Timeline: 03/15/2014. 3. Update: Goal NOT met as yet, but is pending following completion of the Adult Curriculum (see #2, above). Conduct initial MHFA Training to a community group by

		6/01/14. 4. Work with community partners to conduct 6 MHFA Trainings to targeted agencies/community partners within Gratiot County. Timeline: 12/31/14.

CMHSP: Hiawatha Behavioral Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Increase support options for individuals with DD	Still in the Shadows with Their Future Uncertain, A Report on Family and Individuals Needs for Disability Supports by the ARC, June 2011. Focus groups with Consumers with DD and their families.	Research EBP's for group options; develop PSS for Individuals w/DD; explore external resources and/or assist in development of community resources. **2013 Update** **Status:** Training professional and paraprofessional staff that works with individuals with I/DD in DBT model; providing community-based group options for individuals and families dealing with autism; re-designing socialization groups to be more in line with individual plans and service needs.
2. Explore options to expand access to transportation	Consumer surveys, focus groups, stakeholder surveys	Establish an inter-agency committee to explore all current options and identify critical gaps. Work with local transportation entities on expanding funding mechanisms. **2013 Update** **Status:** Have met regularly with local transportation authorities to pursue optional funding mechanisms and advocate for them at the County level; assist local RICC in spearheading this issue.
3. Develop integration models with primary care in each county served.	Fed/State initiatives, consumer wellness	Internal efforts to improve coordination with PCP's and improve consumer physical health. We currently have no funding available to imbed clinical staff in PC or vise versa. **2013 Update** **Status:** Due to our current funding levels, we have not been able to pursue any efforts that add any costs; however, we have integrated elements into our QI processes, i.e., 95% of consumers have PCP; requested from the regional entity a way to pull out last PCP visit info (FRANK is not yet available to us); tracking ER visits for individuals with SMI with a goal to reduce those visits via regular involvement with their PCP

4.Expand substance use credentials among staff.	Rates of prevalence in consumers and crisis services/inpatient utilization.	Publish credential requirements, encourage and financially support staff in obtaining credentials. **2013 Update** **Status:** We are assisting staff in expanding their training on SUD and working toward their SUD credentials. Those credentials are included in our credentialing process and Provider Directory.
5.Explore technology applications for individual consumer use to increase independence and integration.	Improve efficiency, improve quality of consumer lives, expand consumer options for treatment, support and integration.	Develop committee to identify and research applications and approaches. **2013 Update** **Status:** Committee completed their work and have facilitated the addition of technology for several consumers. However, this is an area that provides endless opportunities and we will continue to explore and pilot.

CMHSP: Huron Behavioral Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. All recent stakeholder groups have raised concerns/issues regarding availability and access to co-occurring substance use treatment. Many stakeholders (employers, etc.) see substance use as an obstacle for people to obtaining & maintaining employment. People are unable to maintain a stable work schedule or pass random drug screenings due to drug and alcohol use.	Substance Use Disorders came up in every stakeholder group that was surveyed. This was seen as an issue for teens with the increased use of Bath Salts in the community as well as for those 30-50 years of age and is seen as a reason for individuals not being able to get and keep a job due to their substance use disorder. Huron County has a high rate of Substance Use, some examples from recent statistics show that for adults there is a 28% alcohol abuse rate and a 58% opioid abuse rate and for adolescents there is a 14% alcohol abuse rate and a 71% marijuana abuse rate. Therefore, this is a high priority for the community. (Anecdotally, several employers participating in recent focus groups commented that many applicants cannot and do not pass initial or random drug screens.)	1. Continue to provide education to stakeholders regarding how to access HBH's co-occurring treatment and the services routinely provided. This will occur each quarter during Emergency Services Coalition Meetings, Great Start Collaborative, CA/N Council and Community Collaborative Meetings. 2. Partner with others in the community to increase awareness related to Substance Use Disorders as well as treatment options currently available. This is already occurring, however, we will increase our efforts to have more collaboration with the Substance Use Provider in our community by inviting them to attend quarterly Emergency Services Coalition meetings. **<u>2013 Update</u>** 1. 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. 2. Update: 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. Huron Behavioral Health works with community partners in various workgroups and councils to inform and educate the community on the needs and concerns of persons struggling with co-occurring disorders (substance use and mental health issues). 3.
2. A Campaign to combat Stigma needs to be re-envigorized as this was noted to be a barrier to individuals seeking needed treatment and also seen as a barrier to consumers as they move toward recovery.	Both consumers and community partners report that they feel individuals are still not seeking needed services due to the stigma attached to receiving treatment at Huron Behavioral Health and/or mental health treatment in general. Stigma was brought up by multiple stake holders as the number one barrier to treatment; therefore, it is a priority issue that needs to be	1. HBH will promote mental health awareness through taking advantage of speaking opportunities and other regularly scheduled meetings in the community. These venues will be used in an effort to combat stigma and provide a mental health perspective to community conversations. This will occur on-going throughout the fiscal year. There are multiple venues, such as quarterly ES Coalition Meetings, Quarterly Children's Services Breakfasts, Community Collaborative, Great Start collaborative, CA/N Council, Suicide Prevention Coalition, etc. 2. HBH will continue to work with the consumer run drop-in center, Flashpoint, to strengthen the ability of the consumers to be able to discuss and model their recovery as an effort at combating stigma.

…	addressed. Huron Behavioral Health has gotten grants throughout the years to combat Stigma and has done many different campaigns through radio and newspaper advertisements as well as Billboard campaigns.	3. Continue to partner with the schools and other community partners for Green Ribbon Day which brings awareness regarding Children's Mental Health issues. 4. HBH will annually provide opportunities to Celebrate Success for those consumers that have made substantial progress toward community inclusion, self-sufficiency and recovery. Community partners who share HBH's vision of community inclusion, respect and social justice are also recognized. **<u>2013 Update</u>** 1. Update: These continue and will be ongoing. In addition to the various councils and workgroups, HBH uses the local print media to educate the community to combat stigma. 2. Update: These activities articulated in #2 and #3 above continue with our Consumer Run Drop In Center. We also utilize our Peer Support Staff to continue to help educate community members during their interactions as Peer Supports for HBH. In the past year, we have also hired a full-time Peer Support Navigator to help mental health consumers understand that recovery is a reachable goal for all. 3. Update: These activities articulated in #2 and #3 above continue with our Consumer Run Drop In Center. We also utilize our Peer Support Staff to continue to help educate community members during their interactions as Peer Supports for HBH. In the past year, we have also hired a full-time Peer Support Navigator to help mental health consumers understand that recovery is a reachable goal for all. 4. Update: HBH continues with Celebrate Success on an annual basis. The attendance and interest in the Celebrate Success event has grown with each successive year.
3. Access to Services is an area that needs to be improved as many felt it was a cumbersome, unfriendly process that prevented a lot of individuals from getting into treatment.	Several focus groups and surveys reported that they felt not having local access to get authorization for services poses a barrier to some individuals following through with seeking treatment. There were also complaints made regarding the Access Alliance of Michigan and how they determine eligibility and felt overall that the process was not	1. In November 2012, HBH provided training for community partners regarding the AAM process and also hosted an opportunity to meet with AAM to discuss concerns. This was received very well and positive outcomes have been seen since this meeting. Feedback from the provider community was extremely positive. 2. Work on a process to reinstate random "secret shopper" calls to assure that the process is working as it should by March 31, 2013. 3. Provide periodic ongoing training information and updates regarding the access and service authorization process. 4. Development and circulation of a "prompt sheet" has already occurred to

	consumer friendly.	assist the consumer/parent/community partner in making the Access phone call. The prompt sheet has been received positively and seems to assist the callers with the screening/access process. 5. HBH has implemented Same Day Access to service beginning September 4, 2012. Though not every person has been able to take advantage of this, we have certainly improved the response time for first appointment well above the 14 day standard. Currently, we are able to receive most consumers for their initial contact within 0 to 4 days from their phone call requesting services. **<u>2013 Update</u>** 1. Update: This has occurred and a positive outcome has been seen since this meeting. Feedback from the provider community was extremely positive. With the advent of the new PIHP (MSHN) we continue to contract with Bay-Arenac to provide access and eligibility screenings at this time. 2. Update: This did not occur, nor do we find a need as there have not been any more concerns related to access reported through Consumer Satisfaction Surveys or Focus Group discussions. 3. Update: This form will need revision when the access process changes (changes are anticipated no earlier than FY 2015) but the process will remain the same for FY 14. 4. Update: This form will need revision when the access process changes (changes are anticipated no earlier than FY 2015) but the process will remain the same for FY 14. 5. Update: Same Day Access continues and has been well received by consumers and stakeholders. Initial stats show 10% is taking advantage of same day and 50% are being seen by the third business day after their request for service. Of those offered same day 9% decline.
4. 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	The need for psychiatric services within the county is not a new issue or concern. Although psychiatric services at HBH have been stable for some time now, the agency will be losing one of their full-time psychiatrists in June of 2013. We are	1. Continue recruitment efforts for a replacement Child Psychiatrist and this will be ongoing until a replacement in secured. 2. It is anticipated HBH will have access to fiber optic technology soon, and once that is available, HBH will secure the necessary equipment and agreements to allow provision of tele-medicine options. 3. Work collaboratively with community partners to explore options to increase psychiatric care for those in the community who do not meet criteria for

report is important. Integrated Treatment options are also something consumers and other stakeholders have stated they would be supportive of and most likely take advantage of the opportunity to receive their treatment at an Integrated site.	already anticipating that the departure will pose some problems as this individual is/was also HBH's Child Psychiatrist. HBH has been recruiting for a replacement for almost six months already, but has been unsuccessful as of this time.	HBH services. This will be an ongoing effort to attempt to increase availability/access to psychiatric services for all county residents that desire the service. 4. Look for opportunities for providing integrated health options for individuals in the community to maximize the synergistic effect of improved mental and physical well-being. HBH is currently working with Health Delivery, Inc., Saginaw, MI in hopes of securing a grant to be able to have a primary care provider as a part of HBH's practice in fiscal year 2014. **<u>2013 Update</u>** 1. Update: Recruitment efforts have been discontinued. HBH is providing the services of a Child Psychiatrist through tele-psychiatry. 2. Update: HBH has been providing tele-psychiatry services since summer 2013. Initially, we started with one day of service per week and gradually ramped up to five days of tele-psych services per week. Reports from people using the tele-psych services have been very positive. 3. Update: 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. Ongoing 4. Update: Health Delivery, Inc., (FQHC) will provide medical services in house for HBH consumers starting March 3, 2014 a half a day per week. HBH will continue to refer consumers to local programs that promote wellness and support through collaboration with our partners.
5. Increase awareness around the issues of those who live in poverty as poverty is a significant issue in Huron County as we rate 22nd in the State for joblessness, which is 6.5%. These numbers are lower due to the fact that many individuals moved out of the county to secure a job and those	It is a well-known fact that living in poverty can and does produce mental health challenges such as anxiety, depression and substance use disorders. These mental health issues in and of themselves can be barriers to employment and thus to self-sufficiency. It is well known that until someone is able to provide for his/her basic subsistence needs such as food and shelter, they are not able to focus on higher level needs such as	1. Continue active 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 form a mental health perspective. 2. Provide case management to consumers receiving housing from the "Door to Open I and II" housing programs for individuals with a mental illness or a co-occurring substance use disorder. This is ongoing. 3. Assist consumers with loans/grant program from MDCH as long as there is funding available. 4. Support efforts of Recovery Oriented Systems of Care by continuing to be a part of the monthly meetings. 5. Assist and support consumers in community employment and micro-

on unemployment have exhausted their benefits and fallen off the ranks to be counted as unemployed. Of those individuals HBH provides service to 89% are at or below the poverty level.	securing treatment for mental health issues.	enterprises as they request in their person-centered plan. 6. Assist and support consumers to apply for entitlement benefits, including Medicaid, etc. as appropriate. 7. Provide training and information to consumers, staff and community partners regarding the culture of poverty and means to work collaboratively with people currently struggling with poverty. **<u>2013 Update</u>** 1. Update: This is ongoing. 2. Update: This program continues and is routinely filled to capacity. 3. Update: Ongoing as funds are available. HBH has an assigned staff person to work on these requests. 4. Update: 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 3 Peer Supports who actively promote recovery based treatment as well as provide education to the community and HBH staff related to recovery. All clinical staff are trained in Recovery and ROSC concepts which they are encouraged to use in daily engagement with consumers. 5. 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. 6. 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. 7. 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.

CMHSP: Ionia County CMH

Priority Issue	Reasons For Priority	CMHSP Plan
1. Integrated Health	Demonstrated evidence of reduction in premature death of consumers with people with mental health disorders, DD and SUD.	Continue coordinating with community physicians via our rural physician outreach coordinator. Provide collaborative trainings with community physicians. **2013 Update** • We have sponsored luncheons with CEI CMH and local physicians to provide trainings and education. • Hotspotters program: We have established relationships with providers in Ionia County. It has now moved into a full-time therapist position who will now begin working with physicians to identify patients who may need Mental Health Services • We have a focus on same day response to physician referrals.
2. Integrate Treatment of Co-Occurring Substance Abuse Treatment	There are a high percentage of consumers served with co-occurring substance abuse needs.	Provide CAADC training to increase the number of certified clinicians. Offer to co-locate substance abuse treatment with the Ionia County Health Department at ICCMH. **2013 Update** • Co-location has not yet occurred, but continues to be a goal. • 10 ICCMHA masters level staff are participating in a year long, dual diagnosis cohort training conducted by Jerry Johnson from GVSU, Ph. D. • CAADC certified clinicians: 7
3. Autism	Increase outreach to families of children with autism and ensure compliance with state Medicaid benefit.	Engage Dr. David Laman, Ph. D. to conduct a needs and preparedness report by July 2013. Continue implementing autism plan. **2013 Update** • The needs assessment was completed.

		• Children have been identified and are engaged in ABA treatment. Ionia CMHA has hired an autism supervisor and currently has 3 ABA aides. • We have expanded our relationship with Dr. Laman and are engaged in discussions to co-locate his services at our Belding location. We are building an activity center at our Belding location and it will be available for use by the Autism program to address OT and sensory issues and we are partnering with Montcalm CMH and Dr. Dave Laman to do this
4. Veterans Services	Increased demand for veteran's services within the agency as well as consistency with Governor Snyder's initiative. Most veterans requesting services at Ionia CMH are not National Guard, but are eligible for V.A. Benefits.	Work to reduce stigma related to veterans services. Offer to co-locate veteran's services with V.A. Hospital. Increase involvement in veteran's court. Locally implement DCH's plan for veterans outreach. **2013 Update** • We have continued an active role with our local veteran's court which has become a regional veteran's court. • One staff continues to serve as a liaison to the VA hospital and VA services. • We are planning to hire a CPSS who is a veteran
5. Increase Utilization of Trauma Informed Care Throughout ICCMH	There are a high percentage of consumers with trauma related needs.	Increase trainings of trauma informed care for agency staff within the next two years. Continue utilizing evidence based practices on trauma informed care. Provide an AMDR training. Provide evidence based groups, including Seeking Safety, to address needs of consumers with trauma. **2013 Update** • We are planning on a training in FY14 for trauma informed care for all clinical staff. • A Seeking Safety group is now available for consumers and is in its second cohort. It has a current cohort of 8 consumers.
6. Workforce Development	To increase recruitment and retention of skilled staff and to meet increased demand as a result of the Michigan Medicaid expansion.	Continue working with NHSC for student loan repayment. Complete an independent salary study by June 2013 to ensure competitive wages and benefits. Increase the number of graduate level internships. Become a location for medical student psychiatric rotations. Cross train clinical staff. Provide more trainings on evidence based practices. **2013 Update** • We are continuing to partner with NHSC for student loan repayment.

		• The salary study was completed and the ICCMHA board voted to restructure the salary scales to implement the survey findings. • We have partnered with Michigan State University to have a medical student do a one month rotation at ICCMHA. We have had this program in place since FY 13. • We are continuing to focus on training all staff in EBP like Motivational Interviewing, trauma focused CBT, etc to implement EBP in the agency.

CMHSP: Kalamazoo Mental Health and Substance Abuse Services

Priority Issue	Reasons For Priority	KCMHSAS Plan
1. Services/Access/Administration	Feedback from local stakeholders was overwhelming in this area. Themes include inadequate funding, and few options for those who do not meet an ever-increasing threshold for service eligibility. The data sets likewise noted that Medicaid enrollment progressively climbed from 2008-2011, with a sudden decrease in Medicaid enrollment in 2012; making the number of individuals eligible for KCMHSAS services conceivably fewer than previous years. And yet, data reflect that the number of individuals with developmental disabilities, number of KCMHSAS recipients who are homeless, number of KCMHSAS jail diversions, number of children aging out of/graduating from special education, dropout rates, and the population of Kalamazoo county as a whole continue to rise. It is conceivable that coverage for services has reduced in Kalamazoo county, while the service needs of our residents not only persist, but increase. It is noted however, that 54 of the total 75 stakeholders who responded identified themselves as local providers of Mental Health and Substance Abuse services; and therefore the volume of concerns as they relate to services/access/administration may be somewhat skewed.	The KCMHSAS Strategic Plan includes a goal to become the provider of choice for specialty mental health services. The work Group responsible for this strategic goal will incorporate findings into workplan and implement solutions as developed. **<u>2013 Update</u>** KCMHSAS implemented many strategies in order to improve knowledge of services and access to services for eligible individuals as part of its Strategic Plan. These included strategies for all services and interactions to be "consumer-driven", to become more well-known in the community as a provider of mental health services, to be readily accessible to the entire community/all people and to become the provider of choice. The status report of all of the initiatives shows progress made, not yet fully accomplished. Some of the strategies for improvement include: • Customer Services surveys completed, soliciting feedback and input from individuals who have had interactions with Customer Services and Access Department, but who were not opened to services. This is in addition to satisfaction surveys for individuals receiving on-going services. Action plans to address areas for improvement implemented as indicated. • "Mystery shopper" occurring with KCMHSAS and with providers access points. • Peer Support Specialists, Family Support Partners and DD Peer Mentor are embedded throughout services, contributing to a welcoming environment. • Success stories shared broadly, including website, Facebook pages, community events (Mental health Breakfast, legislative events) and more.

		• Cultural and Linguistic Competency plan developed and implemented, including anti-racism and anti-stigma activities. Additionally, KCMHSAS was the recipient of Kalamazoo YWCA Racial Justice Award
2. Youth/Transition	Kalamazoo's population increases by roughly 2,000 citizens each year. The number of students aging out of or graduating from special education services has increased from 162 students in 2011, to 196 students in 2012. It may be deduced that Kalamazoo's school are struggling to keep up with the added demand, as data sets reflect an overall gradual decline in the percent of children who graduate from mainstream high school in Kalamazoo county while the percent of children who drop out has gradually increased. Feedback from local stakeholders support an observed need for an additional focus on school age children, especially as they transition from school to adulthood.	Strategies for improved transition for youth and families is included in Departmental Strategic Plans. Workgroup had been convened to identify and implement options for improved transition experience. **<u>2013 Update</u>** KCMHSAS has been monitoring and planning for the increased number of students transitioning from education services (graduating, certificate of completion or aging out). In 2012, KCMHSAS commissioned a study on transition needs for youth with mental health and/or intellectual/developmental disabilities. As a result of the findings, the following steps have been taken: • A revised transition guide has been developed and implemented, providing specific steps and guidance for supporting youth and families through transition. • Family Support Partners have been engaged to provide additional support during transition. • Staff have been identified as resource for the Intermediate School District to attend school meetings (IEP's) for non-CMHSP enrolled youth, in order to assist with access, eligibility and other transition issues. • Supports Brokering has been engaged to assist youth and families to plan for their life as a adult in the community—connecting youth to their communities in meaningful ways. Project SEARCH was implemented to support youth with disabilities to successfully transition from school to work.

3. Housing	Interestingly, the data sets reveal a decrease in overall community homelessness from 985 persons in 2009 to 822 persons in 2011; however the number of homeless persons served through KCMHSAS jumped from 194 in 2009 to 238 persons in 2011. Feedback trends from local stakeholders support an observed need for additional, more diverse housing opportunities that meet KCMHSAS recipients' diverse needs.	KCMHSAS has a Housing Department that takes the lead with housing issues and needs. **<u>2013 Update</u>** KCMHSAS continues to demonstrate a high level of commitment to the housing needs of individuals receiving Mental health and/or Substance use services. This includes the following; • Receives SAMHSA funding for street/shelter outreach staffed by Certified Peers. • Operates a specialized, short-term shelter for single individuals either receiving or in need of services as a platform for rapid re-housing to permanent, independent settings. • Operates a transitional, structured housing program to assist individuals obtain and maintain permanent housing. • Provides extensive re-housing, peer-driven, support services. • Maintains a system of housing specialists to help support successful housing outcomes. • Funds a two year transitional, residential housing program for individuals in recovery. • Manages over $1 million in HUD McKinney-Vento, permanent supportive housing providing over well over 150 permanent housing units. • Actively participates in the Kalamazoo County, Continuum of Care, homeless resources managing body. • Partners with non-profit providers in the creation of permanent affordable housing. • Sponsors, staffs and supports "SOAR", an expedited disability benefit application process.
4. Psychiatry	Stakeholders identified the following issues with Kalamazoo's options for psychiatry: shortage of outpatient psychiatrists, over medication of children, co-occurring incompetency, and lacking options for local inpatient care. Data sets do not directly	KCMHSAS Strategic Plan includes a goal of re-engineering the Psychiatric Clinic. The responsible workgroup will take the lead in reviewing feedback and incorporating improvements as indicated. **<u>2013 Update</u>**

	address inpatient hospitalization rates.	• Psychiatric Services has not had to use the services of a locum tenens psychiatrist since October 2012. Several mid-level practitioner positions were added to the prescriber ranks; 1 PA and 1 NP position were filled during FY 13. 1 psychiatrist was hired, 1 contract psychiatrist increased availability to full time and another was contracted for 24 hours per week. • The Medical Director began dedicating more time each afternoon he works for administrative duties also making that time available for emergency appointments, eliminating a key scheduling frustration for both staff and those who need the service. • All adult psychiatric appointments are conducted without physical charts (using the Electronic Health Record only) since June 2013, reducing paper and staff time in retrieving and distributing the charts. • Through working closely with iSource (dictation/transcription service) as well as developing and implementing an internal process for daily monitoring of dictations, we significantly decreased the wait time for dictation to be posted in the EHR. • Worked closely with prescribers to meet the goal of having documentation signed within one week. Compliance has improved to 75-80%. • Developed a closer working relationship with Arcadia Pharmacy. We began to look at the issues of polypharmacy; they are able to pull data from their system (that we can't access from Streamline) for peer review studies. • Conduct bi-annual Patient Flow Analysis studies to identify areas for improvement and decrease wait time for the individuals we serve.
5. Cultural Awareness	Stakeholders identified an overall reluctance of Kalamazoo's local minority groups to seek mental health services; based on continued stigma surrounding mental health issues and ongoing cultural incompetency of service	The KCMHSAS Strategic Plan included a goal of increasing accessibility for individuals from all cultured. There is a Cultural and Linguistic Competency Committee responsible for developing a plan for improvement. This committee will review issue areas raised and will incorporate improvements into the Cultural and

	providers. Stakeholder responses related to the need for additional trauma-focused treatment may be related to this issue inadequate cultural awareness; in that untreated mental health issues for adults often translates into trauma for children in the home. Data sets do not address cultural or racial demographics.	Linguistic Competency Plan. **2013 Update** • KCMHSAS was the recipient of the YWCA Racial Justice Award - In receiving the YWCA Racial Justice Award, Kalamazoo Community Mental Health & Substance Abuse Services was recognized as an organization in Kalamazoo County whose contributions have been significant toward achieving racial justice in the community by their demonstrated commitment to eliminating racism. • Recommendations from the Creating Change/Eliminating Racism team have been implemented such as the addition of Diversity to the Guiding Values of KCMHSAS. • Staff input for changes has been collected via Exit Interviews and the Organizational Climate Survey and reviewed for implementation. • Individual assessment for clinical staff has been selected and piloted at Recovery Institute, pilot in Youth & Family Services will be occurring soon. • Annual Respecting Differences program was offered to all staff, providers and the community. • Opportunities for training has been offered multiple times through lunch 'n' learn group video viewing sessions and more videos have been identified to be scheduled soon.
6. Health	Data sets reflect a vast divide between the number of KCMHSAS with an identified history of ailments such as diabetes, asthma, and hypertension who were not treated for it within in the last year; and those who were treated for diabetes, asthma, and hypertension within the last year. For example, only 68 KCMHSAS recipient are identified as having a history of diabetes but not treated within the last 12 months, while	The KCMHSAS Strategic Plan includes a goal to promote health and wellness through increased integration with Primary Care services. Additionally, KCMHSAS has a Program Coordinator for Wellness, focusing on increased positive health outcomes and indicators for individuals served. **2013 Update** KCMHSAS has developed several projects focused on the Strategic Priorities in this area, including building relationships with Primary

	376 KCMHSAS recipients were treated for diabetes. Stakeholder input only minimally identified health concerns as a primary focus.	Care systems and partners, staff education on addressing co-occurring primary care conditions, and offering wellness opportunities for individuals served. This area continues to be a priority area of planning and development for KCMHSAS in the next year, and will include increased use of data for population management and development of disease management strategies and the development of Health Home models for behavioral/primary care services. • KCMHSAS instituted a Dashboard system as our board ends identifying key performance and outcome measures which are monitored on a quarterly basis and presented to the KCMHSAS Board on a semi-annual basis. Four health indicators were identified crossing all populations (MI Adult, I/DD Adult, SED Children, DD Children) to monitor % of individuals served with specific wellness indicators. Each population has demonstrated progress in their individual measure between FY12 and FY13. KCMHSAS continues to promote health and coordination of care with Primary Care Physicians through assessment of need and the Person Centered Planning process. Opportunities for wellness are offered to individuals served through wellness groups, facilitating the purchase of exercise equipment, and ongoing health monitoring,

CMHSP: Lapeer County Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Integrated Health Care	Identified as a top need in survey – State priority – need to improve general health of the people we serve while trying to reduce costs.	Train staff through UMass program on care management and integrated health care – build local collaboration with primary care physicians, local hospital, and other health care provider organizations. (FY13 and ongoing) **2013 Update** The Thumb Alliance contracted with the University of Massachusetts to provide care management training – LCCMH had over 45 clinical staff participate and complete the 10 week certificate program; we also added a part-time RN to coordinate contacts with local primary care physicians; we formed an integrated health team and have established goals the agency is implementing.
2. Community Education and anti-stigma campaign	Help educate our local community on the need for mental health services – promote collaboration – improve opportunities for full community integration and participation for the people we serve – make this a healthier community.	Continue press releases and stories related to mental health issues and how CMH is collaborating with numerous community partners to address community needs – continue to expand community collaboration, especially through our creative expression programs, that include partnerships with numerous people and organizations – annual Open House and Family Fun Day – creative work training program that helps sustain the County Parks. (FY13 and ongoing) **2013 Update** The Lapeer County Press had a Reporter honored with an award by the MACMHB for excellence in reporting related to mental health and reducing stigma; the creative expression programs at LCCMH are collaborating with the Family Literacy Center, Gallery 194, the Pix Theater, and the County Parks – we sponsored art shows at the County Building, Gallery 194, and the Torzewski County Park; LCCMH also was a sponsor of the Michigan Great Read Project and sponsored an event with approximately 100 guests including local media; LCCMH had its annual open house with live radio coverage and throughout the year sponsored advertisements on radio, in the press and at the local theater; we also had advertisements in events held by numerous community organizations such as Lapeer Team Work, Rotary, Kiwanis, etc.; finally we sponsored a chapter of the Aktion Club in affiliation with the Kiwanis.
3. Expand services	Huge unmet need – rapidly	We have established a center at a local school that includes partnering with a parent-run,

related to autism	rising prevalence – State Medicaid benefit plan being implemented.	not-for-profit (Inspiring Hearts for Autism) – adding CMH staff to enhance treatment capacity. (FY 13) **2013 Update** We are actively encouraging three staff to pursue certification as BCBA; we added an O.T. Supervisor; we added a case manager to work in the autism program; we provide office and meeting space for Inspiring Hearts for Autism – increased parent support groups and created an adolescent social group for persons with autism; we recently created an Advisory Group of parents and staff to plan the development of residential services for young adults with autism.
4. Improve housing options	Need to develop specialized residential programs to allow persons place out-of-county to return to Lapeer – need to continue efforts to assist people to move to non-licensed, home settings in the community.	We developed agreements to contract with two new specialized residential facilities that will allow most people placed out-of-county to return to Lapeer if they choose – continuing to encourage supports to enable people to move from AFC settings into apartments or other home settings. (FY 13) **2013 Update** The two new specialized residential programs did open during the last year and allowed the majority of people placed out of county to return to Lapeer County if they chose to do so; there are still around 12 people out of county we are working on bringing home; we are also exploring development of a regional residential treatment center for young adults with autism as part of a continuum of residential services; we also continue efforts to assist people to move into an array of small homelike settings from licensed facilities.
5. Reduce the number of suicides in the county.	The number of suicides in Lapeer county has more than doubled in the past couple of years (19 last year).	Through CMH's involvement in the local Multi-Purpose Community Collaborative, we have put together a County Plan to Prevent Suicides. The plan is being rolled out this year. **2013 Update** LCCMH took the lead on a Suicide Prevention Committee through the multi-Purpose Community Collaborative – training materials were developed as part of a County Plan and several community workshops have been provided; LCCMH has committed to training 4 people as Mental Health First Aid Instructors, including one Lapeer County Deputy and three CMH staff – we have also set a goal of training 3,600 Lapeer County residents in MHFA over the next two years – so far over 150 people have been trained; LCCMH also sponsored a new survivors group for family members and other individuals who have lost someone to suicide.

6. Expand CMH facilities.	Growth in services created a need for additional individual and group meeting space – the aging population in our Stepping Stone Program and the increased number of motorized wheel chair users created a need for more space.	CMH partnered with the Lapeer School district to share space at a local elementary school – this promotes collaboration, improves transition from school to adult services, and allows sharing of resources to address children with autism – this frees up space at the main CMH building to provide more individual and group meeting rooms. (FY13 and ongoing) **2013 Update** LCCMH moved the Stepping Stone Program and our new Autism Clinic to the Maple Grove School – we have plans to remodel the main CMH facility to include a new onsite pharmacy and a training center for the Mental Health First Aid and other community education programs; we are also beginning to establish a satellite clinic at the North Branch Elementary School.

CMHSP: Lenawee Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan
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)	By the end of March, we will meet with those systems that can impact this issue and begin development of a plan to meet the needs of the youth identified. **2013 Update** • We began meeting with the Directors of CMH, DHS and our local youth detention/residential facility, the local Probate Judge and Referee to identify options for the youth our systems have difficulty placing. We have been in contact with Monroe CMH to explore treatment foster home placements. • DHS and CMH are moving forward on locating, licensing and training potential foster home placements within Lenawee County. LCMHA has training and treatment specialists available. One potential home has been identified.
2.Integration of SUD into MH and the integration of Behavioral Health with Primary Care	This is in line with the priorities of the local community as well as the State	We have identified Performance Improvement projects/teams to address integration. The SUD/MH Team has been meeting for several months, has begun collecting data and identifying areas for improvement. The MH/PC Team is in the process of getting started. MH members have been identified and we hope to include PC members by March. **2013 Update** • We have successfully integrated SUD into the mental health system. Residents of Lenawee County have been accessing both mental health services and SUD services through LCMHA. This has simplified the process for some. Work is needed to continue to educate our community about access and to promote help-seeking. • We started monthly meetings with our FQHC staff and members of LCMHA's Integrated Healthcare Team. This process allowed both staffs to understand each other's systems and limitations. Together, the combined team identified a need for a more comprehensive referral form. This new form has greatly improved services for our consumers. • Currently, the Director of the FQHC and LCMHA along with administration, are

		meeting to develop next steps for the integration of behavioral health with primary care. We will be co-located in a new building in October, 2014. There is a lot of work to address between now and the move. We will be developing a Care Model that staff will begin to utilize prior to the move.
3. Development of a Recovery Oriented System of Care.	This is in line with the priorities of the local community and involves multiple stakeholders	The goal is to have a continuum of care for those who struggle with SUD to include prevention, early intervention, treatment, and support post treatment. We have a group of community partners who recently started meeting to assist in the development of the ROSC. March/April we plan to conduct a community assessment to identify what resources exist and where there are gaps. **2013 Update** • We have achieved success in building a continuum of care for those who struggle with SUD which includes prevention, early intervention, treatment and support post treatment. An important element of the community partners helping in this effort are the members from the recovering community (12 step and others). • We are in the process of conducting a community assessment to see where there are gaps in support and to identify all the resources available to the community. • We are also working on developing a survey to help with the assessment.
4.Provide additional support to Law Enforcement and Probation	Identified by multiple stakeholders (Sheriff, local Police Chiefs, Probation and Parole Departments)	We recently began meeting with the Police Chiefs, Probation and Parole Departments to identify where they need additional support. They are unsure how to work with our consumers. We are going to initiate monthly (at first) meetings with Probation, and quarterly meetings with Police Chiefs to develop relationships and strengthen partnerships. **2013 Update** • We continue to meet with police chiefs, the Sheriff, probation and parole agents to identify what support we can offer. One identified need is on-going training. We have brought in Motivational Interviewing that has been well attended by parole and probation (some law enforcement, as well). We recently were able to send staff to Mental Health First Aid training and will now be able to offer the training. This has been requested. Our Access Supervisor has also been available to review with law enforcement how to fill out a petition. Several police chiefs have asked that we continue discussion about jail diversion. That is already scheduled. •
5.Community Education	Identified by multiple	We are continually asked how to identify someone who has a mental illness, and what to do

	stakeholders (Law Enforcement, LISD, DHS, Court, Providers, community groups)	about it. We currently provide suicide prevention training to schools, businesses and other groups. We are looking for Mental Health First Aid (adult and children) train the trainers so we can send staff. This training is very well received in Lenawee County but we have only one trainer currently. We will identify additional outlets for education including media, newsletters and movie theater ads. **2013 Update** • We recently sent two staff the youth Mental Health First Aid train the trainer. This training has been requested by many in our community. We hope to have a second staff trained in the adult MHFA by April so that we will be able to offer both trainings regularly. We plan to begin the trainings by April of 2014. We were able to bring in Motivational Interviewing trainers to Lenawee in 2013. We conducted several Yellow Ribbon, suicide prevention trainings to schools and colleges. We also provided 3 safeTALK trainings to over 70 Lenawee community members. In May, we provided a behavioral health conference that focused on whole health and wellness. The conference was well attended! We continue to prioritize the needs of this community for on-going education about behavioral health issues. • Two community Parents as Resources (trauma focused) trainings were scheduled in 2013. Interest and registration were low; possibly due to busy family schedules, transportation, and/or child care. A one-day community training with breakout sessions regarding trauma, trauma reactions, impact of trauma, trauma self-care, the neuro-biological impact of trauma, and other related themes is being planned to take place September 2014. Two evening sessions on Parents as Resources will also take place in the fall of 2014 for community members.

CMHSP: LifeWays Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan
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. **2013 Update** LifeWays has experienced increased GF budget constraints and was not able to meet the service demand and gap. A waiting list was implemented at the beginning of FY 2014 and is expected to continue as the CMH system experiences a drastic decline in General Fund levels during 2014 and beyond.
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. **2013 Update** LifeWays has explored various options to meet transportation issues. LifeWays serves on a collaborative with the local transit authority to develop new solutions. Increased transportation options have been provided by the Access Center and the co-location of the Center for Family Health (local FQHC). LifeWays is exploring becoming a driver or establishing a contract with DHS.
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. **2013 Update** LifeWays has developed a Residential Forum to discuss issues and innovations towards meeting the needs of our community. Residential providers are involved in the IPLT to problem solve and plan for service gaps. LifeWays has joined local a collaborative to address

		housing issues.
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. **2013 Update** LifeWays is involved in a local health improvement organization that is managing a community wide strategic plan to improve access and care for all demographics, including children and adolescents and those with substance abuse disorders. LifeWays also has a new prevention position that is coordinating prevention activities and the implementation of a system plan. The prevention plan includes substance abuse and adolescents. Additionally, LifeWays is conducting Youth Mental Health First Aid as a method of increasing the abilities of local community members to help those in the community.
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. **2013 Update** LifeWays has increased the opportunities for collaboration with community partners and service providers. Additionally, LifeWays is facilitating process improvement initiatives that are designed to help improve the effectiveness of integrated care and coordination activities between providers that serve mutual consumers.

CMHSP: Livingston County Community Mental Health

Priority Issue	Reasons for Priority	CMHSP Plan
1. *Need for additional psychiatric time*	a. Raised by many stakeholder groups (consumers, CMH staff, advocacy organizations, primary care) b. Recruiting difficulties have resulted in longer than acceptable waits for appointments c. It negatively impacts a very large segment of our CMH consumers d. These services are critical to consumers' ability to remain stable in their family and community settings e. The demand for such services has increased	We will intensify our efforts to recruit psychiatrists and nurse practitioners, both as contractors and employees – Immediate and ongoing. Our MIA Program Director, Kathy Dettling will take the lead in this effort. **<u>2013 Update</u>** We have successfully been able to fill all gaps in adult services, but continue to recruit child psychiatry time. We expect to accomplish this by August 2014.
2. *Need for more communication, collaboration and partnering between CMH and community providers and other human service organizations*	a. Identified as a need by a wide range of stakeholder groups (CMH staff, DHS, Primary Care, Education and Justice) b. All participants will benefit from increased familiarity with current issues and shared learning c. Need to address the misunderstanding of CMH service eligibility criteria in various parts of the community	The Administrative Team will develop an action plan this spring as part of Strategic Planning. The plan will target stakeholder need for increased communication, consultation, collaboration and partnering. It will include an expansion of current efforts to partner with primary care via our Community Health Links program and others. Resources will also be directed toward our Affiliation's Health Home Pilot as well as other integrated health care integration projects. A formal review of expectations / standards regarding staff productivity as split between direct service, the above and other indirect activities will be conducted. **<u>2013 Update</u>** We have seen a significant increase in collaboration and coordination with community partners and providers. We have expanded our integrated health services by having staff in additional PCP sites.
3. *Mental health services for*	a. This is a large unserved group of consumers who could	

individuals who do not meet CMH eligibility criteria, such as those with mild-to-moderate disorders (In anticipation of reduced GF funding, there may be a new community need for MH services among those without Medicaid)	benefit from mental health services. Without these services, many may later need more restrictive, costly services. b. This need has been confirmed by several stakeholder groups, as well a by the reaction of CMH service applicants who are denied services c. Parts of the Affordable Care Act underscore this need and will provide better access to insurance with mental health coverage	Through its membership on our Human Services Collaborative Body and other community groups, CMH will take the lead in sharing emerging information, advocating for making this unmet need a high priority and providing momentum for the implementation of a community plan for meeting this need. Connie Conklin, Executive Director, and Lindsay Beaudry, Community Collaborative Planner, will spearhead this effort. **2013 Update** Through our advocacy and education, community awareness of this issue has broadened in the last year.
4. Improved systems / models of care for people with complex mental health care needs, such as autism and other disorders requiring coordinated services from those with expertise in MI, DD and SU, across various professional disciplines and community organizations	a. Identified as a high priority need by educators, consumers and their parents / guardians and CMH b. We have had better outcomes when the care of these consumers is coordinated between diverse program staff, community providers and family members, e.g. our Family Strength Project c. With many providers utilizing an agreed-upon treatment model / approach, a probable outgrowth of good collaboration and coordination, the likelihood of outcome achievement is increased	Livingston's current Strategic Plan includes numerous activities addressing this need. In updating the Plan this spring, the Administrative Team will augment the relevant sections to more closely address the specific concerns expressed by community stakeholders. Our Program Director of DD Services, Mary Phillips, will take the lead. **2013 Update** In working with numerous community organizations and providers, we have successfully begun to offer an array of services to correspond to the Autism Benefit
5. There needs to be a reduction in the stigma that many in the community attach to those with mental health needs	a. Like our other priority needs, this one was identified by stakeholder groups, including consumers and CMH staff. b. In general, we expect that reduced stigma will improve consumer engagement in services, and thus, enhance their success c. Specifically, stigma reduction in the community will likely increase the quality of consumers experiences as they become more active in community life	CMH plans to boost its activities focusing on stigma-reduction, expanding Mental Health First Aid training, Consumer Leadership Training, collaboration with primary care, ER, Urgent Care and specialty medical providers, work with consumers and their landlords, family and other natural support involvement in service planning and implementation, meetings with law enforcement officers and other community members. We will also initiate local newspaper articles addressing the presence of stigma in our county. Our Customer Services Coordinator, Leslie Hall, will take the lead.

		2013 Update All of the activities referenced have continued at an increased pace.
6. Increased opportunities for Peer Support Specialists, including Parent-to-Parent support	a. Consumers and their families have been asking for these services with increasing frequency b. Consumers are very pleased with their work with these peer support employees and relate deriving much benefit c. New state eligibility requirements and insufficiently frequent training have added to our inability to meet this need thoroughly	We will continue to monitor our current use of these positions, conduct a cost/benefit analysis, track demand / need and search for opportunities to expand as indicated. We will implement a more formal effort to advocate for feasible changes in eligibility and training frequency with DCH. **2013 Update** Our use of peer support specialists and parent support partners have increased as corresponding consumer satisfaction.

CMHSP: Macomb County CMH

Priority Issue	Reasons For Priority	CMHSP Plan
1. Stigma	Numerous stakeholders identified this as a concern	Increase efforts providing education to various settings, including media, brochures, public speakers, and community forums. MCCMH will begin to schedule additional community forums in the fourth quarter of this fiscal year. MCCMH will look at creating a media approach to stigma early next fiscal year. MCCMH has already had some radio commercials related to walk-in services and brochures related to overall services. **2013 Update** MCCMH continues to increase efforts on the education of mental illness including the use of media, billboards along main thoroughfares of Macomb County, brochures and community forums. Recently, a Commonwealth website was developed and deployed. This website highlights information related to available services (behavioral, physical, community resources), recreational activities, upcoming events, and other items of interest/need.
2. Transportation	Numerous stakeholders identified this as a concern	Continue working with DHS on this issue for Medicaid beneficiaries; educate and support consumers to utilize available public transportation; re-locate treatment facilities to bus routes. MCCMH has already started the process of moving various facilities to be on or close to bus lines. Future RFP's will indicate the need for treatment facilities to be on or close bus routes. **2013 Update** MCCMH moved a several programs (outpatient, supports coordination, case management) into a single site which is on a bus line allowing consumers easy access to the program; all RFP's now include language which identify the need for programs to be on or close to bus lines; DHS continues to provide transportation services for Medicaid beneficiaries and all MCCMH staff are aware of this service.

3. Jail Diversion	Review of data and concern from stakeholders	Continued efforts training law enforcement agencies and working with the County Sheriffs' office; Expand to additional Macomb County communities. The training efforts have already begun and will be on-going. **<u>2013 Update</u>** MCCMH continues to collaborate with training the various law local enforcement agencies and the Sheriff's department. As mentioned above, MCCMH has established a mental health court and will be seeking accreditation through CARF in late spring/early summer.
4. Safe and affordable housing	Numerous stakeholders identified this as a concern	Continue to work with community partners; Utilization of Community Housing Network Mapping Project to identify Macomb County low income and supported housing options. The Mapping Project is currently under way. **<u>2013 Update</u>** MCCMH continues to collaborate with Community Housing Network on a number of initiatives related to affordable housing. Community Housing Network provides services to assist consumers in identifying 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 finding an apartment complex in southern Macomb County and will make those apartments available to consumers.
5. Access to services and appropriate clinical services provided	Numerous stakeholders identified this general area as a concern	Continue to expand and promote walk-in services; Continue and expand provision of training to staff to increase effectiveness of services; Continue and expand use of outcome tools (DLA-20) to asses effectiveness of services. Expansion of walk-in services will begin in the 4th quarter; Training

		on the DLA-20 has been going on for the past year with all providers; Follow-up training for the DLA-20 is currently under way; Additional outcome tools will be identified by the 4th quarter and training to start after that. **<u>2013 Update</u>** Staff providing services to MCCMH consumers, continue to be trained in the use of outcome tools (DLA-20); Walk-in services continue to be utilized and expanded in efforts to make access to services easier, faster and more efficient; all clinic programs have specific outcome measures that they are required to meet (i.e. KPI's, active engagement in treatment, coordination of care, recidivism rates, employment, housing, etc…).

CMHSP: Monroe Community Mental Health Authority

Priority Issue	Reasons For Priority	CMHSP Plan
1. Enhance community education	The stakeholder feedback and data supports an increase in mental health needs in our community, a need to further educate the community on what MCMHA can provide, and a need to educate the community about changes in healthcare reform/integrated health care, and upcoming changes in the MDCH Medicaid	Expand community education efforts about MCMHA specifically and mental health/healthcare reform in general (January 2013-December 2013) Outcomes: News/press articles, DVDs, MH first Aid training to community leaders in Monroe (i.e. Chamber of Commerce, faith-based organizations,), use of social media and PSAs. Develop relationships with more primary care practices and non-traditional community members MCMHA involvement in Chamber of Commerce leadership training (completion May 2013) **2013 Update** News articles and press releases were completed and are conducted on an ongoing basis; MCMHA began Public Service Announcements last year and will continue this year MCMHA staff conducted in person surveys with the top 5 primary care practices/offices that serve MCMHA consumers; also provided them with a referral packet on CMH services and access to MCMHA Developed walk-in Access and PHR services; included this in PCP referral packet MCMHA extended involved with Monroe Chamber of Commerce (COC) after completing leadership training; trained COC on MH First Aid
2. Integrated Health and Medicaid Expansion Preparation	Create structural and service efficiencies in ways that promote MCMHA's readiness for in healthcare reform/integrated health care, and upcoming changes in the Michigan MDCH Medicaid benefit	Work with Management Training and Measurement Services (MTM) consultant on rapid change cycle plan to create efficiencies in care that prepares MCMHA for expansion of integrated health care and potential Medicaid expansion (Feb – July 2013) Outcomes: Develop and implement key performance indicators for all staff (clinical, direct care and support/admin) Develop Clinical and Non Clinical performance expectations Develop Performance standards and systems of accountability (job descriptions/evaluations)

		Assessment of Administrative vs. Clinical Tasks to increase operational efficiency Assess public information/image and collaboration with medical providers in the community needs and develop a plan to address identified needs Enhance Supervision/Coaching capacity to support change management within the agency and Develop Supervisor and Develop UM/UR Level Of Care protocols contingent with system changes and integrated care Develop evaluation plan to ensure CQI process is used after implementation of solutions Develop Training Plan to support all change initiatives Expand integrated healthcare relationship with Family Medical Center (local FQHC) Outreach to individual and group primary care practices for integrated health collaboration opportunities **2013 Update** Completed all items All KPIs were developed and implemented; used in supervision, as peer review indicators, and in performance reviews. Clinical and Non Clinical performance expectations were developed Performance standards were included in job descriptions/evaluations Administrative vs. Clinical Tasks were determined and where possible non-clinical tasks were removed from clinicians to increase efficiency Surveyed top 5 primary care entities used by people MCMHA serves and received feedback on areas for improvement. Developed MCMHA referral packet and distributed them during these surveys Developed Supervisor policy, procedure and tools to enhance coaching opportunities and support change management. Supervisors were trained on all areas. UM/UR Level Of Care protocols were developed that include DLA-20 tool and are population specific; all staff trained in LOC; currently in 6 month pilot Local MCMHA team has formed and meets to develop data sources staff can use and test/refine the accuracy of those data sources where needed. Training was planned and completed; some training will be ongoing/regular part of staff training schedule

		Expand integrated healthcare relationship with Family Medical Center (local FQHC); currently exploring options to operationalize expansion. Outreach to individual and group primary care practices for integrated health collaboration opportunities
3. Community Collaboration/Public Relations	Stakeholder feedback and data supports a need to expand collaboration with the community and develop a public relations plan to strengthen partnerships and hence better serve the community as we move more expansively into healthcare reform/ integrated health care, upcoming changes in the MDCH Medicaid, and a potential increase in service demand	Expand community collaboration and public relation efforts about MCMHA specifically and mental health/healthcare reform in general (January 2013-December 2013) Outcomes: News/press articles, DVDs, MH first Aid training to community leaders in Monroe (i.e. Chamber of Commerce, faith-based organizations,), use of social media and PSAs. Develop relationships with more non-traditional community members Extend or expand collaboration with pre/schools, hospital, jails, and nursing homes, and provide them information/education on mental health and services available Develop orientation program for individuals new to the system/not familiar with CMHSP services – review role of peer support services in this area **<u>2013 Update</u>** News articles and press releases were completed and are conducted on an ongoing basis; MCMHA began Public Service Announcements last year and will continue this year Surveyed the top 5 primary care practices/offices that serve MCMHA consumers and provided them with a referral packet on CMH services and access to MCMHA Developed walk-in Access services. Developed walk-in psychiatric/medication management services. MCMHA extended involvement with Monroe Chamber of Commerce (COC) after completing leadership training; trained COC on MH First Aid. Engagement process developed and implemented with use of peer supports Orientation program in process

4. Engagement (Access/orientation, ongoing care, case closure)	To improve efficiencies in access to care and in referring to community systems of care in ways that promote the recovery/resiliency of individuals served, enables MCMHA to expand their partnerships with primary care/ integrated healthcare, and create administrative efficiencies for the agency	Work with Management Training and Measurement Services (MTM) consultant on rapid change cycle plan to create efficiencies in care that prepares MCMHA for expansion of integrated health care, changes in Medicaid MH benefits and potential Medicaid expansion (Feb – December 2013) Establish Discharge/Transition Procedures for inactive clients. Design and Implement re-engagement/transition procedures for current cases not actively in treatment. Concurrent/Collaborative documentation implementation and training Open Access to Services Assess Service Capacity and Resource Deployment Develop Centralized Scheduling models with "Back Fill" Management using "Will Call" procedures Develop scheduling templates and standing appointment protocols linked to billable hour standards and no show/cancellation percentages Develop and Implement no show/cancellation Management Using an Engagement Specialist Develop Evaluation Plan to ensure CQI process is used after implementation of solutions Develop Communication Plan to Communicate Changes to Teams and Stake Holders Develop Training Plan to support all change initiatives **<u>2013 Update</u>** All areas completed Engagement/re-engagement process developed and currently operationalized; reviewing areas that need improvement based on data/feedback on implementation Discharge/transition procedures completed. Concurrent Collaborative Documentation completed; staff trained and provided with technical resources that promote more community based services Access is open/walk-in Developed walk-in psychiatric/medication management services Assessed service capacity and how resources are arranged; created efficiencies in staff documentation tools and removed non-clinical functions from clinical staff. Centralized Scheduling implemented to include reminder calls and Back-fill Management – back-fill more conducive to clinic-based services than home/community based services (currently reviewing potential improvements)

		Developed and implemented no show/cancellation procedures, sent out to all consumers and reviewed/had them sign agreement. Engagement Specialist implemented with peer supports. Process currently in need of refinement (in process) Local team has been meeting to develop data sources staff can use and test/refine the accuracy of those data sources where needed Communication plan developed (board, blog, emails, staff meetings, SAS, FAS), newsletters to community, waiting areas boards Training plan and training materials were completed. Staff trained in Engagement, Concurrent Collaborative Documentation, Centralized scheduling, KPIs, Supervision, Level of Care for all 3 populations, DLA-20, use of iPads/small laptops, efficiencies to enhance productivity, re-assessment process
5. Analysis of services and supports based on community need	Our community shows an increase on Medicaid enrollees and CMHSP population.	Analyze community needs and develop a plan of action for the following populations and their potential service needs: (February – December 2013 Children Parolees and probationers with no insurance/access to care Substance Abuse Disorders Seniors Incorporate Management Training and Measurement Services (MTM) work noted in #2 and #4 in the plan of action **<u>2013 Update</u>** MCMHA had another increase in services to children in past year. Developed ability to provide relevant services for Autism benefit Had a presentation/invite to all pediatricians, Bridgitte went to PCP to explain autism and access process. Provide on-site psychiatric evaluations/assessments for inmates and prisoners being discharged. Participating referral source for Monroe Co. Parole and Probation MCMHA staff participate in Michigan Prisoner Reentry meetings Have an open Access process that allows everyone and anyone in Monroe County to be screened for services OBRA process for seniors in nursing facility and MCMHA OBRA staff sits on Monroe County

		Commission on Aging meetings Need to develop staff training on SUD assessment and treatment needs and revise current EHR to adequately assess for SUD needs. Training opportunities in development. The PIHP SUD Consumer Advisory group (which has Monroe Co representation) is currently meeting for strategic planning in these areas. Will have new CA structure October 1, 2014 with CA that has high level of ROSC model experience/best practices; plans to achieve higher level of incorporating SUD/recovery in MCMHA's integrated health system of care.

CMHSP: Montcalm Center for Behavioral Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Implement Integrated Health Care Initiative.	Integration of health care was chosen given the current trends in the health care industry. Additionally, the Mid-Michigan Health Department's 2011 Community Needs Assessment identifies heart disease as the leading cause of death in Montcalm Co. and prioritizes the reduction of obesity.	Steps: 1. Participate in MDCH Integrated Health Learning Collaborative over next year to receive technical assistance. 2. Enhance Case Manager knowledge base in disease management, care manager practices, and motivational interviewing principles. Target Date: 6-13 3. Provide basic health screening to all SPMI consumers with no PCP visit in past 12 months. Target Date: 5-13. 4. Include a health goal for all SPMI consumers with a chronic health condition. TD: 6-13 5. Establish outcome measures related to top 3 chronic health conditions in the SPMI population at MCBH and track. TD: 9-13. 6. Establish a partnership with local FQHC to embed a social worker in the practice. TD 9-13 7. Investigate other partnerships opportunities in the community (i.e. rural health clinics, health dept.). TD 6-13. **<u>2013 Update</u>** 1. MCBH is actively participating in the Learning Collaborative with an internal team, work plan and use of the state consultant. 2. All CM staff received health coach training. An integrated health nurse has been hired. She developed and trained CM staff in the use of disease mgt. protocols for high blood pressure and diabetes. CM team meetings have been restructured to utilize an MI case review structure. 3. An IH Nurse is reviewing all health screens, sending recommendations to the MCBH continues to target more clearly articulating health needs in goal plans.PCP or contacting consumers with no PCP to assist in making connections. 4. MCBH continues to target more clearly articulating health needs in goal plans. 5. This goal will be addressed with implementation of our new EHR. 6. The FQHC declined to partner. 7. A relationship has been actively pursued with the local RHC with a proposed MOU. Funding concerns have limited progress to date. New opportunities are being explored.
2. Implement Autism services and develop community partnership in the	This issue was one of the top three identified by stakeholders in our survey. The county has recently	Steps 1. Participate in Montcalm Co. Autism Collaborative. 2. Continue to build competency in the administration of ADOS-2 and ADI-R. Target Date-6-13 3. Identify current consumers and orient to the autism benefit. TD 4-13.

delivery of care.	begun an Autism Collaborative to bring together a wide range of service providers, parents, law enforcement, employers and other interested parties to evaluate how to best impact the lives of person with Autism spectrum disorders in our community.	4. Develop contracts with providers of enhanced assessment and treatment planning. TD 4-13 5. Train CLS workers in ABA principles and implementation of treatment plans. TD 4-13 6. Develop mechanism to provide support to CLS workers given intensity of time spent in service provision. TD 6-13 7. Gain clearer understanding of school processes, service structures, and ensure positive communication patterns. TD 8-13 8. Continue to assess staffing resource in relation to service demand. TD 7-13 and ongoing 9. Communicate with local pediatricians, family care doctors, Early On about referral processes, screening, and service availability. TD- 9-13. **<u>2013 Update</u>** 1. MCBH actively participated until the group disbanded. 2. Contractual relationships have been pursued to fulfill this community need with partnerships through Ionia and Gratiot CMHs, as well as private providers. 3. MCBH continues to provide information to consumers. 4. MCBH has developed contractual relationships but continues to pursue more permanent opportunities including a partnership with Ionia CMH in the building of an Autism Center. 5. MCBH has capacity, currently serving 1 child. 6. Hired 2 FTE CLS children's staff to assist in stabilizing this workforce, ensure consistent supervision, and avoid turnover experienced with contract staff. 7. Children's Service Manager is working to expand relationships with school personnel including provision of resource sharing. 8. 2 FTE CLS workers added. 9. Continuing to develop processes in this area.
3. Expand community partnerships in child/family services.	A significant issue identified by stakeholders was intervention for children and families. Our community like many is faced with a lack of prevention services and families who become involved with many systems when things are at crisis point.	Step 1: Develop community collaboration forum focused on highest need children (foster care, juvenile delinquency, abuse and neglect case) to bring together DHS workers, foster care providers, court and other stakeholders to problem solve system level concerns. Target Date 6-13 2. Investigate Medicaid SED Waiver and community interest in supporting this model of care. Target Date 7-13. 3. Investigate Direct Prevention Services specifically School Success Programs and potential interest of Montcalm Co. schools. Target Date 7-13. 4. Arrange cross training opportunities for children's mental health staff in school IEP process, DHS- CPS and foster care system, juvenile delinquency statutes and stakeholders in children's mental health issues. Target Date 6-13.

		2013 Update 1. The Children's Services Manager is attending monthly community permanency planning meetings with DHS and the Juvenile Court. 2. Initial information about qualifications for waiver has been sought. MCBH has applied to provide Wraparound Services beginning in May 2014 as part of pre-planning. 3. A MOU was proposed to Tri-County schools but was not found to currently be a financially viable option for the school district as it would require use of At Risk monies which were diverted to other needs. 4. MCBH has provided training to the juvenile court and DHS. Training has been received from DHS and from substance use providers.
4. Improve ease of access to services.	Stakeholders identified ease of access to services, concerns of persons "falling through the cracks" and ensuring that no matter the type of insurance a person has they can find direction to quality care as significant issue in our county. In addition, MCBH prioritized decreasing no shows (current 40% for intake) in order to expand the time available for service delivery to consumer as well as promoting a quick response between the call for treatment to getting care.	Steps: 1. Implement an Open Access system for all intake assessments. Target Date 2-13. 2. Triage consumers coming into the agency to identify need (crisis, brief assessment, intake) and provide direct access to a clinician. Target Date 2-13 3. Improve efficiencies between PIHP Access Unit and local open access center. TD 3-13 4. Track and follow up with any consumer not coming in for an open access appointment after calling about services after 7 days and then again in 14 days. TD ongoing 5. Measure consumer satisfaction with new process and evaluate need for adjustments. TD 5-13. 6. Evaluate time consumer walks in the door to contact with triage and need for adjustments. TD 5-13. 7. Measure denied and referred rates. TD quarterly. **2013 Update** 1. Successfully implemented for all consumers entering care at MCBH. 2. Successfully implemented with overall satisfaction of 4.77/5 from consumers and wait times averaging 10 minutes. 3. MCBH assumed the function of Access Services from the PIHP 1-13. 4. MCBH has a formalized process for follow up with any consumer who receives an eligibility determination over the phone and then does not come for an assessment. 5. All consumers coming through Access are offered a 5 question satisfaction survey. Data is reviewed as part of a quality improvement system. 6. Data is collected for all consumers entering Access and reviewed as part of the quality improvement system. 7. Data is collected and reviewed as part of the quality improvement system as well as a board indicator. Rates have fallen to 5% from highs of over 25%.

5. Expand co-occurring mental health/substance use treatment capacities.	Substance use is of great concern in our community. The 2011 Mid Michigan Health Department Needs Assessment identified this as a major community concern. Riverhaven Coordination Agency identifies Montcalm Co. as spending the largest portion of its substance use dollars for adults in methadone treatment. The Substance Abuse Advisory Council has noted trends in marijuana and synthetic drug use among youth. Prescription drug misuse is a stakeholder identified trend. Law enforcement notes methamphetamine as problematic in this rural community.	Steps: 1. Train children's clinical staff in substance use trends and assessment. Target date: 3-13 2. Provide clinicians treating persons with SPMI with quarterly co-occurring topical training/case presentation during clinical staff meetings. TD ongoing 3. Expand IDDT services to case management through the credentialing of one CM as SU provider. TD 10-13. 4. Participate in local RISC steering committee. TD 4-13. 5. Continue participation of ACT team with Drug Court. TD ongoing. 6. Measure number of consumers with SPMI and co-occurring SUD diagnosis with person-centered plans that address SUD commensurate with stage of change, resample in 6 months. TD 6-13, 12-13 **<u>2013 Update</u>** 1. MCBH children's staff is receiving training from Wedgewood Services, the local adolescent substance use provider agency. 2. The new Acute Services Manager (Outpatient) is a Motivational Interviewing trainer and CAADC. She is in the process of enhancing co-occurring capacity in the OP staff. 3. One case manager is completing her application for her CAADC. 4. MCBH is a participating member. 5. MCBH is a participating member. 6. This goal has not yet been addressed.

CMHSP: Community Mental Health Services of Muskegon County

Priority Issue	Reasons For Priority	CMHSP Plan
1. Increased Access to Mental Health Services especially for Youth (90% respondents) Community individuals do not know how to navigate through the CMH system. For example, the perception is that CMH denies access to persons with insurance, or denies due to level of severity. There are situations in which CMH should be involved but person is not referred or situation is not presented to CMH Access staff for appropriate screening. Issues with stigma, transportation issues, and lack of understanding of criteria for admission/eligibility. MH and SA services are also not well coordinated. Lack of psychiatrists in the area, even if the person has insurance.	This issue was identified by multiple stakeholders through face-to-face meetings and online submitted surveys. Below is a list of reasons for this priority as described by those stakeholders. 1. Increased substance use among youth. 2. Lack of early intervention services. 3. Need for mental health education in the schools and the general community (early identification). 3. Workforce not trained/credentialed in working with youth – increased number of younger children with serious mental health problems. Age range for juvenile justice involvement has shifted younger to 11/12 year olds and increasingly more females. 4. Increased number of youth ages 0-5 living in poverty and a high rate of teen parents. Also have a high rate of	CMH hired two intake workers with specific training in assessment of children's mental health issues in January 2013. On February 14, 2013 a budget meeting was held for our 2014 budget. Several positions were created that will be devoted to youth and young adults with SED. Continue to participate in community collaboration opportunities such as "enhanced partners" The Agency is addressing our Access system and being in a position to begin to work with individuals who have private insurance. Increase capacity through effective um ensuring youth are receiving right service at right time; increasing successful outcomes. Increase use of natural and community resources . CMH will work with our customer services department to help us with changing our community perception of being an organization that is difficult to get into. Hire a coder to improve ability to bill third party insurance and increase capacity Coordinate efforts with community partners to screen and prioritize youth population, particularly look at collaboration regarding use of CANS and implementation of trauma assessment. Increase community capacity by providing training on evidenced based practices for children, particularly infant mental health and transition to independence process (TIP) **2013 Update** . Services for youth have restructured over the past year to provide an increase in services as well as clinical supervision. The child assessors work collaboratively with the youth supervisors to ensure that the most appropriate level of care is determined. A level of care, Community Based Services, was created to allow for home-based services to occur in addition to the services

	parents with inadequate education (less than HS), increased crime, child neglect or maltreatment, and increasing numbers of traumatized children, thus the need for trauma informed care. 5. Weak network of protection services. 6. Increased youth from families of veterans. 7. Increased stressors in families regarding jobs, education, income, and living situations. 8. Many youth are not being served. Increase in numbers of kids with cognitive deficits, autism, and dual diagnosis of DD/MI. 9. Overdependence on medications versus treatment, especially related to trauma. Need for more effective counseling and education rather than "pushing" medication. 10. Lack of access for individuals who are not a severe threat to themselves or others and not severely mentally ill but certainly experiencing mental health issues (the "at-risk" population).	provided within the HBS team. All youth supervisors provide clinical and reflective supervision to their staff weekly. CMH is working collaboratively with other agencies and coalitions to develop a system of care for youth. Meetings and a format for reaching this goal have been in development. The DHS, Family Court, Schools, Transition Center, executive staff meet monthly and have engaged in sharing of resources, joint training and system wide planning. CMH hired a staff member providing psychological first aid. The staff person has provided multiple debriefings following traumatic events within the community and has begun to recruit community members and CMH staff to be trained in the model. CMH has hired new staff to work within the youth home and community based services team and has implemented staff and training plans that address staff getting the training and supports that are needed to retain staff, prevent burnout and ensure quality care. All youth staff are being trained in Vicarious Trauma at the beginning of employment and address this topic along with Staff Burnout and Compassion Fatigue with their supervisors. CMH hired a staff member providing psychological first aid. The staff person has provided multiple debriefings following traumatic events within the community and has begun to recruit community members and CMH staff to be trained in the model. CMH has hired new staff to work within the youth home and community based services team and has implemented staff and training plans that address staff getting the training and supports that are needed to retain staff, prevent burnout and ensure quality care. All youth staff are being trained in Vicarious Trauma at the beginning of employment and address this topic along with Staff Burnout and Compassion Fatigue with their supervisors.

2. Integrated and Coordinated System of Care for the Community (78% respondents) **Many respondents had issues with the need for increased collaboration in the community. Youth issues are increasingly significant and require collaborative work between schools, CMH, primary health care, private agencies, juvenile justice, and Michigan Department of Human Services. There is the need to develop relationships and build partnerships so we can open communication at all levels. There is also a continued need for collaboration and coordination with law enforcement in dealing with persons with developmental disabilities and mental illness.**	This issue was identified by multiple stakeholders through face-to-face meetings and online submitted surveys. Below is a list of reasons for this priority as described by those stakeholders. 1. Lack of psychiatrists in the community which leads to increased waiting times. 2. Need for better integration and availability of mental health and substance abuse co-occurring services. 3. Individuals/families cannot afford co-pays and medications. 4. Need increased communication with law enforcement & education regarding mental health. 5. Need increased presence of CMH in the community – anti-stigma, education, groups, early identification, and information about available resources.	CMH is actively involved in establishing a legitimate system of care (SOC) devoted to children's services. CMH will provide leadership in developing formal MOU's between child serving agencies. CMH is currently meeting with our area CA and planning how to better integrate SA services into our organization. Regional entity activity will help with this. Effective immediately CMH will begin to schedule standing meetings with key stakeholder organizations representing individuals with developmental disabilities. CMH will also be placing a staff member at the local rescue mission to assure that the guests of the mission have access to the appropriate level of mental health services. CMH will hire a staff position to provide psychological first aid to the community. CMH will also train at least two staff in mental health first aid. In collaboration with family court CMH will pursue the development of a youth problem solving court. CMH will increase presence in the community through school based services and putting staff in non-clinic settings. **<u>2013 Update</u>** The Agency continues to make strides in the area of collaboration with other Agencies. This includes schools, judicial and DHS. New efforts are being made to collaborate even further as Human Service Agency's experience reductions in funding. Several Agencies have had changes take place within administration and our experience is that this is actually positive as we believe we have like-minded partnerships. Outreach staff do as part of their regular job duties go to local shelters and have standing meeting where issues of homelessness are addressed. As our community economy continues to be depressed we are seeing more and more homeless people.

	6. Increase assistance to individuals who "fall through the cracks." 7. Need Coordination of services with community partners. 8. Public perception/tragedies/media impact regarding individuals with disabilities. 9. Issues with increased community/family stressors – poverty, unemployment, basic personal needs, transportation, education, crime, and housing. 10. Lack of space in a secured 24-hour staffed law enforcement facility to provide immediate treatment.	
3. Education about CMH Services and Mental Health (41% respondents) Many respondents recommended increased education on a variety of subjects and to a wide range of groups of people.	This issue was identified by multiple stakeholders through face-to-face meetings and online submitted surveys. Below is a list of reasons for this priority as described by those stakeholders.	CMH will hire an individual this fiscal year who has been trained in "psychological first aid". They will have responsibilities of providing mental health education and crisis response throughout our community. Also this fiscal year we will be working with our customer services department to provide more information related to prevention, treatment and education in regards to mental health diagnosis in the community. All Managers will be expected to develop community relations with key stakeholders and to make at least 2 public presentations per year that are geared to mental health issues within our community.

	1. Need to educate law enforcement in dealing with persons with mental illness. The legal system is quick to arrest without assessing the situation. 2. Need increased education regarding mental illness; many people are afraid to come to CMH due to stigma. 3. Need increase knowledge among community partners/physicians, attorneys, etc. on what would be an appropriate referral to CMH. 4. Need to educate youth on mental health issues. 5. Need to educate consumers on the medications they are receiving in order for them to strive in their recovery process. 6. Need to educate our community on mental health issues from the very young to the elderly, including schools, churches, nursing homes, etc., with the focus on reducing any shame, guilt, or misconceptions of a person with a	We will be tracking those individuals who contact the Agency for services that we refer to other Agencies within our community. The Agency Nurses have been trained in the Nurse Care Manager program offered through the University of Massachusetts. Nurses will begin this fiscal year to provide more direct education regarding mental health issues and also the correlation between primary care and behavioral health. **2013 Update** A new Psychological First Aid position was added to the Customer Services unit and hired in the last quarter of the fiscal year. The Psychological First Aid Specialist has responded and debriefed three requests externally and three incidents internally. This agency in collaboration with community partners have three employees and one community member credentialed as a Mental Health First Aid instructors. Muskegon CMH partnered with other urban CMH's and as awarded a grant to expand Mental Health First Aid training. Additional instructor trainings are planned for March (Adult) and May (Youth) with four additional **staff being trained and four community partners including two law enforcement officers. The feedback we have received from those who have been trained has been quite positive. A Public Information & Education Plan was approved by the Quality Council in February 2014 which identifies on-going strategies to provide education and communicate externally. Staff represent the agency at health fairs, career fairs and recently the Youth Summit. Agency staff continue to activities in the community to address education needs and work towards more prevention. We are also expanding the amount of Primary Care Services within this facility which is one of our very high collaborations. Nurses have been assigned to support coordination teams with greater emphasis on patient education.**

	diagnosis of a mental health issue. 7. Need to educate staff involved in any form of healthcare. 8. Need to educate people on Recovery/Wellness. 9. Educate the public on the criteria for eligibility and admission to CMH services.	
4. Need for Appropriate and Affordable Housing (39% respondents) This issue was also discussed by many respondents as an issue needing to be addressed.	This issue was identified by multiple stakeholders through face-to-face meetings and online submitted surveys. Below is a list of reasons for this priority as described by those stakeholders. 1. Need alternatives from 6-bed AFC homes and CLS. 2. Quality of AFC homes is poor. 3. Homelessness – lack of available shelters. 4. Aging population. 5. Barriers to creation of housing alternatives – waiting for subsidies to come through.	Safe affordable housing continues to be a community need. CMH is in the process of developing a new position that will be able to lead more efforts in finding consumers alternatives with their housing situations. **<u>2013 Update</u>** Safe and affordable housing continues to be a very big concern. We would in fact say that it is an area that has a continual downward spiral. Single apartments in our community are almost non-existent. Families who can afford 2-3 bedroom apartments are able to find vacancies but this is typically not the clients that we serve. We do have approximately 27 individuals in apartments funded through HUD. The Agency continues to participate in a regional collaboration that looks at the continuum of housing. We also have staff attending to the local shelters trying to guide individuals to either our Agency or link them to a more appropriate community service. The Agency this year entered into an agreement with a landlord who has 12 single apartments and these have been fully used for almost a year now. Housing will continue to be an area of need.
5. Adequate Workforce (10% respondents) An adequate workforce was also discussed by a few	1. Maintaining Mental Health Workers is difficult due to no advancement, working two jobs, and high	CMH has made significant strides with the development of an intensive community based services model for all ages of children within our community. Since January 2013, the Agency has established an Infant Mental Health team and Transitions to Independence team. CMH will be meeting with key community stakeholders who provide DD services in order to plan

respondents as an issue needing to be addressed.	turnover. 2. Workforce needs on-going training and development (Youth, Aging, SA) 3. CLS workers need training in working with youth, including proper credentialing and defined needed competencies. 4. The development of a workforce is needed that interacts with families and young children and understands trauma-informed care. 5. There are not enough trained child and family therapists.	on the training and skill set of CLS workers with whom we contract. CMH will implement personal development. Plans for staff. In addition a new clinical supervision plan will be implemented to improve staff competencies in targeted areas. All job descriptions will be updated to more specifically include clinical competencies. The organization will investigate compensation strategies that recognize needed clinical competencies. **2013 Update** Maintaining an adequate work force has been an area of concern. We have had high turnovers in our paraprofessional areas which tend to be individuals who provide CLS service. We contract with local corporations and through funding reductions we will be providing less of these services.

CMHSP: Network180 (Kent County)

Priority Issue	Reasons For Priority	Network180 Plan
1. Collaboration and Communication	• Fits with Network180 Strategic Plan • Noted as a need by multiple stakeholders • Necessary to effectively develop our regional entity	Network180 will develop relationships with other CMH providers in the region and enhance current relationships with our provider network. Network180 will also continue to build relationships with health plans for better integration of care. Efforts will be made to better communicate with our partners. This will be accomplished by the end of 2013. **2013 Update** Network180 will continue to develop its operational and clinical relationship with partner CMHs in PIHP region 3. We have also made strides with outreach and partnerships with health plans. We have an ongoing care coordination project with a local large health plan that may positively impact Triple Aim indicators of local consumer populations. Further progress will be made by the end of 2014
2. Access to Psychiatric Services	• Fits with Network180 Strategic Plan • Noted as a need by multiple stakeholders • Included in the Phase I System Transformation Project	Psychiatric capacity has been added at Network180 by hiring additional doctors. The use of telepsychiatry has also been implemented and expanded throughout our provider network. In addition, Network180 will be partnering with Pine Rest with regard to psychiatric training for MSU medical students. This will be accomplished by the end of 2013. **2013 Update** In addition to adding capacity by hiring doctors and adding telepsychiatry, network180 hired a new behavioral health medical director. The issue of access to psychiatric services is primary concern for the new medical director. The medical director and the deputy director of programs are working together with regional partners to develop a strategy to collectively recruit psychiatrists to the region. Further progress will be made by the end of 2014.
3. Greater Inclusion of Persons with Lived Experience (Peers)	• Noted as a need by multiple stakeholders • Current Network180 Performance Improvement Project • Necessary to effectively develop our regional entity	Greater emphasis will be placed on the inclusion of persons served to be involved in various capacities through the Network180 system. This includes training peer supports, recovery coaches, pcp facilitators, and individuals interested in joining workgroups and advocacy committees. Peers will be included in the planning for our new regional entity. This will be accomplished by the end of 2013. **2013 Update** We have accomplished this in various aspects within the network180 system. Our Recipient Rights Office employs a peer for 10 hours per week. Network180 employs 2 full time peers in

		the Access Center supporting the Crisis Intervention and other functions. Earlier this this year, network180 hired a new executive director. Peers were on the search committee and provided guidance in key steps of the process. Network180 recently hired a full time peer to provide outreach services in our primary/behavioral health care coordination pilot project with Priority Health. Peers have been and continue to be part of the planning for the recently launched regional entity as well as the upcoming regional SUD coordinating agency. Further progress will be made by the end of 2014.
4. Safe and Affordable Housing	• Noted as a need by multiple stakeholders	**2013 Update** Network180 has peers who serve on Recovery Management Teams, supporting other peers by helping them to sustain their existing housing. Network180 has 1.5 FTE of peers on its Streetreach program which identified homeless peers and connects them with housing resources. Network180 has a full time recovery coach embedded in a Grand Rapids Housing Commission who supports the needs of residents. Network180 created an internal housing unit in early 2013. By the end of 2014, this team will demonstrate that the system has increased opportunities of including peers in various housing endeavors.
5. Access to Medications	• Noted as a need by multiple stakeholders	**2013 Update** In nearly every instance where network180 and its provider network has a peer embedded, they are helping to facilitate access to medications for peers who need them. The care coordination peer attached to network180's Utilization Management and Review team is one example. In addition there are two peers embedded in the Access Center who through their outreach and advocacy efforts, are facilitating increased access to medications for peers. Further progress will be made by the end of 2014.

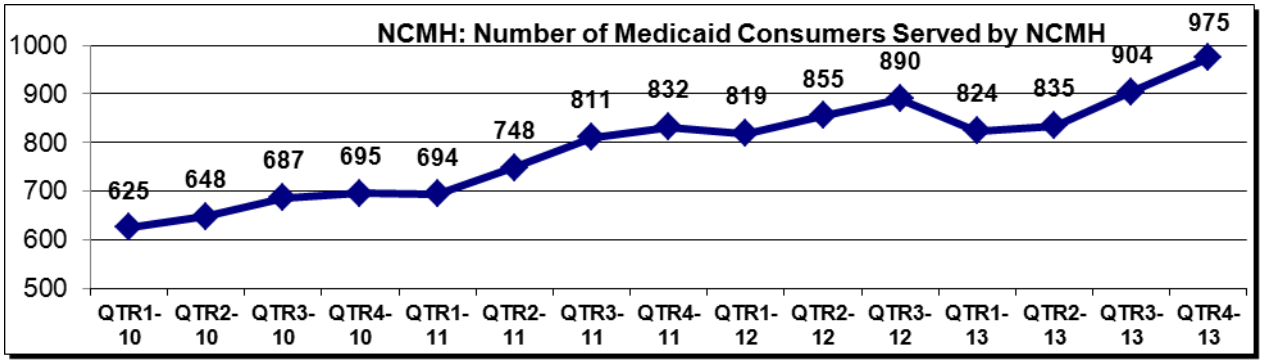
CMHSP: Newaygo

Priority Issue	Reasons For Priority	CMHSP Plan
1. Increased collaboration and coordination with Primary Health Care settings.	This has been identified in the surveys returned and within NCMH staffs. Further, the chronic health conditions found in CMH populations decrease life expectancy and quality of life.	NCMH has been participating with FQHC in 4 sites to varying degrees of integration. Further development at those sites and with Spectrum Gerber will be occurring in the next fiscal year. This coordination has proven effective in managing complicated care needs by providers and consumers. **2013 Update** NCMH continues to participate with the local FQHC in 4 sites to varying degrees of integration. In addition, NCMH clinical staff continues their efforts on behalf of the consumers they serve, to coordinate services with their respective Primary Care Physicians. Simultaneous to these individual efforts, NCMH has maintained ongoing communication with Spectrum Health Gerber Memorial, Newaygo County's largest health care provider, pursuant of the development of a collaborative initiative in a number of possible venues including one of their Primary Care offices and a shared office site on the SHGM campus in Fremont. In spring of 2013, the majority of NCMH nurses, clinicians, and peer supports completed five days of training on various integration topics including chronic disease management, working effectively in the medical setting, etc. A process improvement team (PIT) was nominated in January 2012 to improve our coordination with medical care providers. This PIT was delayed a few months due to implementation of a new electronic health record but did start addressing issues in summer 2013. Results of this PIT will be included in FY 14 summary. NCMH participates in the statewide Integration Learning Community and has participated in the learning community coaching calls, trainings, and webinars. NCMH has developed an Integrated Behavioral Health Work Plan that outlines all of our strategic goals and related activities related to integrated care.
2. If it becomes fiscally possible, develop and provide primary health care onsite for those persons refused by primary care settings and who are served by NCMH.	There is always a population of persons served who are unable to secure ongoing medical care due to behaviors and/or diagnosis. They have complicated	If this becomes fiscally viable it will be developed in coordination with other primary care provider partners in the continuing effort to meet with overall health needs of the county. **2013 Update** Due to a number of unforeseen issues, this need remains unmet and is currently not being pursued. Rather, for those consumers identified as being in need of a PCP, concerted efforts are being made to advocate and link them with a community PCP so as to address their physical health care needs in coordination with NCMH providing for their behavioral health care needs.

	medical issues making mental health treatment difficult.	
3. Development of fully integrated care capacity within primary care settings in Newaygo County. (presently in 2 Teen Health Clinics settings)	This has been identified in the surveys returned and within NCMH staffs. Further, the chronic health conditions found in CMH populations decrease life expectancy and quality of life.	NCMH has been participating with FQHC in 4 sites to varying degrees of integration. Further development at those sites and with Spectrum Gerber will be occurring in the next fiscal year. This coordination has proven effective in managing complicated care needs by providers and consumers. **2013 Update** This identified need/issue overlaps with #1 in that NCMH continues to actively participate/collaborate in varying degrees with the local FQHC at four (4) provider sites which includes two school-based health clinics and two primary care sites. The two primary care sites have adjusted well to incorporating a social worker as a part of the care team. The social workers are providing psych-educational information, brief screening, triage, referral, and emergency services to patients at the time of primary care appointment. This allows the primary care provider to complete a "warm hand-off" to the social worker. These services and the curbside consults that social workers provide the primary care physician have enabled the FQHC to provide seamless, integrated care to patients. Also, as indicated in the narrative response to the identified need/issue #1, NCMH continues to work with SHGM with the goal of having NCMH BH staff on site at least one of their Primary Care provider sites as well as exploring the feasibility of utilizing an office building on the SHGM campus for an additional and more accessible BH resource to that health care provider and to the local community in that area. Those services would include ACCESS, IC and IBH services. In addition, there is ongoing discussion and planning towards the development of an integrated service delivery model within the SHGM ER.
4. Continued participation and collaboration in community benefit activities .i.e. transportation options development, prevention (substance abuse, mental illness, poverty, jail admissions), human services collaborating body,	This has been identified in the surveys returned and within NCMH staffs. Further, the chronic health conditions found in CMH populations and generally in the socially disenfranchise d decrease life	NCMH has remained active throughout the years in the development of county resources and collaborations to meet the social and health care needs of the county. Efforts within the county have continued to grow and identify joint opportunities for solutions. This will continue through Newaygo County Community Collaborative (NC3) and within contract partnerships with DHS, the courts, and medical care practitioners. **2013 Update** NCMH continues to be an active participating member of the local Human Services Collaborating Body (NC-3) and related affiliates. The latter includes the Community Jail Diversion Committee, the Newaygo County Health Improvement Council, the Homeless Youth Coalition, the Great Start Coalition, the Senior Services Coordinating Council and the Suicide and Substance Abuse Prevention Affiliate (now known as Newaygo County Partners in Prevention and Recovery). In addition, NCMH is an active participant in other community collaborative venues outside of the HSCB such as the Local Emergency Planning Team relative to community emergency services and disaster planning/training as coordinated through the local Emergency Operations Center (EOC).

and other collaborative activities within the county.	expectancy and quality of life.	
5. Continued growth in numbers of persons served, maintaining/decreasing costs for services thereby assuring necessary services continue for those in need in Newaygo County.	This has been identified as a need within the surveys completed and within ongoing conversations with interested parties. NCMH is the sole source for many services including psychiatric. The prevalence ratios found in the research conducted identifies many opportunities to impact the citizens of the county.	Through identified partnerships and collaborative efforts NCMH continues to provide opportunities for discussion of needs, identification of individuals and outreach to those in need. Ever increasing numbers of persons served show this to have been effective in recent years and will continue. **2013 Update** The table and chart below show that our numbers served (Medicaid Population) did increase from FY 12 to FY 13. Medicaid Penetration Rate Trend

	QTR1-12	QTR2-12	QTR3-12	QTR4-12	QTR1-13	QTR2-13	QTR3-13	QTR4-13
Medicaid Served by NCMH	819	855	890	870	824	835	904	975
Medicaid in Area per DCH	11890	11833	11661	11788	11916	11890	11906	11927
% of Total served as Medicaid	0.746	0.753	0.798	0.809	0.883	0.748	0.76	0.81
% of Total Area as Medicaid Eligibles	0.245	0.244	0.241	0.243	0.246	0.248	0.248	0.249
% of Medicaid Eligibles Served	0.0689	0.0723	0.0763	0.0738	0.0692	0.0702	0.0759	0.0817



Cost of services

NCMH cost of services did vary from FY 12 to FY 13. It was a transition year as we prepared for our new affiliation, Medicaid expansion, and health care reform. We have been concentrating on building capacity in projected areas of growth and were able to maintain services and our service array in the process. The FY 14 update will include a summary of steps we have taken to address the increase in med clinic costs (psychiatric evaluation, RN health services and medication reviews).

Summary of Change in Costs for Selected NCMH Services
(full list of services available upon request)

Service	Change in cost from FY 12 to FY 13
Individual Therapy	↑ 30%
Initial Assessment	↓ 56%
Psychiatric Evaluation	↑ 11%
Medication Reviews	↑ 15%
RN Health Services	↑ 114%
Treatment Planning	↓ 38%
Crisis Intervention	↓ 18%
CLS	↓ 16%
ACT	↓ 26%

↓ Decrease ↑ Increase

CMHSP: Northeast Michigan Community Mental Health Authority

Priority Issue	Reasons For Priority	CMHSP Plan
1.Trauma Informed treatment	DHS request for support when placing infants into Foster Care and the recognized need to provide Trauma Informed care to individuals served within the CMH system	Contract has been developed with a partner community agency to guide the staff development actives aimed at assessing trauma for the people we serve and the organization as a whole. In addition discussion continues with local DHS regarding support for limiting trauma in infants being placed out of the family home. **2013 Update** • CMH staff continue to participate in workgroups aimed at decreasing trauma for the persons we serve and one another. • CMH participates regularly in TDM (team decision making) meetings aimed specifically at children and families at risk or involved in out of home placements. • CMH meets regularly with child placing agencies to discuss out of home placements, specific to trauma reduction. • Greg Proulx PhD, has conducted a workshop at the COP (Cheboygan Otsego, Presque Isle) Intermediate School district discussing trauma CMH continues to be involved with DHS when requested to discuss placement of children in foster care.
2. School Based Support & MH First Aid	The community and our area schools continue to request greater levels of support for all children with emotional or behavioral issues	CMH has contracted with 2 FQHCs to provide school based social work services in 4 different schools. The FQHC have hired LMSW's to provide the support in 3 elementary schools and one junior high school. **2013 Update** • Alcona Health Clinic has begun serving students in 2 Elementary and 1 Jr. High School. Billing issues remain, but it is anticipated that this program will be fully operational within the next 90 days. Thunder Bay Health Clinic has one fully operational school based clinic, and is working on the addition of 2 elementary schools this year, and the development of another behavioral health clinic at another school.

3. Gentle teaching	Continued need to deepen the culture of gentleness.	84% of all CMH staff has been trained in the first class of Working with People. The remaining 16% will be trained in 2013 and select staff will expand their skills in the area of mentoring. **2013 Update** Working with people continues to be part of our training curriculum. It is our expectation that all staff providing direct care will be trained.
4.Integrated Health Care	Several studies in the United States have identified that people who are diagnosed with a Severe and Persistent Mental Illness die, on average, 25 years sooner than non-disabled people	Discussion with 2 area FQHCs have begun on a number of topics related to Integrated Care. Internally a team of staff has been identified to lead the efforts of the agency and to participate in the Integrated Care Learning community. **2013 Update** • CMH staff continue to be involved with DCH Integrated Care learning communities. One staff has participated in the U of M certificate in Integrated Behavioral Health and Primary Care. • The Integrated Health Team is working with the PIHP and reviewing health data specific to our consumers who are at risk for Metabolic Syndrome. These 74 consumers are assigned to a nurse to provide the health care management that are included in their Plan of Service. • All children who are receiving psychiatric services are currently weighed and measured, along with BMI and Blood Pressures.
5.Intensive Foster Care	Presently if a child with a Severe Emotional Disturbance is in need of residential placement there are no local options in the Northeast Area	Discussions with the local DHS, Probate Court and Child and Family Services of Northeast Michigan continue, working toward the development of an Intensive Treatment Foster Care Home. **2013 Update** No update available.

CMHSP: North Country CMH

1. **Issue:** Inappropriate referrals for CMH services. Referral stakeholders do not fully understand the populations served by the community mental health system or general criteria used to determine eligibility for services resulting in referrals that are denied.

    - **Reason for priority:** To ensure appropriate referrals for CMH services are made; to strengthen collaborative relationships with stakeholders, and to better understand the unmet mental health needs in our catchment.

    - **CMHSP Plan:** Continue to educate stakeholders about the mission of the community mental health system; how we are funded and populations served; to the extent possible, explain how eligibility for services is determined; and share our vision for the future of integrated primary and behavioral health care.
        - A presentation to HSCBs by NCCMH leadership; to be completed by 1/1/14.
          2013 UPDATE - This was rescheduled for completion by 6/1/14.
        - Determine appropriate NCCMH staff for HSCB membership; to be completed by 6/1/13.
          2013 UPDATE - Outpatient clinic supervisors will be primary representative with another program supervisor designated as alternate.
        - Schedule co-education of staff with specific agencies, e.g. DHS, ISD's, primary care physicians, courts, law enforcement; establish schedule for 2014 by 1/1/14.
        - Ensure a feedback loop with referral sources is in place and working; send to QI Council for development by 10/1/14.
        - Develop a tight referral processes to primary health care providers (refer to NCCMH Integrated Health Work Plan); to be completed by 9/1/13.
        - Evaluate our press releases and other publications for accurately describing our service populations and eligibility criteria; to be completed by 10/1/14.
          2013 UPDATE - Press releases are reviewed by program directors prior to submission.

2. **Issue:** Perception by stakeholders that there is a long wait for access to psychiatry services.

    - **Reason for priority:** There is a high demand for this service and it has high visibility in the stakeholder community. Due to limited resources, it must be tightly managed by NCCMH. An initial study on psychiatric evaluation timeliness was conducted in 2012 and is a goal in the 2013 QI Work Plan.

- **CMHSP Plan:** Monitor and evaluate the demand for and utilization of psychiatry to ensure timeliness of service delivery and appropriate distribution of resources throughout the catchment.
    - Program supervisors will track and monitor requests for psychiatry during weekly staffing to triage for acuity and to meet timeliness goal of less than 40 days.
      2013 UPDATE - An orientation to the tracking log and previous years' data was presented to clinic supervisors. Outpatient clinic secretaries are tracking requests for psychiatric evaluations and clinic supervisors are monitoring and triaging.
    - Utilization data will be analyzed by UM Committee (subcommittee of QI Council) quarterly to identify appropriate distribution of physician resources and to evaluate how nursing services impact psychiatry utilization.
      2013 UPDATE - A metric for psychiatric evaluations was continued in the 2014 QI Work Plan. The UM Committee continue to monitor these data. There has been some improvement since this process began. The Clinical Director of MI Services continues to review these data with clinic supervisors and to re-allocate psychiatrist resources, as needed.
    - Results of this Quality Improvement goal will be shared during stakeholder presentations.

3. **Issue:** Reluctance of consumers to seek employment for fear of losing other benefits. Consumers and employers need more information on how employment will or will not impact an individual's benefits.

    - **Reason for priority:** Employment can be a significant factor in a consumer's recovery. NCCMH has invested significant resources toward the supported employment evidence-based practice. The NCCMH Consumer Council identified this as a priority.

    - **CMHSP Plan:**
    - Ensure all supported employment staff are educated in SSA, DHS and other benefits by 1/1/14.
      2013 UPDATE - Supported employment staff attended Benefits Information Network training and SSI training provided by the SSA. They have been trained on use of the Benefits to Work calculator.
    - Create a list of NCCMH staff with this specialized knowledge and post on agency Intranet as resource; to be completed by 9/1/13.
      2013 UPDATE - Completed 1/1/14.

4. **Issue:** Inadequate skill level of Child Foster Care providers to meet the needs of children with serious challenging behaviors

- **Reason for priority:** This concern has been raised by DHS and CMH staff. Providers and consumers are negatively impacted when a placement fails.

- **CMHSP Plan:** Collaborate with DHS to:
  - Identify placements of children with challenging behaviors at risk of being relocated by 9/1/13.
  - Participate in the development of curriculum that may incorporate Gentle Teaching, trauma-informed care, and motivational interviewing, to be completed by 3/1/14.
    2013 UPDATE - A "Caring for Children who have Experienced Trauma" workshop was held in Antrim County during May 2013 (four sessions/one per week). This was a collaborative effort between NCCMH and DHS. Ten foster parents attended; child care was provided for 8 children. We hope to expand this program into other counties in 2014.
  - Develop presentation on impact of employment on other benefits and conduct at each clubhouse semi-annually and Day of Education in October 2013.
    2013 UPDATE - Presentations were made at both clubhouses in June 2013 and in January/February 2014. Members were also educated on use of the Benefits to Work Calculator. This will be continued on a semi-annual basis. Supported employment staff provide more individualized education sessions with consumers during their orientation to the evidence-based SE program.

5. **Issue:** Children aging out of children's foster care placement and into adult foster care need extra support from CMH providers.

- **Reason for priority:** Need was identified by DHS director in Otsego County.

- **CMHSP Plan:** Collaborate with DHS staff in Otsego county to:
  - Identify unmet needs of children transitioning into AFC homes by 9/1/13.
    2013 UPDATE - NCCMH and DHS/Otsego County are working more closed together on transitional planning. IN one instance, NCCMH traveled outside its catchment to conduct an initial assessment. The child then traveled to Gaylord to receive additional testing. The two agencies will continue to work on early interventions.
  - Identify how DHS and CMH staff can improve communication and/or service delivery to meet the consumer's needs by 9/1/13.
  - Identify children with SED or DD that will be transitioning into AFC homes by 9/1/13 and ongoing.

CMHSP: Northern Lakes Community Mental Health Authority

Priority Issue	Reasons For Priority	CMHSP Plan	Timeframe
1. Appropriate/Adequate Housing.	Identified by multiple stakeholders.	Northern Lakes to strengthen partnerships with Habitat for Humanity, MSU Extension, and Goodwill housing.	During 2013-14 **2013 Update** Northern Lakes continues to strengthen partnerships with various community organizations including local Continuums of Care, Habitat for Humanity, Department of Human Services, Salvation Army, homeless shelters, Goodwill Inc., Northern Michigan Supported Housing, etc. and have signed Memorandum of Understandings with several new housing developments. In addition, Northern Lakes employs two Recovery Coordinators whose job descriptions include PATH and Supported Housing Homeless Prevention Coordination to ensure that the people who we serve have access to safe housing opportunities. Through this program Northern Lakes leases apartments for over forty persons who previously were homeless.
2. Services for the mild to moderate mentally ill.	Identified by multiple stakeholders.	1. Northern Lakes' to improve and enhance community based services to children. 2. Keep peer groups open to community as space permits.	Began in 2012 and will carry forward into 2013. During 2013-14 **2013 Update** Access to mental health services to persons with mild to moderated mental health needs continues to be a significant problem. Other than in Traverse City (where access remains difficult) there are extremely limited provider capacity even for persons with Medicaid and who are enrolled in a Medicaid Health Plan. Because of the provider shortage, especially psychiatric providers, persons without any insurance

			generally are unserved (other than emergency services) and persons with any commercial insurance coverage travel long distances to access service. Positively Northern Lakes has increased the number of primary care sites where there is integrated health care, which has provided some supports to this population.
3. Individuals needing treatment, but who do not seek it out.	Identified by multiple stakeholders.	1. Increase community education on anti-stigma such movie nights, speaker bureaus, art shows, and community displays. 2. Integrated health initiatives.	Education has been on-going and will continue into 2013-14. **2013 Update** Northern Lakes continues anti-stigma education events that include movie nights, speaker bureaus, art shows, and community displays. During 2013, Northern Lakes has partnered with the Traverse Health Clinic to provide integrated health services in its Traverse City office (are also considering such arrangements in other office locations) and also have staff based part time in several primary care settings. We have also participated as members of several community coalitions looking at strategies to engage homeless persons (including many with co-occurring conditions) into services and to explore development of alternative services such as a Wet House in Traverse City. Through our emergency services program we coordinate out reach services with local hospitals and in Cadillac with Catholic Human Services to reach high utilizers of hospital emergency department services. Overall this remains a need area.
4. Lack of transportation options to appointments.	Identified by multiple stakeholders.	Northern Lakes has started a transportation work group to explore additional transportation options.	Began exploring transportation options in 2012. Work will continue in 2013-14. **2013 Update** Northern Lakes continues to build relationships with public transportation organizations within its service locations. Some of the transportation organizations include Bay Area Transportation Authority, Cadillac-Wexford Transportation Authority, Roscommon County

			Transportation Authority, and Crawford County Transportation Authority. In addition, there are several private transportation agencies often utilized by the individuals served by Northern Lakes CMH. We have worked to improve our coordination with transportation service available through the Department of Human Services and need to better access transportation support through the Medicaid Health Plans. Northern Lakes staff provide significant transportation support to and from statewide inpatient and residential services, as many persons we serve do not have any transportation resources. On planned emergency appointments and transportation remains a high need. Staff have been creative in developing some local office funds, e.g., use of pop funds revenue, personal donations, etc. to assist.
5. Lack of emergency services/availability of after hour appointments.	Identified by multiple stakeholders.	Northern Lakes has 24/7 emergency services available.	Continue educating persons served on the services available to them. **2013 Update** Northern Lakes has 24/7 emergency services available. Our emergency service program is very active and the demand for these services continues to expand. There is significant concern about the negative impact of the loss of State General Fund revenue on the emergency services program since many persons served do not have Medicaid benefits. We have community-based children's emergency services planning initiative on going in Traverse City and also emergency services planning through the Northern Michigan Regional Entity (consistent with the Application for Participation).

CMHSP: Northpointe BHS

Priority Issue	Reasons For Priority	CMHSP Plan
1. Substance Abuse	Listed multiple times on all surveys – lack of providers, inpatient needs, cost of services, co-occurring illnesses can't be treated at same provider	NBHS will update our referral lists to make sure all available SA providers are listed, NBHS will participate in local radio shows and give information to the public in regards to SA and mental health issues and providers; NBHS providers will be participating in a Community Forum to address the needs of the Homeless – referral information will be provided at this forum; Recently opened in the community is the Alpha/Omega House – a residential facility for persons coming out of jail who are homeless and in need of SA treatment – NBHS will make referrals here as appropriate. "Reality Tours" are staged for local schools which show the dangers and outcomes of substance abuse – with mock drug busts, jail time, and funerals. NBHS CEO and Dickinson County Directors are scheduled to meet with Director of Great Lakes Recovery 3.15.13 to discuss community based SA partnerships with the VA. **<u>2013 Update</u>** 1. Local counseling referral list updated on 11-12-13 to include substance abuse providers. 2. Attend various community fairs – women's wellness (3/13); senior fairs- provide information which includes substance abuse. 3. Participated in community forums hosted by Dickinson Hospital and Bay Area Hospital. 4. Participate on Menominee Community Task Force addressing issues of heroin in community. 5. Northpointe staff participates in Reality Tour every spring. 6. Meeting with Great Lakes Recovery was held but no further action to report. 7. Updated agency brochures will be sent to all physicians and agencies by May 2014 and will be sent annually at a minimum. 8. Northpointe staff participates on community collaborative and substance abuse workgroups.
2. Lack of services for mental health (non – CMH)	Appears on NBHS surveys every year, people not qualified for CMH services and cannot afford private practice have nowhere to go OR their insurance doesn't cover mental health OR	NBHS will update our Referral list to include community providers along with their billing/insurance acceptance and fee schedules so those we refer to the community will have educated choices; NBHS will send this list to all local PCPs so they have to distribute and refer to as well.

	providers don't accept insurance	**2013 Update** 1. Referral list updated 11-12-13-insurance and fee information included. 2. Mailing to all local PCP's will occur this spring and annually thereafter or whenever a significant change occurs.
3.Obesity/lack of physical fitness	Mentioned on DCH survey in comments more than any other reason/need	Encourage employees, recipients, friends and family to participate in the Michigan Healthier Tomorrow program. Northpointe has started numerous Healthy Eating education classes for individuals and also providing fitness classes designed for any fitness level. NBHS provides scholarships to our recipients if they cannot afford to attend the YMCA; a NBHS RN will provide education on Healthy Living and Eating via a local radio show; Dietician may also participate in this educational show. **2013 Update** 1. RN's participated in a local radio show on 5-3-13. 2. Ongoing efforts to raise awareness for healthy living – exercise classes, smoking cessation classes. Individual health goals are included in plans of service.
4.Lack of Children's services	Few psychiatric providers in our communities that can provide services to the mild/moderate population; need for autism specialty providers	NBHS referral lists will include which providers will provide services to and/or specialize in Childrens' issues; NBHS is currently addressing the Autism Benefit by training/hiring needed specialty staff – this benefit will encompass more children in the community; NBHS attends quarterly Intermediate School District meetings providing support and education to providers; NBHS has a representative at all Community Collaborative Board meetings where information on services is provided. **2013 Update** 1. Referral list updated 11-12-13 to include child/adolescent providers. 2. Autism benefit has been implemented. Staff trained in fall 2013. More training to occur spring 2014. 3. Staff have regularly attended Intermediate School District and collaborative meetings, along with Great Start Collaborative, Early-On, and Local Interagency Coordinating Council.
5.Transportation needs	Ongoing problem for years, DHS not readily available to those on Medicaid- they have to plan far in advance	NBHS will look into partnering with local community providers to implement Bike sharing program in the community; there is a local women's group that donates money to worthy causes – it will be requested that NBHS be a recipient of some of this money in order to pay for transportation costs; it will be requested of the County Commissioners on the NBHS Board of

	for rides and often there is no availability; We have rural communities with no public transportation and very few taxi providers.	Directors to bring this issue back to their respective County Boards for discussion and education on the need for transportation resources in our communities; volunteer transporters will be sought and lists kept in customer service. **2013 Update** 1. This issue remains a priority. Northpointe is listed in the "Get Around the Western U.P." website hosted by Western U.P. Planning & Development Region. 2. Dickinson County Commissioner is advocating for U.P. bike path to run through our southern counties. 3. Ongoing effort to educate Medicaid recipients to utilize Department of Human Services and Upper Peninsula Health Plan transportation resources. 4. Case managers work with recipients on how to budget money to pay for taxi service.

CMHSP: Oakland County CMH Authority

Priority Issue	Reasons For Priority	CMHSP Plan
1. Enhancing Trauma Informed Services for Children	1. Oakland poverty statistics for persons under 18 show a 31% increase in this population since 2008. 2. The Oakland CMHA data shows nearly a 9 percentage point increase in the number of persons served from October 2011 to September 2012.	Utilize new service delivery models: 1. Evidence Based Practice -Seeking Safety: a. July 2013 staff training b. August 2013 Fidelity reviews c. November 2013 Program Certification 2. EBP – Real Life Heros a. October 2013 – will have trained and implemented this EBP. **<u>2013 Update</u>** Both of these EBPs are in the implementation stage. The CPA's have sent staff to training and are currently participating in coaching calls . CPA's will use the calls to assist with full implementation of both models. Since there is no official certification process, those implementing Seeking Safety will submit a session recording and be recognized as using the model with fidelity for two years at which time they will re-submit. Fidelity raters will successfully complete the rating of two sessions and be deemed reliable raters by the purveyor.
2. Expand Services for Children	Same as above	1. Initiate services for the General SED – Waiver. 10/1/2013 Letter of intent to be in place. 2. Autism Waiver Adoption – as per MDCH timelines. **<u>2013 Update</u>** 1. SEDW-Traditional was initiated 10/1/13. Currently there is one recipient on this portion of the waiver 2. Autism Services for children have been implemented and is being provided by three provider agencies. OCCMHA is currently undergoing its first review by MDCH.
3. Improve Collaborative Relationships: DHS	1. DHS: Oakland data shows decrease in DHS out of home	1. Collaborative agreement to be in place by 4/1/13. This is a goal area that was previously identified in Oakland's Strategic Plan. 2. 10/01/13 – Final Plans to be in place for ensuring that any IPOS developed after

and Medicaid Health Plans.	placement for children. 2. Medicaid Health Plans: Integrated plans are needed that address persons served health care needs	1/1/2014 will have goals to address physical health conditions as evidenced by person's needs. **2013 Update** 1. The Children's SNT monitors through contract compliances, specifically in the Home Base Services Standards and CAFAS scores to support improvements which result in keeping children and families together, enhance a positive, stable foster care placement which leads to adoption. 2. This revision has been made to the OCCMHA EMR – ODIN. Information to be captured on each IPOS will include: a. Current medications b. Medical needs c. Coordination of care with PCP and other providers d. Assistance needed to access health care providers e. Status of current medical conditions
4. Enhance Peer Services for All Populations	Stakeholder feedback obtained via the development of the Peer Services Strategic Plan.	OCCMHA has developed a Strategic Plan for Peer Services. Specific goals and objectives are identified in this plan. This plan covers the time period of 2013 – 2015. **2013 Update** Activity for FY'13 focused on two areas identified in the Strategic Plan, Peer Mentors and Peer Support Specialists. OCCMHA has implemented local certification training for peers. This is a collaborative effort with Wayne County. The first training session was held in September 2013. 16 persons (3 from Oakland) were trained. A second session is scheduled for February 2014. 12 persons (1 person from Oakland) are scheduled for training. At present, all Oakland providers are fully staff which accounts for the low training attendance. Going forward, training sessions will be held 3 times per year.
5. Employment: Improve Employment Outcomes for Persons Served	This has been expressed as a priority area for several years by stakeholders. It has also been an area of focus for OCCMHA as well.	OCCMHA has an Employment Strategic Plan which spans FY 2013 – 2016. The plan contains specific goals. A work plan is being developed which will contain objectives and timelines for each area identified. **2013 Update** Current activity in regards to the Employment Strategic Plan Include: • Continued refinement of employment outcome dashboards.

		• EBP- Supported Employment to complete Peer Fidelity reviews in FY 14. Invite MI-FAST to perform fidelity reviews. • Business advisory group for Project SEARCH has been established.

CMHSP: Ottawa County

Priority Issue	Reasons For Priority	CMHSP Plan
1. Mental health services for individuals who are not severe enough to meet Ottawa CMHSP eligibility criteria.	1. Ottawa CMHSP completed a stakeholder survey in January, 2013 and this issue was clearly the highest priority for advocates and providers in Ottawa County. 2. Ottawa CMHSP needed to initiate a waiting list in January, 2012 for uninsured individuals due to inadequate state general fund. 3. Ottawa CMHSP participated in a community survey through United Way. Mental health needs, especially depression, were noted as community problems.	1. Maintain strong relationships with other private and public mental health providers through formal planning. 2. Advocate with the Michigan Department of Community Health for additional general fund dollars. 3. Through Ottawa CMHSP's Customer Connect Program, provide assistance for individuals not meeting eligibility criteria. Assist these individuals in finding appropriate community services, and provide technical support in completing Medicaid applications. **2013 Update** The first priority issue recognized was the need for increased mental health services for individuals not severe enough to meet Ottawa CMHSP eligibility criteria. To help combat this need, Ottawa County CMHSP continues to maintain strong relationships with other private and public mental health providers through formal planning. 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. Ottawa CMHSP persists in advocating with MDCH for additional general fund dollars, in hopes that this will allow more consumers to receive services. Ottawa CMHSP accomplished its action plan for this priority issue but will continue to look for new ways in which individuals who do not meet eligibility criteria can be served.
2. Procuring and maintaining adequate psychiatric resources. This is an issue for Ottawa CMHSP consumers, as well as the community at large.	1. This issue was raised in the Stakeholder survey referenced above. 2. Communication and feedback has been received from community work groups of which Ottawa CMHSP is a participant. 3. Feedback has been received from network providers and community	1. Ottawa CMHSP currently has at least 1 FTE vacancy for psychiatry. Recruitment of a psychiatrist/medical director is in process. 2. Ottawa is planning on reinstituting dinner events with community physicians/psychiatrists for the purpose of communication and education. 3. Ottawa CMHSP has recently put technology in place to allow begin tele-psychiatry. Program level procedures are currently being developed. **2013 Update** The second priority issue identified was procuring and maintaining adequate psychiatric resources. Ottawa currently has on staff one full-time psychiatrist and one full-time Nurse Practitioner. Ottawa CMHSP continues to have 1 FTE vacancy for a

	physicians. 4. Ottawa CMHSP participated in a community survey through United Way. Mental health needs, especially depression, were noted as community problems.	Psychiatrist/Medical Director. Recruitment for this position has taken place several times throughout the year but the position remains vacant. To supplement this need, Ottawa garnered the technology needed for telepsychiatry and attained a contractual telepsychiatrist via a Locum Tenen agency.
3. Increasing demand for mental health and psychiatric services for individuals residing in the jail. (This demand grows despite enhanced CMHSP resources in the jail.)	1. Identified by Committee of Ottawa County Human Services providers, including Sheriff. 2. Feedback received from Ottawa County Sheriff and jail staff. 3. Feedback received by the Ottawa County Detention Center.	1. Ottawa CMHSP is providing mental health crisis and psychiatric services in the jail. 2. Ottawa CMHSP is in discussion with the Jail regarding enhancement of psychiatric services in the jail using local funding. 3. Continue to provide mental health and substance use assessment on behalf of the Community Corrections Department. 4. Continue participating on interagency committee on jail services. **2013 Update** The third priority need was established as an increasing demand for mental health and psychiatric services for individuals residing in the jail. In order to undertake this increased demand, Ottawa CMHSP continues to provide mental health crisis and psychiatric services in the jail, as well as health and substance use assessment on behalf of the Community Corrections Department. Ottawa CMHSP also continues to participate on the interagency committee on jail services. In FY12-13, Ottawa completed a discussion with the Jail regarding the enhancement of psychiatric services in the jail, which lead to the jail hiring their own psychiatrist to address the jail's medication needs. Ottawa CMHSP accomplished its action plan for this priority issue; however, this demand continues to grow despite enhanced CMHSP resources in the jail.
4. Continued community problem with stigmatizing individuals with mental illness and developmental disability.	1. Identified in the January 2013 Stakeholder Survey.	1. Customer services department will continue to regularly communicate to consumers, stakeholders, and the community on positive attitudes toward persons with mental illness. 2. There will be periodic articles and press releases provided to local newspapers. 3. Ottawa CMHSP will send representatives, including peer support staff person, to training on implementing the tool kit for reducing stigma. **2013 Update** The fourth priority issue identified 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 was accomplished by writing and distributing six newsletters to consumers, stakeholders, and staff during FY13. Press releases were also sent out regarding the newly appointed CMH Executive Director, the Richard Wellwood Award received by the Drop in Center, and a letter to the editor about the 50 year anniversary of CMH ACT. The Executive Director, the Customer Services Director, and the Customer Services Peer Support Specialist attended the Anti-Stigma Campaign Conference on 4/15/13 in Lansing, MI. At the present time, there are no plans for implementing the tool kit as the state is not requiring it at this time.
5. Increased demand for services for individuals with autism.	1. Identified in the January 2013 Stakeholder Survey. 2. Ottawa CMHSP seeking to address new state requirements for individuals with autism. 3. Identified by Ottawa CMHSP Director.	1. Ottawa CMHSP has signed a contract with a provider who employs staff credentialed according to state requirements for the autism program. 2. Ottawa CMHSP will develop a long term plan to further develop staff with required credentials. **<u>2013 Update</u>** The last priority issue recognized was an increasing demand for autism services. To address the increased demand, in FY13 Ottawa CMHSP contracted with a provider who employs staff credentialed according to state requirements for the autism program. To further supplement these services, Ottawa CMHSP contracted with an additional two agencies which took effect on 1/1/2014. Per the state requirement, Ottawa CMHSP has developed Autism Waiver services. These services are for children ages 18 months to 6 years of age. This involves a preliminary screen through the Access department. If the child meets criteria for Autism Spectrum Disorder (ASD), the child is referred to the contractual agency for diagnostic testing. Upon return of diagnosis, if the child does not meet ASD criteria, there is a discussion with the parents about the next step which could be Infant Mental Health and/or community referrals. If the child does meet ASD criteria, Ottawa submits information to MDCH who determines the appropriate level of care. Once we receive work back regarding level of care, the child is sent to our contractual provider, Hope Network, for ABA services. Ottawa CMHSP has made progress on its goal of increasing the number of staff certified to provide services for individuals with Autism.

CMHSP: Pathways CMHSP

Priority Issue	Reasons For Priority	CMHSP Plan
Mental Health Education / Public Awareness	Lack of knowledge in community on who Pathways serves	During FY13, schedule Mental Health First Aid Trainings in all four counties. By April 2013, Clinical Supervisors will have a Community Education Plan ready to implement for their county. **2013 Update** Update: Presentations have been provided in multiple community organizations to increase understanding of services and how to access them.
Integrated Health	Not enough psychiatrists / primary care physicians working with our population	During FY13, continue to offer Integrated HealthCare Training. Develop an integrated healthcare setting in Delta County by October 1, 2013. **2013 Update** During FY13, continue to offer Integrated HealthCare Training. Update: Pathways Board Members and staff attended the Integrated HealthCare Trainings that were offered at the Board Association meetings. Develop an integrated healthcare setting in Delta County by October 1, 2013. Update: Pathways relocated the Delta County Outpatient Office in November 2013. We purchased a building and now have lease agreements with two eye doctors and three dentists. We will be renovating the building further and hope to have a primary care physician lease. In January 2014, our Alger County Outpatient Office moved into Munising Memorial Hospital.
School Aged Children	Unmet need in schools	Underserved / Uninsured
Transportation	Limited transportation services and service times	Actively participate in "Friends of DATA" to pass a mileage in Escanaba and Wells Township for transportation.

		<u>2013 Update</u> Actively participate in “Friends of DATA” to pass a mileage in Escanaba and Wells Township for transportation: Update: LSTs provided support to consumers in participating in the Friends of DATA campaign in providing community education regarding their services especially to those with disabilities. A formal action plan was developed, flyers and banners were printed and distributed, presentations were presented throughout the community.

CMHSP: Pines Behavioral Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Improve the ability to assist each individual in meeting their immediate, basic needs (housing, finances, crisis, etc.) so that they can then better focus on their mental wellness.	The survey frequently mentioned that the current economy is impacting one's housing stability, financial resources, and the ability to cope thus resulting in substance use, child neglect or abuse, and increased mental health symptoms.	Continue to work with community collaboration committees to assure understanding of each other's resources and common gaps that could be addressed together. Assist case manager's in role modeling a proactive problem solving approach to care coordination in lieu of a "fighting fires" approach to having needs met. **2013 Update** Pines has participated on several different committees addressing housing concerns, medical concerns, and other basic needs. A suicide prevention coalition has also been formed under the lead of Pines which has furthermore addressed gaps and resources in the community. Protocols are being developed to better address referrals between and amongst organizations.
2.Help increase awareness across the community about behavioral health issues (mental health & substance use), its implication, and everyone's role	The survey pointed out that many opportunities for treatment may have been lost as a result of people not understanding mental illness and/or addiction, and/or not being aware of the array of services available. There also were many statements indicating that mental health was not a community's problem but rather an individual's weakness.	Provide continuous and wide-spread information campaigns about behavioral health Utilize the success stories of peer support specialists to dispel negative connotations of behavioral health issues portrayed by the media. Solicit "community leaders" in awareness activities to reduce stigma. **2013 Update** Pines has attended several different health fairs over the year. Additionally, Pines has greatly expanded prevention efforts which has been met with much praise. Peer supports have been added to jail diversion programs. A gateway training program for the community to help persons better identify and understand persons who are suicidal and mental illness is underway. Awareness has increased by way of social marketing.
3. Focus on capacity building in terms of professional development, workforce development, and service availability.	The survey pointed out that needs have increased, have become more acute in nature, and are of a different nature than what we've experienced in the	Further develop staff in evidenced based interventions that especially focus on children, family support, autism spectrum disorders, and trauma. Continue to enhance treatment services to include trauma informed approaches, parent support and education, and positive behavioral support interventions.

	past (increase in child behaviors, increased violence, etc.) It is important that mental health providers look at their profession and instead of "doing what we've always done well", that we "do what we need to do now, even better".	**2013 Update** The autism benefit has been implemented which initially took off much slower than expected but has since increased in referrals. Several meetings between Pines and ISD took place to formalize partnerships and referrals back and forth. Pines has entered into a contract relationship with Highfields to begin providing Wraparound Services which will better address high need children. Capacity in recovery has recently begun through the ROSC process which will be an ongoing process to establish relationships, and develop a support/recovery environment outside of the professional treatment environment
4.Improve access to care.	Loss of jobs, increased substance abuse, loss of transportation options, uninsured or under-insured have all contributed to the inability to easily access services. At the other continuum, changes in federal policy allowing more and more greater access to insurance and entitlements may also impact access. It is important that access remain quick, efficient, and easy to avoid acuity.	Continue to assess the expediency of access to services Continue to assess network adequacy to assure that sufficient providers are available to meet the need Improve outreach attempts to decrease persons from experiencing real or perceived barriers to early treatment. **2013 Update** Outreach has improved by way of increased attendance at health fairs and through social media. In addition, prevention services have increased immensely in the school system, with a community program planned for this summer. Expediency in the access of services continues to be addressed and may be a challenge depending on the outcome of expanded health insurance and its impact on health seeking behaviors.
5. Create a community culture of behavioral health recovery that includes prevention and relapse prevention components	The survey indicated that many people don't remain on their medications, and that people need support both before issues surmounted in their life as well as following treatment.	Include in the awareness/educational campaign a focus on recovery and how community collaborative efforts could facilitate both prevention as well as post treatment support. Encourage community participation in the development of prevention and post-treatment support opportunities. **2013 Update** Of huge momentum in Branch County is suicide prevention which has allowed the means to capitalize on increasing the community's understanding of mental illness, substance abuse, and other risk factors and address stigma. Supportive housing is being planned from a grass roots

		effort underway, and support groups led by community change agents are being planned. "Partners in Prevention" is being encouraged throughout the community with the goal of continuously spreading the word of recovery and prevention.

CMHSP: Saginaw

Priority Issue	Reasons For Priority	CMHSP Plan
1. Access to services	Sustaining high performance in access is a Triple Aim quality objective. Access touches on consumer experience, outcomes and financial management performance goals.	Addressing barriers to service due to both capacity and process are at the core of a complete redesign of the SCCMHA access service in FY 13. By Sept.30, 2013 the Central Access and Intake unit and the Crisis Intervention Service which are collocated Access services will be housed in a redesign area of the mental health center which facilitates a consumer focused recovery model based on the principles implemented in the Arizona Living Room program. **2013 Update** In FY 2013 SCCMHA implemented a two part strategy to improve access. First, a more intensive Central Access and Intake service was created. Two peer support specialists and a family guide staff position were added to the Central Access unit to improve the access experience for consumers. Additionally, a Nurse Practitioner and an Integrated Care nurse were added to facilitate work with Health Delivery Incorporated and the co-located health clinic at the Hancock Center. The objective of this improved capacity was to provide rapid response to persons in need of immediate clinical care at the time they present for services. Secondly, SCCMHA decided to add capacity to serve adults with mental illness with a moderate level of need. This action included the addition of a transitional level of care treatment team and a lowering of the LOCUS score which is a level of functioning utilization assessment tools used in conjunction with an individualized assessment and diagnosis.
2. Lack of services and resources	Saginaw County residents feel the continuing erosion of resources which address public health and quality of life.	SCCMHA actively participates in social welfare advocacy throughout the community. Partnering with DHS in the Pathways to Potential and similar collaborative efforts to stabilize and extend all remaining resources in the community. **2013 Update** In FY 2013 SCCMHA continued with collaborative and collective efforts to improve the safety net for residents of Saginaw County. In addition to the nine initiative included in the FY 13 narrative SCCMHA began more focused development of integrated health services. SCCMHA participates with Saginaw County Department of Public Health in the County Health Improvement Plan (CHIP.) This activity includes work on the Emerging Models and the Behavioral Health subcommittees of the CHIP; monitoring population health goals for Saginaw County and actively seeking opportunities to leverage public

		funds for an improved community wide health delivery system are the goals. It was through this work the SCCMHA was invited to serve as the Community Care Hub for the Chronic Disease and Maternal Infant Early Childhood at risk populations.
3. Children's mental health issues	Saginaw System of Care is in its third year of a five year project to strengthen the community response to the mental health needs of children with schools, juvenile justice, human services and other points of	SCCMHA will continue with the SAMHSA System of Care grant work plan and two parallel partnerships: the DHS Incentive Project and the Court's Disproportionate Minority Contact Project (DMC). **2013 Update** SCCMHA is in year four of the SAMHSA System of Care Grant. This grant has supported a community collaborative effort to expand and integrate children's mental health care into schools, the court and Department of Human Services. Children involved in multiple systems of care with complex needs are the focus of the grant and the "Saginaw Max System of Care" has developed a trans-system youth and family advocacy program which is increasingly visible and effective in advocacy efforts.
4. Lack of financial resources/insurance	Maximizing enrollment in health care insurance for all ensures access.	SCCMHA will extend a for another year the contract with DHS for two outstation workers and a DHS MiBridges Kiosk will be added to the access services at the mental health center in March 2013. Additionally, SCCMHA will extend for a second year a partnership with Saginaw Health Plan to create a mental health benefit in Plan B. This partnership leverages funds available for mental health for the uninsured. **2013 Update** In FY 2013, SCCMHA partnered with Saginaw Health Plan for a second year to provide a mental health benefit for Saginaw Health Plan B enrollees. This partnership matches dollar for dollar funding for uninsured persons with moderate mental health treatment needs. Over 531 persons were served in FY 2013 with this benefit. Another activity implemented to address the needs of the uninsured was the restructuring and repositioning of the Entitlements Office of SCCMHA. This office includes an Entitlement Specialist and two Outstation Workers from the Department of Human Services. These three positions are now housed in the Central Access and Intake unit where they work as part of a team to assist consumers who are insured in accessing needed mental health insurance coverage. SCCMHA joined with the Department of Human Services in signing a "Michigan Benefits Access Community Partner" agreement. This allows for the placement of a DHS Medicaid MiBridges kiosk in the Central Access and Intake office. The kiosk is a computer work station which is set up to enable consumers to access the web based MiBridges system. Individuals can be assisted by the entitlements office staff with their Medicaid applications and with a user identification number those applications can be

		routed directly to the DHS Outstation Workers assigned to mental health. This partnership allows for more effective advocacy for complete and successful applications. Additionally this team works to ensure that persons who are otherwise uninsured are referred to the Saginaw Health plan where they can take advantage of the SHP- B mental health benefit. In the first quarter of FY 2014, SCCMHA has facilitated a local effort to bring together the Saginaw Community Enrollment Advocacy Network. This group of certified health exchange counselors, enrollment advocates and DHS Outstation Workers is dedicated to maximizing enrollment in the Affordable Care Act exchange, Medicaid and the Healthy Michigan Medicaid Expansion.
5. Community violence	Saginaw's ranking in crime statistics is headline news and has become perhaps the most intractable problem the community faces. Every citizen and every dimension of community life is touched by this problem.	SCCMHA responds at several levels: 1) partnering with law enforcement through cross training to strengthen the response to persons with mental illness, 2) emphasizing trauma treatment and trauma informed practice throughout the provider network, 3) joining in collaborative community responses for crime prevention. **2013 Update** SCCMHA is especially sensitive to the effect of trauma on the mental health of individuals and the community. We are in the process of assessing the agency as a trauma informed organization using the tool developed by Dr. Roger Fallot, a national expert on the impact of trauma on mental health. SCCMHA will also be working with Dr. James Henry, PhD of The Trauma Assessment Center of Western MI University. Dr. Henry will be assisting with the implementation of strategies at SCCMHA to achieve a level of "trauma informed organization." These activities will enhance an already substantial effort in place at SCCMHA to ensure that workforce is aware of the impact of trauma. SCCMHA also facilitated community wide training in Trauma Focused Cognitive Behavioral Therapy for fifty local mental health clinicians. Finally, SCCMHA sponsored two groups of parents who were sent to Resource Parent Training. This curriculum prepares parents to advocate and function as community trainers in trauma impact.

CMHSP: SANILAC CMH

Priority Issue	Reasons For Priority	CMHSP Plan
1. Community access to psychiatric or mental health services for individuals not eligible for CMH mental health services	Currently, Sanilac County only has two non-cmh psychiatrists located in the county and only one other mental health provider that provides therapy in conjunction with psychiatric care.	• Coordinate with other providers to open up to provide services to those who have the Medicaid Health Plan, MIChild or private insurance. • Work with the community, Community Foundation, United Way, etc. to establish funds for services to those who don't have coverage • Bring this up with the Community Collaborative and coordinate with other service providers, etc. **2013 Update** Over FY13 Sanilac CMH utilized our Adult BG to provide training to all of our clinical staff on integrating mental health and physical health care in order to assist our local PCP's in becoming more comfortable with servicing individuals with psychiatric issues. Additionally, Sanilac CMH applied thru the PIHP for a regional BG to provide a Nursing Coordinator to continue the discussion with our PCP's regarding them managing the psychiatric medication needs for individuals not eligible for CMH services. Sanilac CMH continues to work with our community partners to develop funding streams to assist individuals without coverage. Development on this objective is secondary to understanding the effects of the ACA.
2. Educate the community about community mental health services, how to access services, what services can be provided and what's the criteria	Several stakeholders responded to the survey stating that they have difficulty understanding the CMH system and how to gain access to public mental health services.	• Conduct community presentations regarding mental health services availability and criteria. **2013 Update** Sanilac CMH continues to educate the community regarding our service array thru community organizations we participate on (Great Start. Community Collaborative etc.) Additionally, outreach has been made to all of our local law enforcement agencies, schools, community agencies, and hospitals to discuss Sanilac CMH's service delivery system.
3. Community education in regards to suicide prevention/mental health first aid/substance abuse and mental health	Suicide rates in Sanilac County have been on the rise over the past couple of years and several stakeholders have requested community based	• Provide the ASIST training, mental health first aid, fireside chats about mental health issues, mental health minutes, etc. **2013 Update** Sanilac CMH had scheduled an ASIST Training in FY13. We had a staff member trained in Mental Health First Aid who then conducted a community training for Sanilac Transportation.

related issues, etc.	trainings to combat suicide and mental health issues in the community.	Additionally over FY 14 we plan to have two community members trained in MHFA to complement our staff member in providing community trainings. Sanilac CMH's Executive Director continues to provide mental health minutes and has produced new radio spots over FY 13, including a radio spot on suicide prevention.
4. Community organizations felt that we have a strong collaborative relationship but it could be stronger or wider spread to enhance and expand/extend our collaborative network.	Stakeholder feedback regarding needing to get additional members to participate in collaborative relationships in order to strengthen the safety net.	Coordinate and outreach with community organizations that do not currently have a collaborative relationship with Sanilac CMH. **2013 Update** Sanilac CMH continues to educate the community regarding our service array thru community organizations we participate on (Great Start. Community Collaborative etc.) Additionally, outreach has been made to all of our local law enforcement agencies, schools, community agencies, and hospitals to discuss Sanilac CMH's service delivery system.
5. Reducing mental health stigma.	We need this in the community because it prevents people from wanting to come to our door.	We need to add support to the things we are already doing. **2013 Update** See #3 above. Additionally, Sanilac CMH funded several billboards throughout the county targeted towards promoting awareness of mental health issues and combatting stigma. Sanilac CMH also participates with St. Clair and Lapeer CMH's in a theatre troupe that produces an annual play that includes an anti-stigma message. The troupe of actors includes people who receive services, people who provide services, and folks from the community who are interested in acting. The play was presented multiple times in all three counties.
6. Employment opportunities for individuals with a disability or a mental illness.	Stakeholder report of difficulty obtaining jobs for individuals receiving CMH services in the community.	Continue to provide cash match to MRS as we are able to enhance the employment opportunities for individuals receiving mental health treatment in Sanilac County. **2013 Update** Sanilac CMH continues our cash match agreement with MRS over FY 13 and 14.
7. Transportation	Stakeholder report of difficulty with accessing mental health and other services due to transportation issues.	Continue to work with Sanilac Transportation to promote the expansion of the transportation system. Also collaborate with other agencies to enhance a one stop shop system to reduce the reliance of transportation for individuals receiving mental health services.

		2013 Update Sanilac CMH continues to use Sanilac Transportation to assist individuals with access to their mental health appointments. Some Saturday transportation access has been added this year. Unfortunately, one of the bigger challenges continues to be frequency of access throughout any given day. Sanilac County covers 962 square miles but has only approximately 44 residents per square mile. With a very large geographic county that has low population, it is very difficult to justify and pay for multiple daily runs to outlying communities.

CMHSP: Shiawassee County Community Mental Health Authority

Priority Issue: Increased Community Awareness/Anti-Stigma

1.1 Reason for Priority:

This priority is being addressed Based on direct Stakeholder feedback as well as the results of the county wide survey. The results of that survey suggested that 18% of all adults had looked for a Mental Health program. However, 24% of those were unable to find a program. The reasons offered ranged from cost, did not know how to find a program, stigma of mental health services, transportation, etc.

Additionally, the Governor recently announced that his FY14 Executive Budget will include Medicaid expansion to 133% of the Federal Poverty Level. In total, 320,000 Michiganders will be covered in the first year. This equates too approximately, 470,000 additional covered lives by 2021, causing a drop in Michigan's uninsured population by about 46%. Using moderate Medicaid growth scenarios HMA projected a 57% enrollment rate increase for Shiawassee County. Using the Medicaid enrollment data for September 2012 of 14,172 SCCMHA could project 3,346 additional individuals in our community would have Medicaid, many of who may never have had access to healthcare coverage in the past.

1.2 CMHSP Action Plan

1.2.a Increase community awareness of the availability of mental health services; including both private and public SA providers.

1.2.b Create a network of follow-up support systems, e.g. clergy,

1.2.c Increase education in the community on the signs of suicide/depression,

1.2.d Increase the number of primary care physicians who screen adults for depression during office visits,

1.2.e SCCMHA will ensure that the Shiawassee County Veterans Affair Board has greater understanding of County Behavioral Health Services,

1.2.f SCCMHA will assess local need when war veterans return home and educate Veterans and their families about SCCMHA services and community resources,

1.2.g SCCMAH will participate in community activities to include but not limited to Pre-incident Education with first responders, Sheriff Support Staff, SCALE, etc,

1.2.h Shiawassee community members will become educated about behavior health issues including but not limited to stigma, suicide prevention, homelessness and veterans issues.

2013 Update

SCCMHA hired a Public Relations & Prevention Specialist to assist in increasing community awareness regarding the availability of mental health services; including both private and public SA providers. This has resulted in extensive participation in community based health and social service committees. Many of which include members of the clergy, school system and other community based resource organizations.

Additionally, as part of this effort for increased awareness of available mental health services, SCCMHA is actively distributing depression screening information to county medical providers. This information stresses the importance of screening for signs and symptoms of depression during routine office visits. Brochures and samples of the PHQ9 and PHQ9CA are just a few pieces of the information distributed in conjunction with Memorial Healthcare of Owosso.

Additionally, SCCMHA hosts a "Brown Bag Lunch" Series which brings to the community information pertaining to mental health related needs and services. Most recently there has been increased emphasis made on the awareness of behavioral health service to the Veterans population as well as the service needs of the VA population to our clinicians.

2. Priority Issue: Improved Access to Services-Continue to Increase Penetration Rates

2.1 Reason for Priority

Shiawassee County Community Mental Health Authority is intent on assuring that individuals seeking mental health and developmental disability services are afforded efficient and timely access to services. To that end, this priority issue is consistent with the previous one which supports increased awareness of services. An organization cannot market themself without ensuring that access to that need can be met.

In addition, based on October 2012 data, SCCMHA demonstrated the second lowest Total of Medicaid eligibles served to total Medicaid enrollment in the current AAM PIHP. This rate would be the third lowest penetration rate in the new Mid-State Region 5 PIHP.

2.2 CMHSP Action Plan

2.2.a Establish a same day point of access process,

2.2.b Continue to expand co-location models to address the needs of primary care patients with mild/moderate symptoms,

2.2.c Continue to expand staff and technologies to provide support and services to a much larger population,

2.2.d SCCMHA will continue to advocate for appropriate funding so that when someone seeks help it is available and easily accessible.

2013 Update

Starting in December 2013 SCCMHA re-assumed the responsibility for Access and Screening Services for residents of Shiawassee County. For the past 10 years this role had been carried out by our previous PIHP, Access Alliance of Michigan. This switch coincided with the transition to our new Electronic Health Record. By bringing Access "back in house" we have been able to provide same day services for beneficiaries who walk or call in and are demonstrating and routine or urgent service need. This is accomplished in part due to a more efficient scheduling process (made available through our EHR) as well as efficient use of Access and Emergency Services staff performing multiple functions.

Additionally, SCCMHA has remained involved in co-located arrangements with our community based FQHC, Health Delivery Incorporated. Through that same partnership with HDI, primary care physicians or medical personnel come to SCCMHA to staff the on-site clinic. Additionally, SCCMHA has an agreement with Quest Diagnostic to be on-site 1.5 days per week. Bringing a public lab on-site increases access to medical services which benefits not only beneficiaries who are open to CMHSP services but, increases awareness of mental health services to community who use the site for lab and diagnostic services.

Finally, as outlined in our FY13 REPORT ON THE REQUESTS FOR SERVICES AND DISPOSITION OF REQUESTS, SCCMHA has filled our vacant Wraparound Coordinator position. This increases involvement with the schools and community social services providers and affords increased visibility of mental health services to the community at large.

3. Priority Issue: Decrease Suicide Rate

3.1 Reason for Priority

The Shiawassee County age-adjusted suicide mortality rates decreased during the five year moving averages of 2000 to 2004 and 2005 to 2009. However, the Shiawassee County rate remained above the Michigan rate over each five year period. Between 00/04 the state rate per 100,000 was 10.4 while Shiawassee County demonstrated a rate of 13.7. Between 05/09 the state rate per 100,000 was 11.1 while Shiawassee County demonstrated a rate of 12.3.

In addition, the Shiawassee County Health Needs Assessment identifies that 3% of Shiawassee County adults considered attempting suicide and 9% of adults felt so sad or hopeless nearly every day for two weeks that they ceased doing usual or pleasurable activities.

3.2 CMHSP Action Plan

3.2.a Promote community involvement in suicide prevention initiatives,

3.2.b Shiawassee community members will become educated about behavior health issues including but not limited to stigma and suicide prevention,

3.2.c Partner with Shiawassee County Sheriff so that response information pertaining to suicide is made available to SCCMHA within 24 hours,

3.2.d Increase education in the community on signs and symptoms of suicide and depression,

3.2.e Increase the number of primary care physicians who screen adults for depression during office visits.

2013 Update

One of our action items was to promote community involvement in suicide prevention initiatives. To that end SCCMHA is working with the Shiawassee County Sheriff's Department and Owosso City Police to identify those individuals at risk for suicide and self-injury by receiving 9-1-1 dispatch reports on a daily basis. Using the information from the reports, Emergency Services staff are able to reach out and access and if needed, offer services to individuals who may not have otherwise sought mental health services.

Additionally, as outlined above, we have distributed literature to Shiawassee Medical personnel to assist in the early detection of depression. The intent being to identify depression at various stages and offer treatment appropriate to clinical need; hopefully circumventing the need for more intensive and restrictive services such as inpatient hospitalization.

4. Priority Issue: Integrated Care

4.1 Reason for Priority

This item is a priority for many reasons. It is consistent with the Michigan Health and Wellness 4 x 4 Plan. Not only is obesity is a public health crisis in Michigan, it is also evident in Shiawassee County. In a recent 2010 study the obesity rate in Michigan was at 32%. The 2012 Shiawassee County Health Assessment indicates that 36% of adults are overweight and 33% are obese. This rate is higher than the state percentage. In addition, 29% of Shiawassee County adults have been diagnosed with high blood pressure, 37% have high cholesterol. All three are known risk factors for heart disease and stroke. These percentages are for the general population. We know that these conditions are even more prevalent in the SPMI/DD and SUD populations.

In addition, this is a key element in the upcoming RFP. As such, Integrated care will provide CMHSP's new opportunities to collaborate in shared costing arrangements such as ACO or may be a expectation towards certification as a Federally Qualified Community Behavioral Health Center.

4.2 CMHSP Action Plan

4.2.a Increasing access to primary care services by opening a primary care clinic in partnership with Health Delivery in the SCCMH's outpatient department.,

4.2.b Improve the health of consumers with mental health symptoms that prevent access or coordination or compliance with traditional primary care treatment,

4.2.c Identify and expand all health promotion activities available in the community or provided by CMH so that consumers with serious mental health conditions choosing to improve their health have a variety of options,

4.2.d Implement expanded Nurse Care Coordination (Washtenaw model) for 25 high risk consumers,

4.2.e Provide early intervention services and/or referral services to 100% of all new patients at the Shiawassee Community Health Center (FQHC),

4.2.f Partner with Owosso Memorial Healthcare and HDI (FQHC) to educate primary care providers how to assess for signs and symptoms of depression and sociality,

4.2.g Improve the health of the consumers served by increasing access to physical health care and coordinating care with the primary care providers to address chronic health conditions.

2013 Update

Several of the same initiatives and action items for this priority issue have been outlined above in number 2. Additionally, with the implementation of our new EHR, forwarding clinical documents generated by SCCMHA clinicians to the primary care providers is timelier. The turnaround time from signature to transmission is two days or less. As a result, primary care providers have information needed to facilitate continued coordination of care.

5. Priority Issue: Substance Abuse

5.1 Reason for Priority

This priority is being addressed Based on direct Stakeholder feedback as well as the results of the Community Health Assessment. The Shiawassee County Strategic Planning Committee completed an exercise where they ranked the key issues based on the magnitude of the issue, seriousness of the consequence, and the feasibility of correcting the issue. A total score was given to each priority. The max score was 30. All committee members' scores were combined and then average numbers were produced. Based off of these parameters, the group decided to focus on three primary issues. While Substance Abuse was not one of the top three concerns fell within the top five priorities.

5.2 CMHSP Action Plan

5.2.a Work with the Coordinating Agency to Increase community awareness of the availability of substance abuse services,

5.2.b Work with the Coordinating Agency to increase education in the community on signs and symptoms of substance abuse and dependence,

5.2.c Increase the number of primary care physicians who screen adults for substance use during office visits,

5.2.d Work with the Coordinating Agency to increase awareness of substance abuse prevention programs in Shiawassee County

2013 Update

Movement or progress of this Priority Issue has been impacted in part due to the re-alignment of the PIHP. SCCMHA continues to work closely with Riverhaven Coordinating Agency, and utilizes the existing SUD network providers. However, the PIHP re-alignment has stretched personnel resources making it more difficult to implement action plans such as this. Development of our new agency website will support our continued efforts for this Priority Issue until which time the Coordinating Agencies are again aligned with the new PIHP.

CMHSP : St. Clair County Community Mental Health

PRIORITY NEED	ACTION PLAN
After hours services to the people we serve.	*Evening hours will be expanded to the main building which will include services for walk-in individuals and intakes.* **2013 Update** SCCCMH expanded its evening hours for the people we serve. The main building is open two nights a week and the satellite sites, St. Clair CMH West and South, also have evening hours.
Lack of Services for General Fund / Non-Insured individuals in St. Clair County.	*SCCCMH will assess and apply for grant funding opportunities in order to increase services to individuals. Staff will link individual with DHS worker co-located inside SCCCMH building to assist with benefits application.* **2013 Update** SCCCMH received a grant for individuals on General Fund to participate in the Evidence Based Practice of IN-Shape.
Lack of Residential placement options for children.	*SCCCMH will assign a staff person to research residential alternatives in Michigan and develop a relationship with the provider of services.* **2013 Update** SCCCMH has developed a list of state wide placements for children requiring placement. We have expanded our home based programming in hopes of avoiding placement. SCCCMH is also participating in a newly formed Region 10 committee on Housing.
Employment opportunities for the people we serve.	*SCCCMH will strengthen their relationship with Michigan Rehabilitation Services. Develop additional supported employment contracts and continue to expand the Supported Employment evidence based practice.* **2013 Update** SCCCMH is currently implementing the Evidence Based Practice of Supported Employment which will

	expand employment opportunities for persons served.
Increase Coordination with Primary Care Physicians	*SCCCMH will develop a plan to integrate services with Primary Care Providers in St. Clair County.* **<u>2013 Update</u>** SCCCMH hired a nurse to work conjointly with CMH, the Health Department, Mercy Hospital and Physicians Heath Care to develop a system of further integrating health care services for the individuals we serve.

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

Priority Issue	Reasons For Priority	CMHSP Plan
1. No health Insurance	75% of respondents in Community felt this was a major concern	1. Integrating Mental Health and Physical Health Care by expanding the number of staff located in RHC by 9/1/14 2. CMHSAS has applied as the co-applicant for an FQHC, if funded will be in operation by 9/1/14 3. CMHSAS has contracted with National behavioral Council to develop a business plan for Health Home and will seek funding by 1/31/14
2.Teen Pregnancy	53% of respondents in Community felt this was a major concern	Will work in partnership with the Collaborative body (HSC) since this is a community effort there are no timelines
3.Mental health	53% of respondents in Community felt this was a major concern	4. Increasing availability of Mental Health and Substance Abuse Services by 9/1/14.
4. Unhealthy food choices/obesity	51% of respondents in Community felt this was a major concern	Will work in partnership with the Collaborative body (HSC)

PLANNED ACTIONS

Community Mental Health & Substance Abuse Services of St. Joseph County will focus on two areas:

1. Increasing availability of Mental health and Substance Abuse Services
2. Integrating Mental Health and Physical Health Care

CMHSAS-SJC will continue to seek partnerships that will allow its employees to work in the Rural Health Clinics. In this arrangement the employees are leased to the Rural Health Clinics and serve the mild to moderate population.

CMHSAS-SJC is working with the National Behavioral Council in the development of a business plan for a Health Home. In addition, CMHSAS-SJC is the co-applicant for a Federally Qualified Health Center grant.

2013 Update

St. Joseph County is a rural community that has identified the need for more mental health services than is available through funds for the public mental health system. This need was identified in the community survey which was completed by over 600 citizens.

As a result last year CMHSAS-SJC applied and received a Health Resources and Services Administration (HRSA) grant for a Federally Qualified Health Center (FQHC). The FQHC will be able to provide behavioral health services through a mutual agreement with CMHSAS-SJC; a partnership that will allow a transformation of the agency into a health home for the behavioral customers.

There has been a deepening divide between law enforcement, hospitals and CMHSAS-SJC. Law enforcement is concerned about the number of hours it takes to find hospital beds and that everyone is not hospitalized. They are concerned that the hospitals use them for security when a person has disruptive behavior. The hospitals would like for every person to be hospitalized who comes into their emergency department. A year of meeting together has not produced results.

Planned Actions

Community Mental Health & Substance Abuse Services of St. Joseph County will focus on two areas:

1. Increasing availability of Mental Health and Substance Abuse Services
2. Integrating Mental Health and Physical Health Care
3. Increasing the public's understanding of mental illness

All of these focus areas will be accomplished through the launching of the St. Joseph County Health Center, the FQHC located within CMHSAS-SJC. The HRSA grant was awarded November and the Center will be open by March 1, 2014. The Center will be fully operational by July 2014 and able to offer behavioral health services.

As a follow up from last year's Community Health Assessment CMHSAS-SJC has worked in collaboration with The Branch, Hillsdale, St. Joseph Community Health Agency; Sturgis Hospital; and Three Rivers Health to develop a Community Awareness Campaign (copies attached). This campaign focuses on the identified issues from the assessment and identifies what families and the community can do to impact these health issues. One of the pressing issues is mental health and substance abuse, a particular concern is methamphetamine production and use. The campaign includes brochures on each topics, a county wide distribution of information, public speaking, and a joint letter to each citizen. This is an intentional linking of mental illness to health care.

In addition, staff have been trained as mental health first aid trainers. Mental Health First Aid will be offered through the county in 2014-15.

As a result of a funded opportunity law enforcement will be able to attend Crisis Intervention Team training. This training will provide law enforcement the opportunity to receive knowledge and skills to interact with individuals who may be experiencing a mental health crisis. This will occur by June 2014.

CMHSP: Summit Pointe

Priority	Priority Issue	Reasons For Priority	CMHSP Plan
1.	Housing/Employment	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. We also see firsthand the impact of inadequate housing and economic stress on the individuals and families served at Summit Pointe. Housing and employment/economic issues are basic needs that must be addressed if individuals are to be successful in improving their overall health.	1. 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. **<u>2013 Update</u>** 1. We 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. Began working with the City of Battle Creek and their Land Bank to provide housing opportunities for homeless families within the community. 6. Work in conjunction with Michigan Works, participating in job fairs and ready now program. 7. Continue to employ Summit Pointe staff to provide case coordination, enhance the welcoming environment and conduct skill building groups on site at Michigan Works. Continue to work collaboratively with community employers and create innovative business opportunities to employee customers successfully. Additionally we continue to grow the existing business employment opportunities operated by Summit Pointe
2.	Integrated Health/Improved Quality Care	This was noted as a high priority from multiple stakeholders and survey participants. There are several initiatives throughout the community focused on improving the overall health in our county. These include enhanced collaborations, access, improved health outcomes, prevention and integrated healthcare. We know that individuals diagnosed with a mental illness are dying 25 years earlier and it is imperative that we address the total health of our customers. This also keeps us aligned with the state 4 x 4 plan and encourages us to remain focused with our customers on improving both physical and behavioral health outcomes.	1. Begin preparations to fully participate in Dual Eligible pilot (Medicaid/Medicare) starting January 2014. 2. Continue collaborative involvement with Integrated Health Partners projects and initiatives. 3. Evaluate and enhance the Integrated Care model with the Care Management and Senior Behavioral Health teams 4. Increase number of staff who successfully complete Complex Care Management training 5. Transition direct operated Primary Care clinic to the same EMR as behavioral health services 6. Successfully meet required meaningful use standards for both the primary care and behavioral health eligible professionals 7. Meet established team and agency targets to decrease percentage of customers whose BMI falls in category of overweight or obese. **<u>2013 Update</u>** 1. Continue preparations to fully participate in Dual Eligible pilot (Medicaid/Medicare) Startup postponed to July 2014. 2. Continue collaborative involvement with Integrated Health Partners projects and initiatives. 3. Evaluate and enhance the Integrated Care model with the Care Management and Senior Behavioral Health teams 4. Increase number of staff who successfully complete

			Complex Care Management training 5. Continue to transition direct operated Primary Care clinic to the same EMR as behavioral health services 6. Successfully meet required meaningful use standards for both the primary care and behavioral health eligible professionals 7. Meet established team and agency targets to decrease percentage of customers whose BMI falls in category of overweight or obese. .
3.	Communication/Stigma and awareness of mental health issues and treatment	This issue was identified by multiple stakeholders including comments 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.	1. Publish one article/month in the Battle Creek Enquirer regarding mental health issues and treatment. 2. Provide Mental Health First Aid training for community and family members 3. Support the establishment of NAMI chapter in Calhoun County 4. Continue anti-stigma marketing campaign that includes various billboards throughout the community 5. Continue to provide community based prevention and education services within schools and court system. 6. Continue to provide Family Psycho-Education (FPE) groups **<u>2013 Update</u>** 1. Publish one article/month in the Battle Creek Enquirer regarding mental health issues and treatment. 2. Provide Adult and Youth Mental Health First Aid training for community and family members 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
4.	Access to Care and Benefits	This issue was consistent with multiple stakeholder and survey replies. It has been identified as an issue for both behavioral and	1. Peer Support Specialists will implement an educational group focused on transportation hints/tips. 2. Continue to contract with on-site DHS worker to assist

		physical healthcare. We have also seen an increase in cancellations/no shows due to lack of transportation. Customers and community members report needing help with obtaining coverage – Medicaid and/or disability benefits. We have seen an increase in customers being denied for Medicaid and other public assistance. During the year, we also did not consistently meet the access performance indicator and want to improve in this area to better meet the needs in our community.	customers in applying for Medicaid on-site. 3. Targeted outreach to general fund customers throughout the month of March to encourage application for ABW open enrollment. 4. Continue to contract with SHARE Center for additional transportation assistance for customers. 5. Increase availability of therapists. 6. Staff trained in SOAR will provide training for other staff. 7. Continue to work closely with community resources to assist customers with obtaining medications, medical equipment, and health services as needed. **<u>2013 Update</u>** 1. Peer Support Specialists will implement an educational group focused on transportation hints/tips. 2. Continue to contract with on-site DHS worker to assist customers in applying for Medicaid on-site. 3. Targeted outreach to uninsured customers beginning April 2014 beginning with Medicaid expansion enrollment. 4. Continued participation in Affordable Care Act presentations and enrollment through Michigan Consumers for HealthCare. 5. Continue to contract with SHARE Center for additional transportation assistance for customers. 6. Increase availability of therapists. 7. Staff trained in SOAR will provide training for other staff. 8. Continue to work closely with community resources to assist customers with obtaining medications, medical equipment, and health services as needed.
5.	Substance Abuse	Stakeholders repeatedly mentioned substance abuse as an issue in the community. Misuse of prescription drugs was also mentioned as a particular concern.	1. Begin process to apply for Substance Use Treatment license 2. Begin process to enhance accreditation through The Joint Commission to cover Substance Use Treatment 3. Utilize results of COMPASS to enhance co-occurring treatment within Summit Pointe – workgroup to be formed to include staff with

			substance abuse service experience 4. SHARE Center to continue to offer 12 step groups on site at Drop In Center 5. Continue to offer IDDT groups for specific stages of change. These groups are co-facilitated with a certified peer support specialist. **<u>2013 Update</u>** 1. Substance abuse license has been obtained. 2. Joint Commission accreditation is for Behavioral Health which encompasses Substance Use Treatment 3. Utilization of the COMPASS is ongoing. We will incorporate a Substance Abuse Treatment provider staff member in this group. SA treatment services will begin to be provided 3/3/14. 4. SHARE Center continues to offer 12 step groups on site at the Drop in Center. 5. IDDT groups for specific stated of change are on- going and co-facilitated with a peer support specialist.

CMHSP: Tuscola Behavioral Health Systems

Priority Issue	Reasons For Priority	CMHSP Plan
1. Community education/prevention activities/community outreach.	TBHS had also identified this as a priority issue as did the needs assessment.	This is already an action item in the TBHS FY13 Strategic Plan. **2013 Update** This issue was included in the FY14 Strategic Plan. Numerous events were held throughout the year, where TBHS presented to a variety of groups. Additionally, TBHS trained four staff in in Mental Health First Aid and offered free trainings to the community throughout FY13. TBHS also had two staff trained in Mental Health First Aid-Youth and began offering this training to the community in August.
2. Integrated Healthcare.	TBHS had also identified this as a priority issue as did the needs assessment.	This is already an action item in the TBHS FY13 Strategic Plan. **2013 Update** This issue was included in the FY14 Strategic Plan. Renovations were completed during FY13 and contract was put in place for services to be provided by a primary care physician. TBHS staff received education on primary health care issues. TBHS had a staff trained as a behavioral health consultant.
3. Advertising/anti-stigma efforts.	The needs assessment identified this as a priority concern.	TBHS Leadership has developed an anti-stigma work plan to address this area. **2013 Update** Anti stigma is also included in the FY 14 Strategic Plan.
4. System of care for Children	The needs assessment identified different issues relative to mental health care for children in the county.	TBHS has taken the lead in this area and facilitates a children's system of care group consisting of different community agencies. This group has been meeting since 10/26/2011. **2013 Update** TBHS leads the System of Care group for the County. This is an initiative related to services for Children within the county. Staff are involved in a new areas including the Child Advocacy Center Board and the Domestic Violence Coalition.

5. Education to local organizations, schools, etc. about the role and responsibility of TBHS.	Many respondents have expressed that there is a need to better understand TBHS' roles and responsibilities in the community.	This item was already identified by TBHS as a weakness and it is included in the FY13 Strategic Plan as an action item. **2013 Update** This is included in the FY14 Strategic Plan. Presentations were done throughout the year to various groups about the role of TBHS.

CMHSP: Van Buren Community Mental Health

Van Buren Community Mental Health	Van Buren Community Mental Health	Van Buren Community Mental Health
1.Increase in children with challenging behavior /Increased trauma and trauma response noted	Large number of persons surveyed listed this from all stakeholder groups surveyed.	• Complete cohort training in TF CBT • Start Parent Resource Training group • Provide training to other child serving agencies on impact of trauma • Continue providing Brief Strategic Family Therapy (2 clinicians certified in October in this model) • Continue working with schools to provide screening for youth and referral to services as needed • Implement Autism services in conjunction with state Medicaid benefit • Increase behavior treatment specialist hours **<u>2013 Update</u>** • TF CBT training was completed by 4 clinicians. Clinical Supervisor currently completing. New cohort of 3 clinicians enrolled in Fall of 2013. • Two Resource Parent Training groups were held in 2013 including a groups for caregivers of youth served by CMH, and a group for foster parents. • Training for other agencies provided including all DHS children's workers. • Two certified clinicians renewed certification and have provided BSFT to more than 50 families in the past year. • Provided three times as many screenings in 2012-2013 than in previous years and on track to increase these numbers in the current year. Additional school district working with us in facilitating referrals for screenings. • Five staff members trained to provide ADOS assessments. 2 children approved and

		receiving ABA services. • Difficulty recruiting qualified individual to provide behavior specialist services, but by Fall of 2013 re assigned current behavior specialist to 3 additional days per week providing behavior specialist services, and contracted with provider agency to also provide these services. By March 2014, will be contracting with an additional provider for these services.
2.Concerns about access to mental health services including • For those with mild to moderate disturbance with Medicaid do not know where to go, do not have access to psychiatric services • For persons without insurance or underinsured see cost as barrier and do not know where to go • Transportation issues and confusion on who qualifies for services through CMH	Second most frequent issue noted on surveys	• Continue working with schools to provide screening for youth and referral to appropriate services as needed • If person comes to or calls CMH but is found not eligible for CMH services, provide in writing other resources • Continue to educate referral sources and public that CMH has sliding scale fee for uninsured or underinsured **<u>2013 Update</u>** • Provided three times as many screenings of youth in 2012-2013 than in previous years and on track to increase these numbers in the current year. Additional school district working with us in facilitating referrals for screenings. All parents of youth screened demonstrating risk factors are given referral information, and are provided follow up calls to problem solve pursuing services. • Have not yet developed resources guide in printed format for those found not eligible for services. Will continue to work on this and complete by February 2015. • Continue to provide this information through interagency meetings, health fairs, and occasional newspaper articles. Have not pursued new means of educating public but an additional 131 persons who were uninsured or underinsured were served in the 2012-2013 fiscal year over the prior fiscal year. Currently planning to assist persons in signing up for Healthy Michigan.
3.Parenting education and support	Third most frequent issue noted on surveys	• Provide Parent Resource Training groups • Work with CAN Council and Great Start Coalition to get Love and Logic parent group pilot running • Work with Great Start Parent Coalition to develop means to track parenting group availability in the county.

		2013 Update • Resource Parent Training groups were held in 2013 including groups for caregivers of youth served by CMH, and group for foster parents. New group of Resource Parents currently completing training and developing first training. • CAN Council and Great Start Collaborative did sponsor Love and Logic parent group pilot. Was considered successful as there was funding for scholarships and child care. Sustainable funding is currently an issue. Resource Parent Training groups were held in 2013 including groups for caregivers of youth served by CMH, and group for foster parents. • Tracking of the parenting groups available in the county is still in the Great Start work plan. Listing is not yet developed or available.
4.Employment opportunities for persons with disabilities	Not noted as often in stakeholder survey but customer requests for employment exceed available jobs	• Continued implementation of EBP supported employment for adults with MI begun 2 years ago • Reorganization of employment services to increase number of persons served with employment **2013 Update** • Provision of Evidenced Based Practice supported employment for adults with MI continues; new staff and supervisor have attended EBP training and the model is a routine focus in staff meetings; 28 adults with MI served using this model in 2013 9 of whom attained employment and 7 receiving support on existing employment. • Reorganization of employment services is complete. Also had multiple staff changes and re assigned one agency position to employment services and added a new position to employment services.
5. Prevention services	Fourth most frequent issue noted on surveys	• Continue facilitation of Suicide Prevention Coalition • Continue working with schools to provide screening for youth and referral to appropriate services as needed • Continue work in prevention at Bangor school based health center • One additional staff working to attain Infant Mental Health certification

		• Pursue grant opportunities that would fund increased prevention and early intervention services. **<u>2013 Update</u>** • Suicide Prevention coalition continues. Through work of coalition the Intermediate School District took on challenge of beginning a Critical Incident Stress Management team. In addition to school personnel, four CMH staff have completed training and serve on the team. • Provided three times as many screenings in 2012-2013 than in previous years and on track to increase these numbers in the current year. Additional school district working with us in facilitating referrals for screenings All parents of youth screened demonstrating risk factors are given referral information, and are provided follow up calls to problem solve pursuing services. • Bangor Health Center preventative services continue and the BHC is partnering with the Children's Trauma Assessment Center of Western Michigan University to bring trauma assessment and treatment services to youth served at the ISD's Behavioral Education Center (located in Bangor). • The additional staff person pursuing Infant Mental Health endorsement is nearing completion; however staff member who already attained endorsement left the agency. With dissolution of the Venture Behavioral Health PIHP, new arrangements for IMH supervision had to be made. These arrangements are now in place. • Grant opportunity pursued was in partnership with CTAC of WMU to bring trauma assessment and intervention to BEC students. No other grants were pursued.

CMHSP: Washtenaw Community Health Organization

Priority Issue	Reasons For Priority	CMHSP Plan
1. Education on Mental Health	Reduction of discrimination and stigma	Community collaboration and creation of empowerment and educational series on mental health topics. **2013 Update** 1. In response to Education on Mental Health, WCHO Speakers Bureau, comprised of individuals with a mental illness, developmental disability and/or substance use disorder completed speaking engagements to the following schools in both the urban and rural areas of Washtenaw County. • Chelsea - 3 classes • Manchester - 2 classes • Dexter - 1 class • Saline - 3 classes • Whitmore Lake - 2 classes Additionally, the WCHO Community Organization and Development team have spread their community outreach and engagement efforts to inform community members of the WCHO and its services into the rural communities of Washtenaw County. The team has also attended rural community events and is planning their future rural outreach in their 2014 Strategic Plan.
2. Affordable housing	Fundamental need	Partnership with housing association to explore opportunities. **2013 Update** Affordable Housing is an area we are pursuing for 2014.

3. Continuity of care	Increased quality of care provided	Continue to support integrated health care efforts and communication between service providers. **2013 Update** Continuity of Care was a large area of service for the WCHO in 2013. As part of a Block Grant, WCHO and CSTS created an "Integrated Health Toolkit" to educate and promote health and wellness for persons of all abilities.
4. Decreasing the number of community members that utilized the ER for mental health issues.	High amount of people who are utilizing inpatient services.	Educating the community regarding the new 24/7 Access and changing the culture of going to the ER for after hour services. **2013 Update** In 2013 and continuing into 2014, the Advisory Council has been meeting with the Program Administrator for Access and Crisis Services to develop materials and trainings for persons seeking services both in local emergency rooms and also with our community mental health services.
5. Education of available services provided by WCHO to greater number of Washtenaw County residents	Requests from community members who live in rural areas for increased information related to accessing Mental Health services.	Increased outreach to rural areas of Washtenaw County. **2013 Update** WCHO Certified Peer Support Specialist complete weekly peer to peer group sessions open to the public on a variety of topics. Groups offered in 2013 included : • Tools for Healthy Living Toolkit • Steps to Finding Peace by Eliminating Self Stigma • Alternative to Violence Project: Peace Work – Liberating Our Hopes and Dreams • Live Your Dream by Joyce Chapman Individual Group Topics (completed within one session) • Pain verse Hope

		• In a Nutshell • The Compassionate Response Overall, WCHO has been working diligently to continually seek feedback from our stakeholders and vet them through our consumer advisory groups to seek appropriate responses and results for the community to gain insight and education on what is important for individuals seeking services from community mental health.

CMHSP: West Michigan Community Mental Health

Priority Issue	Reasons For Priority	CMHSP Plan
1. Health Care Issues – lack of providers, lack of integrated care between PCP and CMH	45% of the population does not have health care. Identified as part of stakeholder survey.	Develop a plan to change practice to more integrated care. Develop relationships with primary health care providers. To begin 01/01/13 See plan for more details. Monitored through ET. **2013 Update** **April 2013 Update:** 4 phase plan for implementation of integrated care has been developed. Participating in coaching calls with national council and learning collaborative. Applying for block grant dollars to support training elements contained in phase 1 of integrated care plan. **July 2013 Update**: 4-phase plan approved, but on hold until application for participation is completed. Continue to participate in state learning collaborative. Participating in ongoing webinars on topic areas. Participating in SIM meetings and focus groups. **October 2013 Update**: 4-phase plan approved, but on hold until application for participation is completed. Continue to participate in state learning collaborative. Participating in ongoing webinars on topic areas. Participating in SIM meetings and focus groups. In addition, we are currently waiting to hear about our Medicaid rates from the State so that we can manage our plan in the context of our budget. We are also waiting to hear on the results of our PIHP block grant submission as a significant portion of phase 1 (training and IT development) would be covered by block grant funds. **December 2013 Update**: PIHP Block Grant funds were awarded and plans are being implemented for staff training and IT

		development to support integrated care. Continuing to participate in state learning collaborative. Participating in ongoing webinars on topic areas.
2. Increase the availability of treatment of the mild/moderate population	Identified as part of stakeholder survey. Lack of providers who accept Medicaid and indigent consumers who have mild/moderate mental health need.	Develop and identify more providers in the area, including at CMH and those who are bilingual. Continue providing Substance Abuse Services at CMH. To begin 01/01/13 See plan for more details. Monitored through work group as part of goals and projects. **2013 Update** **April 2013 Update:** Jane Shelton will complete the annual program review of the Mild / moderate program in April 2013. Outcomes of this review will be reported in the next quarterly report (3rd Quarter, FY 2013.) **May 2013 Update**: A copy of the completed annual program review of the Mild to Moderate program is in the proofs binder. **June 2013 Update**: Workgroup is working on a plan for implementing recommendations formed during program review. **October 2013 Update**: WM is currently using 4 regular staff on a commission basis to meet the ebb and flow of service demand. We are also working on implementing groups in Mild to Moderate to increase service capacity and minimize service delivery cost. **December 2013 Update**: In addition to the existing program staff, WM continues to use designated "overflow staff" on a commission basis to meet the ebb and flow of service demand. The number of candidates is too low to start a group so this has not proven to be a viable method to reduce cost at this time.

		Staff will continue to monitor case loads for potential group members for future groups.
3. Reduce the burden on Law enforcement	Identified as part of stakeholder survey, the number of low jail diversions.	Develop a plan for jail interventions. Work on relationships with law enforcement agencies. Provide law enforcement trainings regarding the interaction with persons with Mental Health issues. Better reporting on jail diversions. To begin 01/01/13 See plan for more details. Monitored through PIOC. **2013 Update** **April 2013 Update:** Jail Diversion program plan and attachments were reviewed and deemed appropriate to continue. During the month of January, Service Entry was involved with a fairly complex diversion situation in Oceana County involving the Oceana County Jail, Oceana County Trail Court, and the Oceana County prosecuting Attorney. Oceana County has begun sending reports of contacts with known CMH consumers to Service Entry for follow-up. A Meeting was held January 30th with Mason County Sherriff, Undersheriff, and Chief Deputy to discuss CMH jail diversion program, CMH services in general and to answer questions. February 6th, multiple CMH staff was trained on Jail procedures at the Mason County Jail. Also during the month of February CMH Emergency Services provided debriefing assistance to the Mason County Jail following a critical incident. Continue to work on relationships with all three county jails but having at least weekly contacts with the jail staff. **July 2013 Update**: Multiple contacts with inmates at the request of both the inmate and law enforcement.

		Local and County law enforcement indicate no problems. No meetings this past quarter. **<u>October 2013 Update</u>**: Multiple contacts with law enforcement and inmates in the three counties. Assisted Mason County Sherriff with critical incident debriefing following officer homicide in Mason County. Coordinated multiple complaint issues regarding Oceana County resident with Oceana County Sherriff and administrative staff. **<u>December 2013 Update</u>**: Multiple contacts with law enforcement over the past three months. No problems were noted. Meetings with all three county sheriffs and/or jail administrators indicate things going well.
4. Troubled youth – desired outcome – healthier kids in our community	Identified as part of stakeholder survey. Number of kids placed in foster care, number of abused and neglected kids, high dropout rates, number of children at risk of developing SED.	Plan for working with strategic partners in the community including System of Care Initiative, Great Start work group, Baldwin Family Health – Baldwin Schools Teen Center, Walkerville Schools, Journey High School, Juvenile Courts, DHS, etc. Exploring SED waiver. To begin 01/01/13 Monitored through work group as part of goals and projects. **<u>2013 Update</u>** **<u>April 2013 Update:</u>** A document has been placed in the Needs Assessment binder which provides identification of specific plans that have been created with WMCMHS' strategic partners for providing services for troubled youth.

		June 2013 Update: Staff from Family and Children's services meet regularly (average bi-monthly) with Juvenile Probation Staff at the Ludington Office. In Ocean and Lake counties contacts are made with DHS and Juvenile Office at monthly community a meeting that is attended by Family and Children's services Staff from WMCMH. WMCMH has finished the contract with Walkerville Schools providing four hours of therapy to non-CMH students identified by the school in need of additional emotional support. The contract ended with the school year and the Superintendent reported a successful partnership. A plan to provide services again in the fall is being considered, with possibly more hours. SED waiver information was submitted. Continue to work on the Systems of Care initiatives/groups in Mason and Oceana County. Lake County System of Care efforts have been put on hold at this time. WMCMH staff attend the System of Care meetings. WMCMH has an ongoing relationship with Baldwin Teen Health and collaborate on consumer issues. Great Start Collaborative (GSC) continues to work on finalization of their strategic plan. GSC is working to implement the ASQ. WMCMHS IMH worker has been trained as trainer of ASQ and all Family and Children's team members were trained by IMH worker. **October Update:** Staff from Family and Children's services meet regularly (average bi-monthly) with Juvenile Probation Staff at the Ludington Office. Discussions with Juvenile Court officers occur in Lake and Oceana Counties occurs routinely – however, in a less formal way. Juvenile Court is an active member of the Community Team in each county and we use that opportunity to collaborate as well. WMCMH has been asked to contract with Walkerville Schools for a second year; providing four hours of therapy to non-CMH students identified by the school in need of additional emotional

		support. CMH Mentally-Ill child staff is part of the Ludington Family Link program. CMH holds a seat on the core team. We review cases referred to committee; families identified by their child-that need assistance and may be eligible for DHS services and/or other human service agencies. DHS will also be housing a Payment worker at the school. This person will assist and case manage cases brought to her. Staircase, LHS, LMS, DHS, CMH, School Counselors are core members of the committee. This is in the infancy stage. Continue to work on the Systems of Care initiatives/groups in Mason and Oceana County. Staff attend these meetings (Lake Co in transition) Participation on all three counties community teams. WMCMH has an ongoing relationship with Baldwin Teen Health to collaborate on consumer issues. Great Start Collaborative continues to work on finalization of tjheir strategic plan. GSC has worked to implement the ASQ. WMCMHS IMH worker has been trained as trainer of ASQ and all Family and Children's team members were trained by IMH worker **December update**: Staff from Family and Children's services continue to meet regularly (average bi-monthly) with Juvenile Probation Staff at the Ludington Office. In Oceana and Lake counties contacts are made with DHS and Juvenile Office at monthly Community Team Meetings attended by Family and Children's Services Staff from WMCMH. WMCMH has been offered a second year contract with Walkerville Schools providing four – six hours of therapy to non-CMH students identified by the school in need of additional emotional support. At the end of the last school year, the Superintendent requested continuation of the contract with at least two additional hours. The Superintendent reported a successful partnership which in turn prompted our return this year.

		SED waiver information was submitted/approved however on hold due to funding difficulties. Continue to work on the Systems of Care initiatives/groups in Mason and Oceana County. Staff attend these meetings. WMCMH has an ongoing relationship with Baldwin Teen Health to collaborate on consumer issues. We are working as a participant of the Great Start Collaborative We has trained all MI-C staff in use of the ASQ, and our IMH worker (who is a trainer) is utilizing the tool with consumers.
5. Pain Management issues	Identified as part of stakeholder survey.	Develop Agency Pain Management Philosophy, train staff and stakeholders on philosophy and institute pain management into person centered plans and decision support. Coordination with Primary Care Physicians. To begin 01/01/13 Monitored through Clinical Oversight Committee and as part of goals and projects. **2013 Update** **April 2013 Update:** Have an approved pain philosophy that was communicated to all WM staff in the March 25th "Monday Morning Brief" and "I will" statements for the ECR are currently being updated by IS. **June 2013 Update:** Completed project as of 06/13 goals and projects report.

CMHSP – Woodlands (Cass Co. CMH)

Priority Issue	Reasons For Priority	CMHSP Plan
1. Increased psychiatric capacity	Consistent response received from community regarding the need for more psychiatric services, especially for children and consultation with medical providers.	Expansion of current recruiting activities to include tele-psychiatry or joint purchasing with new Regional Entity. WBHN currently is investigating two psychiatry options. **2013 Update** Woodlands BHN has added to their psychiatric capacity by contracting with a child psychiatrist from a neighboring CMH. Although hours are limited, the addition of a psychiatrist with expertise in the treatment of children has greatly assisted CMH and providers in achieving successful outcomes with Children with a serious Emotional Disturbance. Transferring of the high need children from the primary psychiatrist and Medical Director has also created increased capacity for new referrals. Recruitment activities continue.
2. Expansion of Community Education and Prevention Activities	Community stakeholders have requested additional education related to working with individuals with mental health or substance abuse diagnosis. Prevention and education activities have also been requested, given recent national events.	Increase opportunities for communities to engage in conversations regarding mental illness (facts vs. fiction), targeted trainings to medical staff and law enforcement regarding risk factors and suggested interventions. **2013 Update** Woodlands added several services over the past year to increase education and prevention services. Prime for Life, an evidence based practice, was added for the high school and young adult population. Three individuals in the county are trained in Mental Health First Aid and has scheduled numerous trainings throughout the county. Included in these are trainings targeted to specific groups (community college, Head Start, Great Start, law enforcement, court personnel, DHS, library staff, church groups).
3. Education to medical community	Increased efforts to access medical care for individuals served have resulted in requests for education and training by medical	WBHN to provide targeted trainings to medical staff within the community, regarding diagnosis, risk factors and suggested interventions. Opportunities for CMH Psychiatric consolations will also be developed. WBHN will work with local Trauma initiative to ensure county-wide training for all interested and willing medical providers.

	providers (Hospital ER and primary care)	**2013 Update** Training was provided to Borgess Lee Hospital and Clinics Medical Staff in November of 2013. The training focused on understanding changes in the CMH system, challenges in treatment of the behavioral health population and prescribing practices. Additional Trauma Focused training was provided, as part of our community effort to create a Trauma Informed Community (SAMHSA grant). Additional trainings are being planned for other medical groups, including the local FQHC.
4. Improve collaboration with schools, ISD to increase number of children who access and receive mental health care.	Community assessment confirmed the need for earlier identification and treatment of at risk children, along with better engagement of the child and family in treatment.	WBHN will work to expand local system of care, including DHS, Courts and local school districts. Additional outreach and community education forums focused on autism will be developed. WBHN has begun involvement with SED waiver and is hiring an Access clinician for SED waiver program to facilitate referral and stakeholder education. **2013 Update** Woodlands has worked with local system of care to implement the SEDW program as well as the Innovations grant. We are currently in process of partnering with the Family Court to begin servicing the Juvenile Justice population through a court grant. Total number of children served has increased significantly, resulting in the addition of a Home –Based Clinician to the team.
5. Integrated healthcare	Needs assessments demonstrated need for better access to primary care for CMH consumers as well as those not served by CMH.	WBHN will continue efforts with local FQHC and other providers to expand co-location of therapy and develop new integrated health opportunities (CMH currently in planning stage for school based health clinic with local FQHC). **2013 Update** Woodlands continues to partner with the local FQHC to provide Behavioral Healthcare to individuals who are underserved, due to lack of insurance or Medicaid HMO. Efforts continue to access medical services at the local CMH.

SECTION 404 (2) (f)
SECOND OPINIONS
FY 2013

Number of Second Opinions Requested Resulting in Delivery of Services

	October 1, 2012 - December 31, 2012		January 1, 2013 - March 31, 2013		April 1, 2013 - June 30, 2013		July 1, 2013 - September 30, 2013	
CMHSP	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
Allegan	0	0	0	0	0	0		
AuSable	0	0	0	0	1	1		
Barry	0	0	0	0	0	0		
Bay-Arenac	0	0	1	1	0	0		
Berrien	0	0	0	0	4	3		
CEI	0	0	0	0	3	0		
CMH Central MI	0	0	0	0	0	0		
Copper	0	0	1	0	0	0		
Detroit-Wayne	1	1	1	0	2	1		
Genesee	11	6	17	2	10	4		
Gogebic	0	0	0	0	0	0		
Gratiot	0	0	0	0	0	0		
Hiawatha	1	0	3	2	1	1		
Huron	0	0	0	0	0	0		
Ionia	0	0	0	0	0	0		
Kalamazoo	0	0	0	0	9	1		
Lapeer	0	0	0	0	0	0		
Lenawee	1	0	0	0	0	0		
Lifeways	1	1	0	0	11	2		
Livingston	0	0	0	0	0	0		
Macomb	0	0	1	0	0	0		
Manistee-Benzie	0	0	0	0	0	0		
Monroe	5	0	3	0	2	0		
Montcalm	0	0	0	0	0	0		
Muskegon	0	0	0	0	0	0		
network180	9	0	9	0	6	1		
Newaygo	0	0	0	0	0	0		
North Country	0	0	0	0	3	0		
Northeast	1	1	0	0	0	0		
Northern Lakes	2	0	5	2	2	2		
Northpointe	0	0	0	0	2	2		
Oakland	37	9	29	16	44	19		
Ottawa	3	1	8	1	5	0		
Pathways	0	0	0	0	1	1		
Pines	0	0	0	0	0	0		
Saginaw	0	0	0	0	0	0		
Sanilac	0	0	0	0	0	0		
Shiawassee	0	0	0	0	0	0		
St. Clair	18	2	22	6	1	0		
St. Joseph	0	0	0	0	0	0		
Summit Pointe	0	0	0	0	0	0		
Tuscola	0	0	0	0	0	0		
Van Buren	0	0	0	0	0	0		
Washtenaw	4	1	6	4	1	0		
West Michigan	0	0	0	0	0	0		
Woodlands	0	0	0	0	0	0		
Total	**94**	**22**	**106**	**34**	**108**	**38**	**0**	**0**

Source: Performance Indicator Report

SECTION 404 (2) (h)
LAPSES AND CARRYFORWARDS
FY 2013

FY 2013 CMHSP / PIHP FINAL REPORT ANALYSIS - UNAUDITED CMHSP / PIHP FY 13 REPORTS AS OF 5/6/14

New New PIHP Region#	Region Name	PIHP	CMHSP	Medicaid Savings	Medicaid Lapse	PIHP MED Risk (Deficit)	MDCH MED Risk	GF Funding Formula Carryforward	GF Oper Base Lapse	GF Categorical Lapse	WCHO Disease MGMT Prg	Total Lapse
3	Lakeshore	Southwest Affiliation	Allegan	n/a	n/a	n/a	n/a	73,503	-	-	-	-
2	Northern MI	Northern Affiliation	Ausable Valley	n/a	n/a	n/a	n/a	89,013	202,399	-	-	202,399
4	Southwest MI Behavioral Health	Venture Behavioral Health	Barry	n/a	n/a	n/a	n/a	74,250	70,833	-	-	70,833
5	Mid-State Health Network	Access Alliance of MI	Bay Arenac	1,165,105	-	-	-	-	-	-	-	-
4	Southwest MI Behavioral Health	Venture Behavioral Health	Berrien	n/a	n/a	n/a	n/a	193,421	-	-	-	-
5	Mid-State Health Network	CMH Affiliation of Mid-MI	Clinton-Eaton-Ingh	1,819,922	-		n/a	-	-	-	-	-
5	Mid-State Health Network	CMH Central MI	CMH for Central M	4,063,305	306,529	-	-	-	-	-	-	-
1	Northcare Network	North Care	Copper Country	n/a	n/a	n/a	n/a	-	-	-	-	-
7	Detroit-Wayne MHA	Detroit-Wayne Co CMH	Detroit-Wayne	17,993,771	-	-	-	5,515,481	-	-	-	-
10	Region 10	Genesee Co CMH Services	Genesee - Cat laps	8,512,655	8,670,725	-	-	-	-	83,772	-	83,772
1	Northcare Network	North Care	Gogebic	n/a	n/a	n/a	n/a	-	-	-	-	-
5	Mid-State Health Network	CMH Affiliation of Mid-MI	Gratiot	n/a	n/a	n/a	n/a	-	-	-	-	-
1	Northcare Network	North Care	Hiawatha	n/a	n/a	n/a	n/a	46,947	-	-	-	-
5	Mid-State Health Network	Access Alliance of MI	Huron	n/a	n/a	n/a	n/a	16,789	-	-	-	-
5	Mid-State Health Network	CMH Affiliation of Mid-MI	Ionia	n/a	n/a	n/a	n/a	-	-	-	-	-
4	Southwest MI Behavioral Health	Southwest Affiliation	Kalamazoo	-	-	(1,290,857)	-	500,532	80,753	-	-	80,753
3	Lakeshore	Network 180	Kent - Network 180	5,334,713	-	-	-	-		-	-	-
10	Region 10	Thumb Alliance PIHP	Lapeer	n/a	n/a	n/a	n/a	91,654	146,025	-	-	146,025
6	CMH Partnership of SE MI	CMH Partnership of Southeast MI	Lenawee	n/a	n/a	n/a	n/a	-	-	-	-	-
5	Mid-State Health Network	Lifeways	Lifeways	2,262,784	53,823	-	-	-	-	-	-	-
6	CMH Partnership of SE MI	CMH Partnership of Southeast MI	Livingston	n/a	n/a	n/a	n/a	-		-	-	-
9	Macomb Co CMHS	Macomb Co CMH Services	Macomb	13,013,717	4,931,893	-	-	-	-	-	-	-
2	Northern MI	CMH Affiliation of Mid-MI	Manistee-Benzie	n/a	n/a	n/a	n/a	-		-	-	-
6	CMH Partnership of SE MI	CMH Partnership of Southeast MI	Monroe	n/a	n/a	n/a	n/a	-	-	-	-	-
5	Mid-State Health Network	Access Alliance of MI	Montcalm	n/a	n/a	n/a	n/a	48,554	-	-	-	-
3	Lakeshore	Lakeshore Behavioral Health Alliance	Muskegon	2,302,473	-	-	-	-	-	-	-	-
5	Mid-State Health Network	CMH Affiliation of Mid-MI	Newaygo	n/a	n/a	n/a	n/a	36,198	-	-	-	-
2	Northern MI	Northern Affiliation	North Country	3,724,068	-	-	-	-	-	-	-	-
2	Northern MI	Northern Affiliation	Northeast	n/a	n/a	n/a	n/a	-	-	-	-	-
2	Northern MI	Northwest CMH Affiliation	Northern Lakes	1,634,462	-	-	-	-	-	-	-	-
1	Northcare Network	North Care	Northpointe	n/a	n/a	n/a	n/a		-	-	-	-
8	Oakland Co CMHA	Oakland Co CMH Authority	Oakland	11,339,202	-	-	-		-	581,584	-	581,584
3	Lakeshore	Lakeshore Behavioral Health Alliance	Ottawa	-	n/a	n/a	n/a	50,710	-	50,272	-	50,272
1	Northcare Network	North Care	Pathways	729,310	-	-	-	130,171	226,551	-	-	226,551
4	Southwest MI Behavioral Health	Venture Behavioral Health	Pines Behavioral	n/a	n/a	n/a	n/a	9,672	-	-	-	-
5	Mid-State Health Network	Saginaw Co CMH Authority	Saginaw	2,346,004	-	-	-	413,028	85,392	-	-	85,392
10	Region 10	Thumb Alliance PIHP	Sanilac	n/a	n/a	n/a	n/a	67,839	4,558		-	4,558
5	Mid-State Health Network	Access Alliance of MI	Shiawassee	n/a	n/a	n/a	n/a	78,457	724	-	-	724
10	Region 10	Thumb Alliance PIHP	St. Clair	984,636	-	-	-	-	-	-	-	-
4	Southwest MI Behavioral Health	Southwest Affiliation	St. Joseph	n/a	n/a	n/a	n/a	-	-	-	-	-
4	Southwest MI Behavioral Health	Venture Behavioral Health	Summit Pointe	2,371,519	-	-	-	-	-	-	-	-
5	Mid-State Health Network	Access Alliance of MI	Tuscola	n/a	n/a	n/a	n/a	37,798	-		-	-
4	Southwest MI Behavioral Health	Venture Behavioral Health	Van Buren	n/a	n/a	n/a	n/a	109,659	87,982	-	-	87,982
6	CMH Partnership of SE MI	CMH Partnership of Southeast MI	Washtenaw	6,188,026	348,443	-	-	-	-	-	-	-
3	Lakeshore	Northwest CMH Affiliation	West Michigan	n/a	n/a	n/a	n/a	89,291	-	-	-	-
4	Southwest MI Behavioral Health	Southwest Affiliation	Woodlands	n/a	n/a	n/a	n/a	94,635	-	-	-	-
			Totals	$ 85,785,672	$ 14,311,413	$ (1,290,857)	$ -	$ 7,767,602	$ 905,217	$ 715,628	$ -	$ 1,620,845

FOOTNOTES:

Lifeways and Washtenaw have not submitted their Final FY 13 FSRs

SECTION 404 (2) (i) (i, ii & iii)
CMHSP PROVIDER CONTRACTS
FY 2013

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY FY-13

EXCLUDING STATE PROVIDED SERVICES and COMMUNITY INPATIENT **Form 1 of 2**

CONTRACT'13.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 12 CMHSP Contractual Expenditures
ADULTS WITH MENTAL ILLNESS			
Targeted CSM/Supports Coordination	188		$100,316,136.93
Intensive Interventions/Intensive Community Services	74		$41,425,998.86
Clinic Services and/or Medication	488		$84,903,769.68
Supports for Residential Living	953		$136,878,625.55
Supports for Community Living	423		$56,380,968.31
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Targeted CSM/Supports Coordination	241		$100,383,310.98
Intensive Interventions/Intensive Community Services	57		$2,232,065.12
Clinic Services/Medication	474		$28,726,059.95
Supports for Residential Living	1417		$493,479,420.39
Supports for Community Living	1030		$435,346,241.39
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Targeted CSM/Supports Coordination	101		$26,448,375.76
Intensive Interventions/Intensive Community Services	80		$37,289,885.52
Clinic Services/Medication	344		$37,776,461.07
Supports for Residential Living	43		$5,257,088.21
Supports for Community Living	126		$8,384,371.13

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 13 CMHSP Contractual Expenditures
Allegan	0	0	$0
AuSable Valley	0	0	$0
Barry	1	$29.48/15 min	$85,492
Bay Arenac	3	$68.54/unit-$200/month	$1,028,877
Berrien	2	29.48 - $67.15	$5,084
CEI	1	$469 pp/mo.	$32,417
Central MI	10	4.73 - 80.98	$30,604
Copper Country	0	0	$0
Detroit Wayne	42	0.0033 - 10037.00	$46,599,997
Genesee	13	$21.71 - $73.69	$8,345,113
Gogebic	0	0	$0
Gratiot	0	0	$0
Hiawatha	1	103.00 hr	$9,794
Huron	0	0	$0
Ionia	3	28.00 - 43.75 per 15 min	$15,965
Kalamazoo	5	T1017 $28.00-$31.00, T1017:HE $28.00-$31.00 per 15 min, T1017:HE:HM $28.00-$31.00 per 15 min	$3,534,946
Lapeer	0	0	$0
Lenawee	0	0	$0
Lifeways	10	$23.07-$60.00	$1,920,030
Livingston	0	0	$0
Macomb	20	42.40 - 105.84	$5,552,958
Manistee Benzie	0	0	$0
Monroe	0	0	$0
Montcalm	0	0	$0
Muskegon	0	0	$0
Network180	7	$28 - $60 /15 minutes	$6,924,418
Newaygo	0	0	$0
North Country	1	$170 encounter	$53,380
Northeast	10	72.75 - 159.03 unit	$19,293
Northern Lakes	15	$49 TO $187	$1,767,121
Northpointe	3	40-110	$33,660
Oakland	4	net cost	$18,507,219
Ottawa	4	$43.78 - $47.97	$15,865
Pathways	4	$29.48 to 55.60 / 15 minutes	$31,958
Pines	0	0	$0
Saginaw	9	$42.78/15 min-$106.79/15 min	$2,066,128
Sanilac	0	0	$0
Shiawassee	3	$18.00 to $65.76	$7,095
St. Clair	2	19.88 - 65.76	$58,314
St. Joseph	0	0	$0
Summit Pointe	6	$20-$23.69/Hr;$54-$106.79/15 Min	$55,206
Tuscola	0	0	$0
Van Buren	0	0	$0
Washtenaw	3	$32.00-$1418.75 / units vary	$3,506,058
West MI	3	$45-$58	$35,000
Woodlands	3	$36 - $60	$74,144
Total	188		$100,316,137

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 13 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	0	0	$0
Central MI	0	0	$0
Copper Country	0	0	$0
Detroit Wayne	24	0.059 - 365.00	$15,615,227
Genesee	3	$0.87 - $165.00	$2,025,198
Gogebic	3	$160-$170/hour	$131,918
Gratiot	0	0	$0
Hiawatha	0	0	$0
Huron	2	15/visit	$4,000
Ionia	0	0	$0
Kalamazoo	2	H0039 $26.00 per day: H2019 $30.00 per 15 min: H2019:TT $6.88 per 15 min	$2,526,643
Lapeer	1	$260.00 per day	$49,824
Lenawee	0	0	$0
Lifeways	4	$47.86-$95.48	$3,123,175
Livingston	0	0	$0
Macomb	4	13.17 - 87.70	$2,198,996
Manistee Benzie	1	4.66-148.50 per encounter/unit	$650
Monroe	0	0	$0
Montcalm	0	0	$0
Muskegon	0	0	$0
Network180	5	$33 - $67 /15 minutes	$3,727,324
Newaygo	0	0	$0
North Country	0	0	$0
Northeast	0	0	$0
Northern Lakes	4	$90 to $420	$1,668,728
Northpointe	2	53-113.50	$19,576
Oakland	4	net cost	$6,122,939
Ottawa	0	0	$0
Pathways	0	0	$0
Pines	0	0	$0
Saginaw	11	$10.15/Encounter-$130.61/Encounter	$2,705,532
Sanilac	0	0	$0
Shiawassee	0	0	$0
St. Clair	1	13.17	$2,845
St. Joseph	0	0	$0
Summit Pointe	1	They Pay Us	$0
Tuscola	0	0	$0
Van Buren	0	0	$0
Washtenaw	2	$47.25-$237.84 / units vary	$1,503,425
West MI	0	0	$0
Woodlands	0	0	$0
Total	74		$41,425,999

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 13 CMHSP Contractual Expenditures
Allegan	0	0	$0
AuSable Valley	1	90-210	$89,898
Barry	3	$200/unit to $29.48/unit	$759
Bay Arenac	7	$30/event-$195/event	$2,322,097
Berrien	3	$74.25 - 408.94	$2,006
CEI	0	0	$0
Central MI	19	28.50 - 137 /hr	$1,065,414
Copper Country	2	$30-$80/day $35-$45/hour when called out	$6,224
Detroit Wayne	43	0.030 - 15300.00	$28,128,803
Genesee	21	$0.78 - $165.00	$833,956
Gogebic	0	0	$0
Gratiot	2	$125-$200/hr	$126,910
Hiawatha	3	100.00-160.00 per	$265,360
Huron	12	65-250/eval;70/visit;0.56/mile	$18,444
Ionia	4	28.00 - 200.00 per encounter	$6,776
Kalamazoo	15	H0031 $150.00 per encounter;90801AH:$150.00 per encounter, 90901:AF $135.00 per encounter; 90862 $67.50 per encounter, M0064 $67.50 per encounter;T1002 $31.00 per 15 minute; 90791, $150.00 per encounter, 90792 $135.00 per encounter, 99214 $67.50 per encounter 99201 $67.50 per encounter, 99202 $67.50 per encounter, 99203 $67.50 pe encounter, 99212 $67.50 per encounter, 99213 $67.50 per encounter; 96101 $85.00 per hour, 96102 $32.00 per event, 96103 $35.00 per event, 96116 $75.00 per hour, 96118 $75.00 per hour, S9445 $87.50-$97.50 per encounter	$423,238
Lapeer	24	$20.42 per unit to $130.00 per day	$914,010
Lenawee	13	$75 - $150 p/hr	$351,825
Lifeways	28	$14.00-$312.50	$3,682,834
Livingston	6	45 - 110 per hour	$375,871
Macomb	29	1.20 - 530.87	$11,740,225
Manistee Benzie	15	26.14-360.00 per encounter/unit	$134,584
Monroe	4	$35.70 to $175.00 per encounter	$22,346
Montcalm	3	$155/hour	$18,578
Muskegon	14	$15.00-$160.00 per encounter $8.84-$100.00 per hour	$350,607
Network180	6	$34 - $230 /encounter	$2,659,771
Newaygo	4	$140-$175	$1,073,845
North Country	12	$30-$130 hour, $52-$88 encounter	$336,877
Northeast	12	54.50 - 397.93 unit/encounter	$126,335
Northern Lakes	32	$40 to $325 per service	$6,166,166
Northpointe	8	70-307	$92,784
Oakland	3	net cost	$14,482,386
Ottawa	8	$51.51 - $353.50	$2,175
Pathways	8	$40 / enc to $90 / hour	$40,022
Pines	2	50.00-225.00	$19,487
Saginaw	8	$4.32/15 min-$228.00/Item	$163,631
Sanilac	1	$12.01-$266.17 per session & $1.54 - $165 per day	$0
Shiawassee	8	$11.56 to $1,200	$85,936
St. Clair	6	3.33 - 289.89	$802,949
St. Joseph	2	135-140/hr	$148,770
Summit Pointe	68	$5-$12.50/15 Min; $18-$112/Hr; $100-$350/Enc	$2,511,177
Tuscola	1	$5.38 - $56.45 / RX	$23,440
Van Buren	10	$6.79 - $300.00	$21,579
Washtenaw	6	$101.14-$785.41 reporting unit varies	$8,957,685
West MI	4	$50-$198	$180,300
Woodlands	10	$31 - $459	$11,793
Total	490		$88,787,873

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 13 CMHSP Contractual Expenditures
Allegan	39	$15-$293 per day	$1,392,857
AuSable Valley	0	0	$0
Barry	7	$391/per diem to $76.59/per diem	$457,577
Bay Arenac	9	$47.11/day - $381/day	$2,598,300
Berrien	21	$3.20 - $461.50	$2,664,783
CEI	38	$44.75 - $241.36 per diem	$3,086,329
Central MI	45	1.91 - 450.05	$3,559,858
Copper Country	1	$46.21/day/occupied bed $39.43/day/unoccupied bed	$80,626
Detroit Wayne	253	0.81 - 436.58	$29,694,707
Genesee	50	$4.68 - $309.00	$4,686,597
Gogebic	1	$205/day	$4,920
Gratiot	3	$25-$165/hr	$243,214
Hiawatha	2	160.00-191.42 day	$743,927
Huron	2	280-386/day;5.15/unit;229/review	$105,059
Ionia	4	$140.00 - 186.33 per diem	$143,809
Kalamazoo	21	T2033 $11.00-$346.00 per day; T1020 $14.44-$183.65 per day;H2016 $69.33-$538.00 per day; H0018 $391.00 per day;	$7,510,124
Lapeer	15	$15.11 to $289.00 per day,	$1,356,002
Lenawee	2	$160 - $268 p/day	$993,246
Lifeways	15	$31.91-$383.04	$2,975,838
Livingston	4	35 - 288 per day	$282,305
Macomb	81	10.59 - 571.42	$13,544,705
Manistee Benzie	0	0	$0
Monroe	7	$145.38 - $289.16 per diem	$291,082
Montcalm	6	$42-$315/day	$256,847
Muskegon	13	$59.94-$550.00 per day	$2,573,897
Network180	3	$124 - $332 /day	$9,694,953
Newaygo	6	$25/Day - $235/Day	$201,280
North Country	13	$10.20-$306 day	$1,230,279
Northeast	18	40 - 294 per diem	$702,550
Northern Lakes	24	$80 TO $525 per Day	$3,550,066
Northpointe	10	20-550	$782,625
Oakland	3	net cost	$19,623,933
Ottawa	10	$49.45 - $336.14	$1,279,925
Pathways	11	$42.03 to $465.60 / day	$2,657,758
Pines	2	25.00-153.00	$360,868
Saginaw	60	$34.00/Day-$295.00/Day	$5,009,988
Sanilac	14	$1.54 - $480.45 per day	$0
Shiawassee	9	$5.86 to $336.72	$771,728
St. Clair	10	2.22 - 539.00	$1,495,064
St. Joseph	9	155-413/hr	$1,257,246
Summit Pointe	68	$96.25-$402.75/Day	$2,369,943
Tuscola	3	$106.48 - $315.00 / day	$219,175
Van Buren	15	$6.25 - $315.00	$1,291,487
Washtenaw	5	$13.69-$224.00 / units vary	$2,485,143
West MI	13	$18-$480	$1,577,000
Woodlands	8	$170 - $391	$1,071,004
Total	953		$136,878,626

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 13 CMHSP Contractual Expenditures
Allegan	14	$7.55 - $18.63 per hour	$103,319
AuSable Valley	1	22-84	$43,643
Barry	2		
Bay Arenac	4	4	$4
Berrien	9	$2.32 - $378.42	$1,471,770
CEI	2	$15.88 / hour	$8,936
Central MI	28	2.44 - 24.28	$1,708,893
Copper Country	1	30.00/hour	$46,170
Detroit Wayne	59	0.81 - 350.00	$11,298,759
Genesee	22	$1.05 - $17.15	$900,212
Gogebic	0	0	$0
Gratiot	0	0	$0
Hiawatha	4	1.001 hr- 43.00 day	$0
Huron	0	0	$0
Ionia	1	$13.59 per hour	$61,210
Kalamazoo	8	H0043 $104.24-$223.65 per day; H2014T:TT $2.00-$4.07 per 15 min, H2014:TF $5.48 per 15 min, H2014:TF:TT $4.00-$4.81 per 15 min, H2014:TT:HE $2.00 per 15 min, H2014:TF:TT:HE $4.00 per 15 min, H2014:TG:TT $5.00 per 15 min, H2014:TG:TT:HE $5.00 per 15 min ; H2015 $4.75 per 15 min, H2015:TT $2.92 per 15 min, H2015:TF:TT $4.44 per 15 min; H2023:TG $24.00 per 15 min, H2023:TF:TG $12.50 per 15 min ; H2015 $4.24 per 15 min; H2030 $49.52 per day	$1,831,881
Lapeer	4	$1.77 per unit to $38.05 per day	$288,530
Lenawee	5	$2.51 - $3.85 per 15 min	$617,618
Lifeways	10	$2.00-$766.08	$1,886,335
Livingston	6	16:00 per hour	$205,336
Macomb	58	2.13 - 487.20	$5,256,515
Manistee Benzie	0	0	$0
Monroe	11	$3.13 - $3.85 per 15 min unit	$766,263
Montcalm	1	4.1	$4,485
Muskegon	21	$3.55 per 15 mins.-$217.00 per day	$5,751,597
Network180	6	$3 - $5 /15 minutes	$1,640,699
Newaygo	2	$2.08/unit-$315.63/Day	$106,438
North Country	4	$17.34 hour, $95-$150 day $10,880 month	$234,185
Northeast	14	3.25 - 54.89	$96,783
Northern Lakes	21	$2.90 to $5.79 per 15 min.	$365,054
Northpointe	2	8-30	$671,144
Oakland	3	net cost	$9,742,222
Ottawa	11	4.71	$669,611
Pathways	11	$3.10 / 15 min to $95 / day	$336,579
Pines	2	2.42-105.00	$329,620
Saginaw	18	$1.79/15 min-$6.36/15 min	$865,094
Sanilac	4	$14.16 - $216.96 per day & $2.08 - $12.00 per unit	$0
Shiawassee	4	$1.76 to $7.33	$223,567
St. Clair	13	1.22 - 301.32	$504,408
St. Joseph	4	3.98/unit	$686,057
Summit Pointe	3	$1.99-$9/15 Min; $25/Hr	$377,818
Tuscola	2	$158.57 - $309.01 / day	$170,667
Van Buren	3	$2.89 - $4.00	$326,864
Washtenaw	17	$1.39-$1440.46 / units vary	$5,273,449
West MI	0	0	$0
Woodlands	5	$2.81 - $4.58	$540,906
Total	420		$55,412,641

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 13 CMHSP Contractual Expenditures
Allegan	0	0	$0
AuSable Valley	0	0	$0
Barry	2	$79.46/15 min to $24.79/15 min	$2,685
Bay Arenac	4	$76.24/unit - $200/month	$24,700
Berrien	4	$43.09-$96.00	$7,991
CEI	8	$13 / hr. - $476 / mo.	$41,668
Central MI	14	4.73 - 80.98	$119,883
Copper Country	2	$57-$108.21/unit	$7,470
Detroit Wayne	77	0.00058 - 2038.25	$64,715,849
Genesee	18	$1.65 - $108.21	$1,581,002
Gogebic	2	$51.92-$626.87	$30,324
Gratiot	0	0	$0
Hiawatha	3	30.00 hr-43.00 day	$160,540
Huron	1	38/15 min;210/encounter	$138,268
Ionia	3	44.60 - 64.10 per 15 min	$7,210
Kalamazoo	4	T1016 $36.00 per 15 min, T1016:HE $36.00 per 15 min,T1016:TF	$558,568
Lapeer	1	$34.86 per hour	$43,038
Lenawee	0	0	$0
Lifeways	12	$18.79-$291.57	$1,284,261
Livingston	0	0	$0
Macomb	17	34.59 - 105.84	$10,411,939
Manistee Benzie	1	30.89-298.42 per unit/encounter	$4,950
Monroe	0	0	$0
Montcalm	2	$98.85/unit	$4,866
Muskegon	0	0	$0
Network180	8	$53 - $67 /15 minutes	$5,131,518
Newaygo	0	0	$0
North Country	2	$37 day, $52-$282.15 encounter	$17,131
Northeast	4	6.69 - 108.21 unit	$32,027
Northern Lakes	4	$60 to $80	$943,574
Northpointe	1	53	$10,782
Oakland	2	net cost	$12,334,376
Ottawa	4	$43.78 - $47.97	$24,148
Pathways	3	$29.48 to $55.60 / 15 minutes	$6,092
Pines	0	0	$0
Saginaw	11	$38.42/15 min-$100.02/15 min	$233,462
Sanilac	0	$45.00 - $61.00 per unit	$0
Shiawassee	2	$61.98 to $91.18	$4,318
St. Clair	8	19.88 - 218.27	$47,446
St. Joseph	1	95/encounter	$95,855
Summit Pointe	10	$15-$60/15 Min; $23.69-$32.75/Hr	$151,013
Tuscola	1	43.09	$560
Van Buren	1	15	$795
Washtenaw	3	$46.80-$1418.75 / units vary	$2,204,871
West MI	0	0	$0
Woodlands	1	122	$4,274
Total	241		$100,387,455

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 13 CMHSP Contractual Expenditures
Allegan	0	0	$0
AuSable Valley	0	0	$0
Barry	1	$1500/unit to $600/unit	$4,170
Bay Arenac	0	0	$0
Berrien	0	0	$0
CEI	0	0	$0
Central MI	0	0	$0
Copper Country	0	0	$0
Detroit Wayne	13	10.00 - 365.00	$358,951
Genesee	3	$10.12 - $165.00	$113,335
Gogebic	0	0	$0
Gratiot	0	0	$0
Hiawatha	0	0	$0
Huron	0	0	$0
Ionia	0	0	$0
Kalamazoo	3	H0039 $26.00 per day; H2019 $30.00 per 15 min; H2019:TT $6.88 per 15 min;H0036 $22.92 per day;	$92,076
Lapeer	0	0	$0
Lenawee	0	0	$0
Lifeways	3	$45.00-$289.00	$562,294
Livingston	0	0	$0
Macomb	5	11.04 - 72.94	$170,735
Manistee Benzie	0	0	$0
Monroe	0	0	$0
Montcalm	0	0	$0
Muskegon	0	0	$0
Network180	2	$2 /15 min - $600 /day - $1,550 /encounter	$564,460
Newaygo	0	0	$0
North Country	0	0	$0
Northeast	0	0	$0
Northern Lakes	2	$90 to $420	$43,173
Northpointe	0	0	$0
Oakland	2	net cost	$16,171
Ottawa	3	0	$0
Pathways	0	0	$0
Pines	4	1,145.00 - 18,500.00	$60,653
Saginaw	10	$10.15/Encounter- $89.29/Encounter	$121,193
Sanilac	0	0	$0
Shiawassee	0	0	$0
St. Clair	1	23.75	$1,449
St. Joseph	0	0	$0
Summit Pointe	3	$6.25-$34/15 Min	$16,300
Tuscola	0	0	$0
Van Buren	0	0	$0
Washtenaw	2	4	$107,106
West MI	0	0	$0
Woodlands	0	0	$0
Total	57		$2,232,065

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 13 CMHSP Contractual Expenditures
Allegan	0	0	$0
AuSable Valley	1	90-210	$27,712
Barry	4	$250/unit to $50/unit	$7,139
Bay Arenac	0	0	$0
Berrien	5	$17.50 - 356.77	$218,567
CEI	0	0	$0
Central MI	17	26.92 - 137/hr	$238,846
Copper Country	5	$50-$1,140/encounter; $ 35-$45/day , $35-$45 /hour F2F	$15,990
Detroit Wayne	55	0.010 - 1200.00	$6,726,308
Genesee	18	$4.15 - $235.20	$93,293
Gogebic	1	$160/hour	$29,280
Gratiot	1	157.5	$56,070
Hiawatha	10	22.00 hr-160.00 hr	$337,703
Huron	12	65-250/eval;11/hr;	$23,025
Ionia	3	28.00 - 200.00 per hour	$25,206
Kalamazoo	8	96101$65.00 per hour, 96102 $32.50 per event, 96103 $35.00 per event, 96116 $75.00 per hour, 96118 $75.00 per hour, T1001 $139.68 per event, T1002 $32.00 per 15 min, 97003 $46.07-$124.00 per encounter, 92506 $75.14 per encounter, 92507 $32.52 per encounter, 90801 AF $135.00 per encounter; 90801AH $150.00 per encounter; 90862 $67.50 per encounter; 90791, $150.00 per encounter, 90792 $135.00 per encounter, 99214 $67.50 per encounter 99201 $67.50 per encounter, 99202 $67.50 per encounter, 99203 $67.50 pe encounter, 99212 $67.50 per encounter, 99213 $67.50 per encounter; 99244 $337.00 per hour; 97001$43.06-$124.00 per event; 97002-$22.82 to 62.00 per event, 97003- $46.07 to 124.00 per event, 97004- $27.77 to $62.00 per event, 97110:GO- $15.93 per event, 97112:GO- $16.58 per 15 min., 97113:GO- $18.09 per 15 min., 97116:GO- 13.99 per 15 min., 97124:GO- $12.70 per 15 min., 97140:GO- $14.86 per 15 min., 97530:GO- $16.58 per 15	$319,168
Lapeer	5	$20.42 per unit to $130.00 per day	$117,070
Lenawee	12	$30 - $150 p/hr	$440,616
Lifeways	31	$5.10-$1,500.00	$1,555,171
Livingston	10	45- 85	$258,202
Macomb	48	5.73 - 560.15	$5,476,271
Manistee Benzie	0	0	$0
Monroe	4	$35.70 to $175.00 per encounter	$515,142
Montcalm	4	$155/hour psychiatric	$35,606
Muskegon	0	0	$0
Network180	8	$3.69 - $3,700/15 min/item/encounter	$1,571,357
Newaygo	4	$140-$175	$89,845
North Country	16	$30-$130 hour, $45-$192.64 encounter	$178,527
Northeast	18	28.92-435 unit/encounter	$142,747
Northern Lakes	23	$40 to $325 per service	$2,365,092
Northpointe	1	307	$96,960
Oakland	2	net cost	$4,853,600
Ottawa	8	$51.51 - $353.50	$85,696
Pathways	8	$40 / 15 min to $4,500 / day	$229,208
Pines	4	18.75 - 300.00	$10,500
Saginaw	15	$4.32/15 min-$246.00/Item	$66,533
Sanilac	0	0	$0
Shiawassee	4	$23.51 to $455.83	$880
St. Clair	7	15.96 - 331.30	$32,708
St. Joseph	2	135-140/her	$83,683
Summit Pointe	67	$5-$12.50/15 Min; $18-$112/Hr; $37.40-$350/Enc	$765,167
Tuscola	0	0	$0
Van Buren	10	$6.79 - $300.00	$116,074
Washtenaw	8	$5.60-$299.56 / units vary	$1,371,819
West MI	10	$38-$195	$143,200
Woodlands	5	$90 - $272	$6,080
Total	474		$28,726,060

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 13 CMHSP Contractual Expenditures
Allegan	131	$40 - $658.00 per day	$5,191,196
AuSable Valley	0	0	$0
Barry	14	$407/per diem to $40/per diem	$1,365,056
Bay Arenac	11	$68.14/day - $142.17/day	$7,246,914
Berrien	20	$8.37 - $312.73	$4,164,158
CEI	73	$18.86/Day - $208.38/Day	$21,527,961
Central MI	102	1.52 - 440.79	$17,745,728
Copper Country	8	$46.21 - $272.70 per day	$573,848
Detroit Wayne	125	0.44 - 6477.53	$125,662,210
Genesee	117	$14.05 - $664.82	$21,720,600
Gogebic	4	$114-$244.67/day	$259,058
Gratiot	1	$105.16-$197.66/day	$2,160,704
Hiawatha	10	30.00-390.00 day	$3,961,612
Huron	6	16.28-220/day;52.50/15 min;195/enc.	$340,586
Ionia	31	16.60 - 362.93 per diem	$1,566,072
Kalamazoo	21	T2033 $11.00-$336.00 per day;T1020 $14.44-$183.65 per day;H2016 $69.33-$538.00 per day;H0018 $391.00 per day	$11,891,460
Lapeer	16	$15.11 to $289.00 per day,	$3,171,806
Lenawee	2	$95 - $197 p/day	$2,979,741
Lifeways	20	$9.30-$383.04	$8,956,314
Livingston	5	112-310	$2,311,332
Macomb	74	4.55 - 571.42	$27,194,499
Manistee Benzie	12	103.47-1,100.16 per diem	$1,359,665
Monroe	7	$145.38 - $175.00 per encounter	$3,881,502
Montcalm	12	$30-$346/day	$1,964,144
Muskegon	5	$48.81-$306.00 per day	$10,159,465
Network180	7	$9.22/day - $542.80/day	$30,453,309
Newaygo	11	$25/Day - $235/Day	$266,058
North Country	41	$18.53-$765 day	$9,920,039
Northeast	50	25 - 386 per diem	$1,621,642
Northern Lakes	57	$38 TO $550 per Day	$14,832,619
Northpointe	7	20-250	$1,397,853
Oakland	2	net cost	$79,154,447
Ottawa	35	$15.45 - $991.80	$8,963,965
Pathways	19	$37.80 to $399.85 / day	$10,385,746
Pines	4	18.00 - 207.00	$3,020,977
Saginaw	75	$6.65/Day-$295.00/Day	$10,078,503
Sanilac	24	$1.54 - $480.45 per day	$3,292,866
Shiawassee	8	$5.86 to $439.00	$2,796,832
St. Clair	23	2.22 - 271.10	$8,142,775
St. Joseph	12	280-650/day	$3,081,487
Summit Pointe	84	$41.63-$703.73/Day	$3,551,151
Tuscola	17	$17.01 - $230.00	$3,341,342
Van Buren	79	$3.50 - $528.00	$1,716,919
Washtenaw	18	$13.69 - $224.00 / units vary	$5,008,964
West MI	16	$40-$538	$3,812,200
Woodlands	1	212	$1,284,094
Total	1417		$493,479,420

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 13 CMHSP Contractual Expenditures
Allegan	14	$7.55-$18.63 per hour	$1,392,857
AuSable Valley	1	22-84	$47,043
Barry	10	$1.11/15 min to $395/per diem	$59,963
Bay Arenac	21	$2.38/unit - $538/event	$6,161,832
Berrien	33	$2.80 - $308.08	$7,184,407
CEI	38	$15.88/Day - $39.44/Hour	$5,187,422
Central MI	39	2.44 - 24.28	$13,022,609
Copper Country	3	$9.00 - $30.00 per hour	$354,177
Detroit Wayne	101	0.11 - 6477.53	$125,762,663
Genesee	32	$1.05 - $15.50	$9,658,488
Gogebic	2	$2.17-$11.00/hour	$200,612
Gratiot	2	0	$0
Hiawatha	4	11.00 hr - 43.00 day	$497,878
Huron	3	$100 initial;125/onth;60/enc;3-12.50/15	$1,586,582
Ionia	8	15.49 - 20.00 per hour	$541,610
Kalamazoo	11	H0043 $11.00-$658.00 per day;H2015 $3.62-$4.75 per 15 min., H2015:TT $2.72-$2.92 per 15 min, H2015:TG:TT $6.13 per 15 min, H2015:TF:TT $4.44 per 15 min; H2014:TT $2.00-$4.07 per 15 min, H2014:TF $5.48 per 15 min, H2014:TT:HE $2.00 per 15 min, H2014:TF:TT $4.00-$4.81 per 15 min, H2014:TF:TT:HE $4.00 per 15 min, H2014:TG:TT $5.00 per 15 min, H2014:TG:TT $5.00 per 15 min;T1005 $3.71-$4.28 per 15 min; T1005:TF- $3.01 per 15 min. T1005:TT- $2.62-$2.67 per 15 min., T1005:TE- $6.52-$6.79 per 15 min., T1005:TD- $7.67-$7.99 per 15 min.H2023 $24.00 per 15 min, H2023:TF $12.50 per 15 min	$12,661,628
Lapeer	8	$1.77 per unit to $38.05 per day	$1,785,204
Lenawee	7	$2.51 - $3.85 per 15 min	$2,771,049
Lifeways	21	$1.75-$639.20	$6,973,845
Livingston	7	16:00 per hour	$6,127,707
Macomb	114	1.25 - 691.00	$67,793,337
Manistee Benzie	51	9.00 per hour to 448.48 per diem	$2,502,600
Monroe	11	$3.13 - $3.85 per 15 min unit	$7,459,013
Montcalm	3	$4.10-$5.30/unit	$452,975
Muskegon	0	0	$0
Network180	11	$2.67/15 minutes - $13,432/month	$15,629,831
Newaygo	2	$2.08/Unit - $315.63/Day	$420,280
North Country	19	$10.80-$115 hour, $23.19-$350 day	$7,719,249
Northeast	82	2.00 - 8.45 unit	$690,012
Northern Lakes	51	$1.14 to $5.67 per 15 Min.	$6,388,304
Northpointe	3	8-30	$1,048,672
Oakland	2	net cost	$55,606,274
Ottawa	25	$4.71 - $8.08	$5,484,040
Pathways	12	$4.03 / 15 min to $780.12 / day	$4,060,407
Pines	3	1.85 - 125.00	$997,667
Saginaw	34	$1.99/15 min-$232.05/Day	$5,207,796
Sanilac	17	$14.16 - $216.96 per day & $2.08 - $12.00 per unit	$545,724
Shiawassee	10	$1.22 to $7.67	$1,317,118
St. Clair	107	1.85 - 475.87	$8,226,357
St. Joseph	12	3.98/unit	$1,189,548
Summit Pointe	25	$1.44-$17.10/15 Min; $18-$54.40/Hr; $11.50-$291.57/Mon	$7,463,574
Tuscola	5	$189.27 - $327.52	$904,885
Van Buren	17	$2.38 - $300.00	$1,503,010
Washtenaw	38	$1.39 - $1440.06 / units vary	$29,434,407
West MI	7	$4.50-$5.66	$712,200
Woodlands	4	$2.92 - $4.75	$611,386
Total	1030		$435,346,241

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 13 CMHSP Contractual Expenditures
Allegan	0	0	$0
AuSable Valley	0	0	$0
Barry	0	0	$0
Bay Arenac	0	0	$0
Berrien	1	100.5	$101
CEI	0	0	$0
Central MI	1	52.7	$2,635
Copper Country	0	0	$0
Detroit Wayne	35	0.0025 - 6916.00	$16,903,403
Genesee	7	$3.00 - $45.00	$1,891,905
Gogebic	3	$102.72-$985.23	$14,425
Gratiot	0	0	$0
Hiawatha	0	0	$0
Huron	0	0	$0
Ionia	0	0	$0
Kalamazoo	2	T1017:TG- $9.65 per diem, T1017:HE- net cost, T1017- $9.65 per diem	$630,120
Lapeer	2	$17.81 per hour	$59,268
Lenawee	0	0	$0
Lifeways	7	$34.00-$96.00	$11,662
Livingston	0	0	$0
Macomb	11	47.08 - 127.92	$140,957
Manistee Benzie	1	17.48-160.00	$4,510
Monroe	0	0	$0
Montcalm	0	0	$0
Muskegon	0	0	$0
Network180	5	$30 - $50 /15 minutes	$5,356,107
Newaygo	0	0	$0
North Country	0	0	$0
Northeast	1	159.03 unit	$477
Northern Lakes	6	$59 to $80	$227,140
Northpointe	1	53	$4,978
Oakland	2	net cost	$239,781
Ottawa	4	43.78	$12,637
Pathways	1	$102.77 / 15 minutes	$264
Pines	0	0	$0
Saginaw	4	$45.60/15 min-$67.51/15 min	$117,898
Sanilac	1	$45.00 - $61.00 per unit	$8,479
Shiawassee	0	0	$0
St. Clair	1	19.88	$33,001
St. Joseph	0	0	$0
Summit Pointe	3	$50/15 Min	$510,344
Tuscola	0	0	$0
Van Buren	0	0	$0
Washtenaw	1	$82.00-$121.40 / units vary	$274,632
West MI	0	0	$0
Woodlands	1	43.5	$3,654
Total	101		$26,448,376

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 13 CMHSP Contractual Expenditures
Allegan	0	0	$0
AuSable Valley	0	0	$0
Barry	1	$32/15 min	$12,960
Bay Arenac	0	0	$0
Berrien	2	$29.65 - $38.82	$7,779
CEI	0	0	$0
Central MI	1	56.57	$45,143
Copper Country	0	0	$0
Detroit Wayne	21	0.50 - 365.00	$16,638,795
Genesee	2	$3.50 - $165.00	$908,566
Gogebic	0	0	$0
Gratiot	0	0	$0
Hiawatha	0	0	$0
Huron	0	0	$0
Ionia	0	0	$0
Kalamazoo	3	H0036- $18.08 per 15 minute unit, H0036:TF- $36.02 per 15 minute unit, H0036:TG- $36.02 per 15 minute unit, H0036:ST - $36.02 per 15 minute unit, H0036:HA- $22.92 per 15 minute unit, 90834- $75.00 per session, 90853- $30.00 per session, 90837- $75.00 per session, 90832- $37.50 per session, 90847- $75.00 per session, 90853:HH- $33.00 per session, 90834:HH- $75.00 per session, 90847:HH- $75.00 per session	$1,411,278
Lapeer	0	0	$0
Lenawee	1	$25.90 per 15 min	$177,234
Lifeways	7	$29.50-$374.00	$3,127,570
Livingston	0	0	$0
Macomb	13	12.45 - 81.57	$1,161,037
Manistee Benzie	0	0	$0
Monroe	0	0	$0
Montcalm	4	$39.81-$60/unit	$19,311
Muskegon	1	$35.00-$185.00 per hour	$19,470
Network180	5	$28 - $70 /15 minutes	$2,188,475
Newaygo	0	0	$0
North Country	1	$8,291.58 case	$536,189
Northeast	2	68.33 - 184.38 unit	$642
Northern Lakes	3	$90 to $420	$236,385
Northpointe	0	0	$0
Oakland	2	net cost	$6,642,970
Ottawa	0	0	$0
Pathways	0	0	$0
Pines	1	95	$22,510
Saginaw	3	$45.60/15 min-$89.29/Encounter	$128,710
Sanilac	0	0	$0
Shiawassee	0	0	$0
St. Clair	1	23.24 - 23.72	$868,663
St. Joseph	0	0	$0
Summit Pointe	3	$6.25-$34/15 Min	$2,725,492
Tuscola	0	0	$0
Van Buren	0	0	$0
Washtenaw	3	$47.25-$84.00 / units vary	$410,707
West MI	0	0	$0
Woodlands	0	0	$0
Total	80		$37,289,886

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 13 CMHSP Contractual Expenditures
Allegan	0	0	$0
AuSable Valley	3	90-217	$395,450
Barry	1	$32/15 min	$12,960
Bay Arenac	2	$30 - $155/event	$625,290
Berrien	3	$5.83- $459.60	$6,660
CEI	0	0	$0
Central MI	9	28.50 - 137/hour	$258,008
Copper Country	1	$ 136.00-$1,140.00/encounter	$7,236
Detroit Wayne	39	0.48 - 30197.00	$20,120,516
Genesee	13	$0.24 - $457.27	$332,396
Gogebic	1	$170/hour	$102,638
Gratiot	2	$100-$150/hr	$77,429
Hiawatha	2	175.00-195.00 per	$44,750
Huron	0	0	$0
Ionia	3	53.00 - 86.00 per 15 min	$5,525
Kalamazoo	21	97003- $46.07 to 124.00 per event, 97004- $27.77 to $62.00 per event, 97110:GO- $15.93 per event, 97112:GO- $16.58 per 15 min., 97113:GO- $18.09 per 15 min., 97116:GO- 13.99 per 15 min., 97124:GO- $12.70 per 15 min., 97140:GO- $14.86 per 15 min., 97530:GO- $16.58 per 15 min. 97532:GO- 13.99 per 15 min., 97533:GO- $14.86 per 15 min., 97535:GO- $17.01 per 15 min., 97537:GO- $15.50 per 15 min., 97542:GO- $15.93 per 15 min., 97001- $43.06 to $124.00 per event, 97002- $22.82 to 62.00 per event, 97110:GP- $15.93 per 15 min., 97112:GP- $16.58 per 15 min., 97113:GP- $18.09 per 15 min., 97116:GP- $13.99 per 15 min., 97124:GP- $12.70 per 15 min., 97140:GP- $14.86 per 15 min., 97530:GP- $16.58 per 15 min., 97532:GP- $13.99 per 15 min.,97533:GP- $14.86 per 15 min., 97535:GP- $17.01 per 15 min., 97537:GP- $15.50 per 15 min., 97542:GP- $15.93 per 15 min., H0031- $150.00 per event, 90801:AH- $150.00 per event, 96101- $85.00 per hour, 96102- $68.00 per hour, 96103- $35.00 per	$904,991
Lapeer	11	$20.42 per unit to $130.00 per day	$479,136
Lenawee	7	$75 - $150 p/hr	$169,642
Lifeways	21	$33.22-$420.61	$687,986
Livingston	3	75 - 125 per hour	$172,416
Macomb	35	8.24 - 560.15	$1,863,356
Manistee Benzie	0	0	$0
Monroe	3	$37.50 - $135.00 per encounter	$16,340
Montcalm	5	$155/hour psychiartric $133.74-$419.16/session OP	$76,764
Muskegon	3	$30.00-$123.00 per encounter	$40,560
Network180	6	$40 - $300 /encounter	$817,015
Newaygo	2	$140-$175	$282,249
North Country	7	$85-$125 hour, $85-275 encounter	$155,489
Northeast	4	69.54 - 397.93 unit/encounter	$4,181
Northern Lakes	12	$40 to $325 per service	$2,903,553
Northpointe	1	307	$144,009
Oakland	2	net cost	$4,700,093
Ottawa	5	$51.51 - $353.50	$134,557
Pathways	7	$37.01 to $579 / encounter	$12,656
Pines	3	4.25 - 478.00	$83,950
Saginaw	6	$59.60/Encounter-$259.77/Item	$78,581
Sanilac	2	$12.01-$266.17 per session & $1.54 - $165 per day	$9,406
Shiawassee	2	$15.00 to $115.00	$40,305
St. Clair	6	3.33 - 233.00	$141,866
St. Joseph	1	140/hr	$37,260
Summit Pointe	70	$5-$12.50/15 Min; $18-$112/Hr; $68.38/Sess; $37.40-$350/Enc	$930,856
Tuscola	0	0	$0
Van Buren	0	0	$0
Washtenaw	5	$5.73-$363.50 / units vary	$875,765
West MI	2	$50-$195	$30
Woodlands	10	$27 - $1176	$23,941
Total	341		$37,775,810

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 13 CMHSP Contractual Expenditures
Allegan	0	0	$0
AuSable Valley	1	35-100	$49,309
Barry	0	0	$0
Bay Arenac	0	0	$0
Berrien	0	0	$0
CEI	1	$248.61/Per Person/Day	$544,462
Central MI	2	4.77 - 287.74	$5,457
Copper Country	2	$134.75 - $315.58	$240,068
Detroit Wayne	7	3.17 - 437.50	$852,571
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- $296.10 per day.	$44,322
Lapeer	0	0	$0
Lenawee	0	0	$0
Lifeways	2	$224.61-$359.32	$675,532
Livingston	0	0	$0
Macomb	2	63.53 - 360.00	$1,306,373
Manistee Benzie	0	0	$0
Monroe	0	$50.00 per diem	$67,426
Montcalm	0	0	$0
Muskegon	3	$192.41-$538.00 per day	$94,057
Network180	1	$277 - $392 /day	$590,248
Newaygo	0	0	$0
North Country	4	$69.90-$524.32 day	$244,814
Northeast	1	75 per diem	$6,525
Northern Lakes	1	$107 per Day	$21,068
Northpointe	1	75	$30,661
Oakland	2	net cost	$128,933
Ottawa	1	0	$0
Pathways	2	$134.75 to $185.50 / day	$110,516
Pines	2	265.00 - 342.00	$16,595
Saginaw	1	$67.20/Day-$248.38/Day	$115,187
Sanilac	0	0	$0
Shiawassee	0	0	$0
St. Clair	4	0.19 - 309.01	$89,067
St. Joseph	0	0	$0
Summit Pointe	1	$331.75/Day	$989
Tuscola	0	0	$0
Van Buren	0	0	$0
Washtenaw	0	0	$0
West MI	0	0	$0
Woodlands	1	135	$22,908
Total	43		$5,257,088

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 13 CMHSP Contractual Expenditures
Allegan	0	0	$0
AuSable Valley	1	17-84	$27,912
Barry	2	$3.10/15 min to $4.00/15 min	$73,656
Bay Arenac	1	$5.29/unit	$315,623
Berrien	2	$5.35 - $5.83	$5,556
CEI	0	0	$0
Central MI	2	3.21 - 4.31	$23,791
Copper Country	0	0	$0
Detroit Wayne	10	2.36 - 235.62	$151,902
Genesee	3	$2.31 - $107.95	$1,058,785
Gogebic	0	0	$0
Gratiot	0	0	$0
Hiawatha	0	0	$0
Huron	0	0	$0
Ionia	2	15.49 - 20.00 per hour	$49,513
Kalamazoo	4	H2015- $4.24 per 15 min., H2015:TG- $6.13 per 15 min., H2015:TF- $4.44 per 15 min., H2015:TT- $2.72 per 15 min., H2015:TG:TT- $6.13 per 15 min., H2015:TF:TT- $4.44 per 15 min., T1005- $1.04 per 15 min., T1005:TF:TT- $3.34 per 15 min. T1005:TG- $3.99 per 15 min., T1005:TG:TT- $3.99 per 15 min., H2014:TJ- $9.06 per 15 min.	$912,529
Lapeer	4	$1.77 per unit to $38.05 per day	$282,238
Lenawee	2	$3.85 per 15 min	$132,235
Lifeways	4	$1.75-$240.00	$21,219
Livingston	0	0	$0
Macomb	28	1.93 - 691.00	$1,812,797
Manistee Benzie	0	0	$0
Monroe	4	$3.13 - $3.85 per 15 min unit	$26,157
Montcalm	0	0	$0
Muskegon	0	0	$0
Network180	5	$3.70 - $6.75 /15 minutes	$866,516
Newaygo	1	$4.57/unit (15 min.)	$3,247
North Country	0	0	$0
Northeast	2	7 unit	$112
Northern Lakes	7	$4.47 to $5.10 per 15 Min.	$16,488
Northpointe	0	0	$0
Oakland	2	net cost	$1,213,214
Ottawa	12	4.71	$27,866
Pathways	2	$3.26 to $4.00 / 15 minutes	$39,005
Pines	1	4.56 -7.89	$98,280
Saginaw	2	$3.73/15 min-$232.05/Day	$315,685
Sanilac	0	0	$0
Shiawassee	1	$3.06 to $10.00	$1,695
St. Clair	4	3.00 - 3.59	$19,728
St. Joseph	1	8.75/unit	$105
Summit Pointe	3	$6.25-$10.50/15 min; $115.20-$240/Day	$696,458
Tuscola	0	0	$0
Van Buren	2	$3.38 - $4.00	$3,928
Washtenaw	10	$3.50-$1400.00 / units vary	$151,083
West MI	0	0	$0
Woodlands	2	$120 - $420	$37,051
Total	126		$8,384,371

SECTION 404 (2) (j) (i)
EXPENDITURES BY MEDICAID ELIGIBILITY GROUP
FY 2013

MEG Summary
Year-To-Date:
October 2012 through September 2013

Michigan's Medicaid Specialty Services and Supports Waiver
418 REPORT - FY2013

Capitation Paid (including adjustments)

PIHP	DAB			TANF			DAB & TANF			HSW
	MH	SA	Combined	MH	SA	Combined	MH	SA	Combined	
ACCESS ALLIANCE	58,855,917	570,549	59,226,466	8,434,605	903,634	9,338,239	67,090,522	1,474,183	68,564,705	20,310,832
CMH AFFILIATION OF MID MI	82,287,542	772,561	83,060,103	11,046,939	1,077,717	12,124,657	93,334,482	1,850,278	95,184,760	20,834,445
CMH FOR CENTRAL MICHIGAN	42,830,352	455,289	43,285,641	4,820,590	509,654	5,330,244	47,650,942	964,943	48,615,885	28,028,915
CMH PARTNERSHIP OF SE MI	67,392,181	789,114	68,181,275	7,787,785	1,034,854	8,832,639	75,180,946	1,823,968	77,013,914	39,039,010
DETROIT WAYNE PIHP	340,500,557	9,513,396	350,013,953	41,359,135	3,614,647	44,973,783	381,859,692	13,128,043	394,987,735	71,818,487
GENESEE COUNTY PIHP	81,968,577	1,663,596	83,632,173	9,396,209	1,746,126	11,142,335	91,364,786	3,409,721	94,774,507	18,389,521
LAKESHORE BEHAVIORAL HLTH ALLIANCE	52,735,375	631,992	53,367,367	4,855,844	968,536	5,824,379	57,591,219	1,600,527	59,191,746	14,942,403
LIFEWAYS PIHP	28,348,519	359,531	28,708,049	3,410,518	550,257	3,960,775	31,759,037	939,788	32,698,825	11,185,177
MACOMB PIHP	131,906,900	1,861,390	133,769,289	12,042,719	1,960,464	14,003,182	143,949,618	3,821,853	147,771,472	25,769,922
NETWORK 180	86,190,853	1,067,589	87,258,442	8,933,489	1,196,428	10,129,897	95,124,322	2,264,017	97,388,339	9,469,733
NORTH CARE	53,622,144	445,019	54,067,163	4,853,235	640,419	5,493,654	58,475,379	1,085,438	59,560,817	19,722,834
NORTHERN AFFILIATION	45,403,061	545,176	45,950,237	4,737,962	678,584	5,416,546	50,142,023	1,223,761	51,365,783	23,399,481
NORTHWEST CMH AFFILIATION	42,708,343	452,725	43,159,068	6,093,364	576,877	6,670,241	48,739,707	1,029,602	49,829,308	9,282,704
OAKLAND COUNTY PIHP	185,875,434	1,501,163	187,176,597	11,599,330	1,795,505	13,394,835	197,274,764	3,296,668	200,571,432	44,883,540
SAGINAW COUNTY PIHP	36,023,929	643,983	36,667,912	2,944,468	704,579	3,649,047	38,968,397	1,348,562	40,316,960	9,669,014
SOUTHWEST MI URBAN & RURAL CONSORTIUM	66,588,893	837,348	67,426,241	7,680,505	1,022,988	8,703,493	74,269,398	1,860,336	76,129,734	24,786,023
THUMB ALLIANCE	52,306,991	455,646	52,764,637	6,821,721	646,987	7,468,708	59,130,712	1,102,633	60,233,345	16,373,146
VENTURE BEHAVIORAL HEALTH	71,176,611	663,658	71,840,269	10,667,636	1,043,688	11,711,324	81,844,247	1,707,345	83,551,592	16,735,349
TOTAL	$1,526,324,150	$23,229,723	$1,549,553,873	$167,435,735	$20,762,142	$188,197,877	$1,693,759,892	$43,991,865	$1,737,751,757	$418,357,338

Eligible Months Paid

PIHP	DAB	TANF	DAB & TANF	HSW
ACCESS ALLIANCE	212,617	480,649	693,266	4,428
CMH AFFILIATION OF MID MI	336,107	813,229	1,149,336	4,350
CMH FOR CENTRAL MICHIGAN	162,212	341,518	503,730	6,317
CMH PARTNERSHIP OF SE MI	265,486	676,795	942,281	8,319
DETROIT WAYNE PIHP	1,624,511	3,575,510	5,200,021	13,719
GENESEE COUNTY PIHP	329,438	750,373	1,079,811	4,470
LAKESHORE BEHAVIORAL HLTH ALLIANCE	210,144	554,265	764,409	2,808
LIFEWAYS PIHP	123,969	298,735	422,704	3,070
MACOMB PIHP	400,413	986,801	1,387,214	5,625
NETWORK 180	333,012	844,317	1,177,329	1,980
NORTH CARE	176,976	350,048	526,024	4,338
NORTHERN AFFILIATION	176,923	372,877	551,800	5,088
NORTHWEST CMH AFFILIATION	157,294	363,348	520,642	2,210
OAKLAND COUNTY PIHP	463,263	975,366	1,438,629	9,922
SAGINAW COUNTY PIHP	164,026	315,682	479,708	1,356
SOUTHWEST MI URBAN & RURAL CONSORTIUM	251,359	639,756	891,195	5,484
THUMB ALLIANCE	145,956	405,278	551,234	3,395
VENTURE BEHAVIORAL HEALTH	310,549	733,549	1,044,098	3,779
TOTAL	6,844,995	13,478,136	19,323,131	99,658

SECTION 404 (2) (j) (ii)
CMHSP PERFORMANCE
INDICATOR REPORTING
FY 2013

MICHIGAN'S MISSION-BASED PERFORMANCE INDICATOR SYSTEM VERSION 6.0

CMHSP Reporting Codebooks

December 2012

Codebook Version 10/3/2006
Codebook Revisions 12/18/2012
Due Date Revisions 5/7/2012

Michigan Department of Community Health
Mental Health & Substance Abuse Administration

Revision Legend: Revised FY08 Revised FY09 Revised FY12

FOR CMHSPS

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)

NEW PERFORMANCE INDICATORS

*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

*15. Percentage of children with developmental disabilities (not including children in the Children's Waiver Program) in the quarter who receive at least one service each month other than case management and Respite.

a. Quarterly report (MDCH calculates based on QI & Encounter data)
b. PIHP for Medicaid beneficiaries
c. CMHSP for all DD children
d. Scope: DD children only

CMHSP PERFORMANCE INDICATOR REPORTING DUE DATES

FY 2012 Due Dates

Indicator Title	Period	Due	Period	Due	Period	Due	Period	Due	From
1. Pre-admission screening	10/01 to 12/31	3/30/12	1/01 to 3/31	6/29/12	4/01 to 6/30	9/28/12	7/01 to 9/30	12/31/12	CMHSPs
2. 1st request	10/01 to 12/31	3/30/12	1/01 to 3/31	6/29/12	4/01 to 6/30	9/28/12	7/01 to 9/30	12/31/12	CMHSPs
3. 1st service	10/01 to 12/31	3/30/12	1/01 to 3/31	6/29/12	4/01 to 6/30	9/28/12	7/01 to 9/30	12/31/12	CMHSPs
4. Follow-up	10/01 to 12/31	3/30/12	1/01 to 3/31	6/29/12	4/01 to 6/30	9/28/12	7/01 to 9/30	12/31/12	CMHSPs
5. Denials	10/01 to 12/31	3/30/12	1/01 to 3/31	6/29/12	4/01 to 6/30	9/28/12	7/01 to 9/30	12/31/12	CMHSPs
6. 2nd Opinions	10/01 to 12/31	3/30/12	1/01to 3/31	6/29/12	4/01 to 6/30	9/28/12	7/01 to 9/30	12/31/12	CMHSPs
7. Admin Costs*	10/01 to 9/30	1/31/13							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	3/30/12	1/01 to 3/31	6/29/12	4-01 to 6-30	9/28/12	7/01 to 9/30	12/31/12	CMHSPs
11. RR complaints	10/01 to 9/30	12/31/12							CMHSPs
12. Suicides	10/01 to 9/30	12/31/12							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	1/01to 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

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 MDCH 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 <u>any</u> 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 Indiciator 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 7days**~~	~~**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

MDCH 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

MDCH 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

MDCH 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:	**10/01/11-9/30/12**
Due:	**December 31, 2012**

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: MDCH will calculate the number of complaints per thousand persons served.

Community Mental Health

Performance Indicator Results
FY 2013

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	100.00%	15	15	100.00%	19	19	88.00%	25	22	93.75%	16	15	94.67
AuSable	100.00%	42	42	100.00%	54	54	100.00%	46	46	100.00%	18	18	100.00
Barry	100.00%	4	4	100.00%	3	3	100.00%	5	5	100.00%	2	2	100.00
Bay-Arenac	96.47%	85	82	98.18%	55	54	97.56%	41	40	100.00%	40	40	97.74
Berrien	92.86%	56	52	96.30%	54	52	98.08%	52	51	100.00%	39	39	96.52
CEI	100.00%	74	74	97.78%	90	88	97.20%	107	104	97.50%	80	78	98.01
CMH Central MI	100.00%	70	70	100.00%	52	52	100.00%	59	59	100.00%	36	36	100.00
Copper	100.00%	2	2	100.00%	5	5	100.00%	4	4	100.00%	7	7	100.00
Detroit-Wayne	100.00%	427	427	99.04%	418	414	99.42%	517	514	100.00%	307	307	99.58
Genesee	98.68%	152	150	100.00%	125	125	100.00%	151	151	100.00%	99	99	99.62
Gogebic	100.00%	1	1	100.00%	2	2	100.00%	2	2	100.00%	1	1	100.00
Gratiot	100.00%	6	6	100.00%	6	6	100.00%	12	12	100.00%	5	5	100.00
Hiawatha	100.00%	11	11	100.00%	5	5	100.00%	11	11	100.00%	11	11	100.00
Huron	100.00%	8	8	100.00%	6	6	100.00%	3	3	100.00%	5	5	100.00
Ionia	100.00%	17	17	100.00%	16	16	100.00%	15	15	100.00%	9	9	100.00
Kalamazoo	100.00%	71	71	98.82%	85	84	98.95%	95	94	100.00%	78	78	99.39
Lapeer	100.00%	15	15	100.00%	11	11	100.00%	8	8	100.00%	14	14	100.00
Lenawee	100.00%	19	19	100.00%	17	17	100.00%	15	15	100.00%	22	22	100.00
Lifeways	94.12%	17	16	100.00%	24	24	100.00%	18	18	100.00%	16	16	98.67
Livingston	100.00%	19	19	100.00%	19	19	100.00%	17	17	100.00%	5	5	100.00
Macomb	98.74%	396	391	100.00%	404	404	100.00%	416	416	100.00%	341	341	99.68
Manistee-Benzie	100.00%	8	8	100.00%	1	1	100.00%	12	12	100.00%	4	4	100.00
Monroe	100.00%	34	34	100.00%	22	22	100.00%	22	22	100.00%	28	28	100.00
Montcalm	100.00%	17	17	100.00%	25	25	100.00%	29	29	100.00%	19	19	100.00
Muskegon	100.00%	31	31	100.00%	39	39	100.00%	31	31	100.00%	16	16	100.00
network180	98.89%	90	89	96.20%	79	76	95.56%	90	86	90.63%	96	87	95.21
Newaygo	100.00%	12	12	100.00%	11	11	100.00%	14	14	100.00%	6	6	100.00
North Country	100.00%	15	15	95.65%	23	22	100.00%	9	9	100.00%	13	13	98.33
Northeast	100.00%	10	10	100.00%	14	14	100.00%	22	22	100.00%	9	9	100.00
Northern Lakes	100.00%	22	22	100.00%	18	18	100.00%	13	13	88.24%	17	15	97.14
Northpointe	100.00%	5	5	100.00%	13	13	100.00%	3	3	100.00%	5	5	100.00
Oakland	86.39%	191	165	89.86%	138	124	95.92%	147	141	94.95%	99	94	91.13
Ottawa	100.00%	15	15	96.55%	29	28	96.55%	29	28	100.00%	16	16	97.75
Pathways	100.00%	19	19	100.00%	27	27	100.00%	20	20	95.24%	21	20	98.85
Pines	100.00%	19	19	100.00%	12	12	100.00%	14	14	100.00%	19	19	100.00
Saginaw	100.00%	91	91	100.00%	112	112	99.17%	121	120	100.00%	82	82	99.75
Sanilac	100.00%	8	8	100.00%	9	9	100.00%	6	6	100.00%	5	5	100.00
Shiawassee	90.91%	11	10	100.00%	16	16	100.00%	4	4	100.00%	8	8	97.44
St. Clair	100.00%	33	33	100.00%	37	37	100.00%	20	20	100.00%	33	33	100.00
St. Joseph	100.00%	5	5	100.00%	14	14	100.00%	7	7	100.00%	8	8	100.00
Summit Pointe	-	0	0	100.00%	9	9	100.00%	6	6	100.00%	3	3	100.00
Tuscola	100.00%	12	12	100.00%	6	6	100.00%	12	12	100.00%	5	5	100.00
Van Buren	100.00%	6	6	100.00%	6	6	100.00%	17	17	100.00%	6	6	100.00
Washtenaw	100.00%	32	32	97.73%	44	43	100.00%	42	42	100.00%	43	43	99.38
West Michigan	87.50%	8	7	100.00%	8	8	100.00%	10	10	100.00%	10	10	97.22
Woodlands	100.00%	12	12	100.00%	7	7	100.00%	12	12	100.00%	11	11	100.00
	98.01%	2,213	2,169	98.63%	2,189	2,159	98.97%	2,331	2,307	98.85%	1,733	1,713	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	98.44%	64	63	93.94%	33	31	88.30%	94	83	97.00%	100	97	94.16
AuSable	100.00%	113	113	100.00%	124	124	100.00%	170	170	100.00%	173	173	100.00
Barry	92.86%	14	13	100.00%	16	16	100.00%	20	20	100.00%	15	15	98.46
Bay-Arenac	97.13%	244	237	99.62%	266	265	97.83%	230	225	98.47%	262	258	98.30
Berrien	99.12%	340	337	98.78%	329	325	99.49%	196	195	99.50%	202	201	99.16
CEI	97.88%	567	555	97.88%	565	553	98.63%	511	504	96.93%	554	537	97.82
CMH Central MI	97.99%	249	244	100.00%	245	245	100.00%	256	256	100.00%	280	280	99.51
Copper	100.00%	35	35	100.00%	34	34	100.00%	43	43	100.00%	41	41	100.00
Detroit-Wayne	98.10%	1,472	1,444	97.84%	1,622	1,587	97.76%	2,057	2,011	99.08%	1,407	1,394	98.14
Genesee	99.31%	720	715	99.10%	663	657	100.00%	660	660	99.43%	706	702	99.45
Gogebic	100.00%	9	9	100.00%	9	9	100.00%	6	6	80.00%	10	8	94.12
Gratiot	100.00%	43	43	100.00%	28	28	100.00%	23	23	100.00%	36	36	100.00
Hiawatha	98.18%	55	54	100.00%	48	48	100.00%	57	57	100.00%	52	52	99.53
Huron	100.00%	30	30	100.00%	27	27	100.00%	30	30	100.00%	47	47	100.00
Ionia	100.00%	54	54	100.00%	59	59	100.00%	61	61	100.00%	61	61	100.00
Kalamazoo	100.00%	313	313	99.63%	271	270	100.00%	282	282	99.66%	290	289	99.83
Lapeer	100.00%	61	61	100.00%	73	73	100.00%	53	53	100.00%	58	58	100.00
Lenawee	100.00%	87	87	100.00%	102	102	100.00%	98	98	100.00%	78	78	100.00
Lifeways	96.36%	165	159	100.00%	189	189	98.91%	184	182	100.00%	131	131	98.80
Livingston	100.00%	32	32	100.00%	77	77	100.00%	76	76	100.00%	90	90	100.00
Macomb	99.48%	1,340	1,333	100.00%	1,317	1,317	99.93%	1,352	1,351	100.00%	1,515	1,515	99.86
Manistee-Benzie	100.00%	36	36	100.00%	27	27	100.00%	19	19	100.00%	19	19	100.00
Monroe	100.00%	134	134	100.00%	130	130	100.00%	147	147	100.00%	146	146	100.00
Montcalm	100.00%	58	58	98.39%	62	61	100.00%	69	69	100.00%	55	55	99.59
Muskegon	98.67%	150	148	99.34%	152	151	100.00%	136	136	99.16%	119	118	99.28
network180	96.77%	372	360	97.03%	370	359	96.61%	442	427	92.43%	515	476	95.47
Newaygo	100.00%	37	37	100.00%	40	40	100.00%	34	34	100.00%	31	31	100.00
North Country	100.00%	52	52	98.36%	61	60	100.00%	58	58	98.63%	73	72	99.18
Northeast	100.00%	77	77	100.00%	70	70	100.00%	70	70	100.00%	90	90	100.00
Northern Lakes	100.00%	176	176	98.97%	194	192	98.99%	198	196	98.90%	181	179	99.20
Northpointe	97.73%	44	43	100.00%	42	42	100.00%	48	48	100.00%	46	46	99.44
Oakland	85.19%	959	817	94.32%	915	863	98.77%	816	806	98.11%	845	829	93.78
Ottawa	92.75%	69	64	92.65%	68	63	95.95%	74	71	97.47%	79	77	94.83
Pathways	100.00%	146	146	98.53%	136	134	99.10%	111	110	97.04%	135	131	98.67
Pines	100.00%	36	36	100.00%	58	58	100.00%	89	89	100.00%	100	100	100.00
Saginaw	100.00%	440	440	100.00%	465	465	99.63%	535	533	100.00%	482	482	99.90
Sanilac	100.00%	46	46	100.00%	31	31	100.00%	40	40	100.00%	31	31	100.00
Shiawassee	97.33%	75	73	100.00%	71	71	100.00%	37	37	100.00%	29	29	99.06
St. Clair	100.00%	186	186	100.00%	203	203	100.00%	202	202	100.00%	234	234	100.00
St. Joseph	100.00%	30	30	100.00%	79	79	100.00%	66	66	100.00%	57	57	100.00
Summit Pointe	100.00%	18	18	100.00%	83	83	100.00%	52	52	100.00%	65	65	100.00
Tuscola	100.00%	32	32	100.00%	23	23	96.77%	31	30	100.00%	33	33	99.16
Van Buren	100.00%	28	28	100.00%	29	29	100.00%	25	25	100.00%	23	23	100.00
Washtenaw	100.00%	216	216	100.00%	237	237	99.64%	274	273	99.66%	291	290	99.80
West Michigan	100.00%	58	58	100.00%	71	71	100.00%	50	50	98.28%	58	57	99.58
Woodlands	100.00%	56	56	100.00%	43	43	100.00%	73	73	100.00%	71	71	100.00
	97.48%	9,538	9,298	98.61%	9,757	9,621	98.94%	10,155	10,047	98.87%	9,916	9,804	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	95.08%	122	116	92.96%	71	66	85.34%	116	99	96.32%	136	131	92.58
AuSable	98.02%	101	99	100.00%	98	98	100.00%	129	129	99.24%	131	130	99.35
Barry	100.00%	143	143	96.81%	94	91	98.25%	114	112	98.39%	124	122	98.53
Bay-Arenac	100.00%	365	365	99.40%	336	334	99.20%	374	371	99.26%	404	401	99.46
Berrien	97.69%	520	508	98.45%	258	254	98.15%	270	265	98.89%	270	267	98.18
CEI	99.71%	342	341	99.72%	361	360	99.13%	343	340	99.69%	327	326	99.56
CMH Central MI	98.39%	685	674	97.78%	632	618	99.27%	688	683	99.53%	642	639	98.75
Copper	100.00%	53	53	100.00%	50	50	98.46%	65	64	100.00%	44	44	99.53
Detroit-Wayne	96.70%	2,031	1,964	97.06%	1,836	1,782	96.69%	1,901	1,838	97.39%	1,992	1,940	96.96
Genesee	99.31%	729	724	98.64%	734	724	99.86%	715	714	97.29%	663	645	98.80
Gogebic	100.00%	21	21	100.00%	24	24	100.00%	26	26	100.00%	30	30	100.00
Gratiot	100.00%	86	86	99.04%	104	103	100.00%	87	87	100.00%	86	86	99.72
Hiawatha	100.00%	66	66	98.11%	53	52	98.51%	67	66	100.00%	68	68	99.21
Huron	100.00%	69	69	100.00%	75	75	100.00%	89	89	100.00%	73	73	100.00
Ionia	98.98%	98	97	98.46%	130	128	97.14%	105	102	93.75%	96	90	97.20
Kalamazoo	98.81%	84	83	100.00%	122	122	98.80%	166	164	97.01%	134	130	98.62
Lapeer	100.00%	142	142	99.27%	137	136	100.00%	134	134	100.00%	134	134	99.82
Lenawee	99.29%	140	139	99.28%	139	138	100.00%	158	158	100.00%	125	125	99.64
Lifeways	78.76%	259	204	94.18%	275	259	96.77%	186	180	100.00%	147	147	91.12
Livingston	100.00%	52	52	100.00%	68	68	100.00%	57	57	100.00%	65	65	100.00
Macomb	98.11%	583	572	98.23%	621	610	98.40%	501	493	99.04%	417	413	98.40
Manistee-Benzie	100.00%	91	91	98.02%	101	99	100.00%	97	97	100.00%	93	93	99.48
Monroe	100.00%	141	141	100.00%	137	137	100.00%	182	182	99.60%	253	252	99.86
Montcalm	99.07%	107	106	97.24%	145	141	100.00%	125	125	100.00%	117	117	98.99
Muskegon	98.94%	378	374	100.00%	300	300	99.67%	303	302	99.70%	330	329	99.54
network180	98.47%	1,963	1,933	98.53%	2,037	2,007	96.95%	1,773	1,719	97.87%	1,647	1,612	97.99
Newaygo	100.00%	73	73	100.00%	77	77	99.29%	141	140	98.74%	159	157	99.33
North Country	98.90%	365	361	99.40%	332	330	100.00%	370	370	100.00%	339	339	99.57
Northeast	100.00%	117	117	99.16%	119	118	99.03%	103	102	100.00%	98	98	99.54
Northern Lakes	99.08%	433	429	99.76%	422	421	99.76%	410	409	99.77%	428	427	99.59
Northpointe	98.99%	99	98	98.85%	87	86	100.00%	80	80	100.00%	92	92	99.44
Oakland	99.58%	946	942	98.12%	1,008	989	98.75%	1,119	1,105	99.15%	1,058	1,049	98.89
Ottawa	100.00%	178	178	99.40%	167	166	99.47%	189	188	99.28%	138	137	99.55
Pathways	97.78%	90	88	98.15%	108	106	97.37%	114	111	95.31%	128	122	97.05
Pines	99.25%	265	263	100.00%	253	253	96.97%	264	256	100.00%	231	231	99.01
Saginaw	100.00%	134	134	99.30%	143	142	99.34%	151	150	94.33%	194	183	97.91
Sanilac	100.00%	94	94	100.00%	58	58	100.00%	62	62	98.90%	91	90	99.67
Shiawassee	100.00%	161	161	99.35%	154	153	100.00%	172	172	98.71%	155	153	99.53
St. Clair	100.00%	185	185	99.44%	180	179	100.00%	303	303	100.00%	329	329	99.90
St. Joseph	100.00%	179	179	100.00%	173	173	100.00%	209	209	99.46%	184	183	99.87
Summit Pointe	96.80%	970	939	95.69%	905	866	96.71%	852	824	97.41%	850	828	96.65
Tuscola	97.78%	45	44	95.74%	47	45	97.30%	37	36	100.00%	54	54	97.81
Van Buren	100.00%	198	198	100.00%	206	206	100.00%	135	135	100.00%	177	177	100.00
Washtenaw	100.00%	192	192	97.04%	169	164	97.63%	211	206	98.86%	175	173	98.39
West Michigan	100.00%	79	79	100.00%	78	78	97.14%	70	68	100.00%	65	65	99.32
Woodlands	97.06%	68	66	100.00%	119	119	97.17%	106	103	98.89%	90	89	98.43
	98.18%	14,242	13,983	98.27%	13,743	13,505	98.24%	13,869	13,625	98.54%	13,583	13,385	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	97.83%	46	45	94.74%	19	18	85.29%	34	29	90.32%	31	28	92.31
AuSable	96.55%	29	28	100.00%	16	16	100.00%	34	34	100.00%	34	34	99.12
Barry	100.00%	41	41	100.00%	28	28	100.00%	34	34	96.43%	28	27	99.24
Bay-Arenac	100.00%	49	49	100.00%	53	53	97.67%	43	42	93.75%	32	30	98.31
Berrien	99.27%	137	136	97.46%	118	115	97.44%	117	114	98.85%	87	86	98.26
CEI	99.39%	164	163	100.00%	153	153	98.04%	153	150	100.00%	116	116	99.32
CMH Central MI	96.86%	223	216	96.91%	194	188	100.00%	211	211	99.42%	172	171	98.25
Copper	100.00%	17	17	100.00%	15	15	100.00%	22	22	100.00%	12	12	100.00
Detroit-Wayne	97.14%	699	679	96.86%	446	432	98.09%	472	463	97.92%	433	424	97.46
Genesee	98.77%	162	160	96.36%	165	159	99.37%	158	157	96.97%	99	96	97.95
Gogebic	100.00%	9	9	100.00%	14	14	100.00%	8	8	100.00%	12	12	100.00
Gratiot	100.00%	47	47	97.92%	48	47	100.00%	41	41	100.00%	41	41	99.44
Hiawatha	100.00%	22	22	94.44%	18	17	100.00%	17	17	100.00%	26	26	98.80
Huron	100.00%	19	19	100.00%	19	19	100.00%	17	17	100.00%	15	15	100.00
Ionia	100.00%	20	20	96.43%	28	27	96.43%	28	27	100.00%	19	19	97.89
Kalamazoo	100.00%	27	27	100.00%	53	53	98.41%	63	62	95.12%	41	39	98.37
Lapeer	100.00%	37	37	100.00%	34	34	100.00%	33	33	100.00%	27	27	100.00
Lenawee	97.62%	42	41	100.00%	43	43	100.00%	48	48	100.00%	35	35	99.40
Lifeways	74.32%	74	55	98.75%	80	79	95.24%	63	60	100.00%	42	42	91.12
Livingston	100.00%	33	33	100.00%	30	30	100.00%	28	28	100.00%	22	22	100.00
Macomb	97.93%	145	142	97.18%	142	138	97.83%	92	90	97.96%	49	48	97.66
Manistee-Benzie	100.00%	39	39	95.83%	48	46	100.00%	27	27	100.00%	22	22	98.53
Monroe	100.00%	48	48	100.00%	38	38	100.00%	30	30	98.15%	54	53	99.41
Montcalm	100.00%	38	38	95.45%	44	42	100.00%	38	38	100.00%	45	45	98.79
Muskegon	96.52%	115	111	100.00%	72	72	98.67%	75	74	98.97%	97	96	98.33
network180	98.41%	880	866	98.92%	832	823	98.20%	776	762	98.01%	703	689	98.40
Newaygo	100.00%	34	34	100.00%	26	26	98.18%	55	54	97.92%	48	47	98.77
North Country	100.00%	126	126	100.00%	102	102	100.00%	112	112	100.00%	81	81	100.00
Northeast	100.00%	22	22	97.83%	46	45	100.00%	28	28	100.00%	9	9	99.05
Northern Lakes	97.97%	148	145	100.00%	156	156	100.00%	138	138	100.00%	113	113	99.46
Northpointe	96.67%	30	29	96.55%	29	28	100.00%	21	21	100.00%	26	26	98.11
Oakland	98.46%	195	192	96.89%	193	187	96.97%	231	224	95.68%	185	177	97.01
Ottawa	100.00%	44	44	100.00%	60	60	100.00%	51	51	100.00%	40	40	100.00
Pathways	97.44%	39	38	97.96%	49	48	98.11%	53	52	97.37%	38	37	97.77
Pines	100.00%	76	76	100.00%	60	60	97.06%	68	66	100.00%	41	41	99.18
Saginaw	100.00%	61	61	100.00%	58	58	100.00%	44	44	96.00%	50	48	99.06
Sanilac	100.00%	20	20	100.00%	20	20	100.00%	18	18	100.00%	31	31	100.00
Shiawassee	100.00%	64	64	97.67%	43	42	100.00%	60	60	100.00%	41	41	99.52
St. Clair	100.00%	63	63	98.15%	54	53	100.00%	73	73	100.00%	73	73	99.62
St. Joseph	100.00%	69	69	100.00%	52	52	100.00%	75	75	100.00%	53	53	100.00
Summit Pointe	89.73%	292	262	85.98%	264	227	89.92%	238	214	95.75%	212	203	90.06
Tuscola	87.50%	8	7	90.91%	11	10	92.86%	14	13	100.00%	12	12	93.33
Van Buren	100.00%	42	42	100.00%	41	41	100.00%	28	28	100.00%	19	19	100.00
Washtenaw	100.00%	58	58	97.44%	39	38	93.62%	47	44	100.00%	31	31	97.71
West Michigan	100.00%	17	17	100.00%	25	25	100.00%	20	20	100.00%	20	20	100.00
Woodlands	96.00%	25	24	100.00%	53	53	97.22%	36	35	100.00%	25	25	98.56
	97.52%	4,595	4,481	97.56%	4,131	4,030	97.94%	4,072	3,988	98.26%	3,442	3,382	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	95.59%	68	65	93.02%	43	40	86.96%	69	60	97.59%	83	81	93.54
AuSable	98.51%	67	66	100.00%	80	80	100.00%	92	92	98.95%	95	94	99.40
Barry	100.00%	98	98	96.77%	62	60	100.00%	78	78	100.00%	92	92	99.39
Bay-Arenac	100.00%	310	310	99.28%	279	277	99.38%	321	319	99.73%	369	368	99.61
Berrien	96.90%	355	344	99.21%	127	126	98.56%	139	137	98.71%	155	153	97.94
CEI	100.00%	144	144	99.44%	180	179	100.00%	146	146	99.46%	184	183	99.69
CMH Central MI	99.10%	444	440	98.10%	422	414	98.89%	451	446	99.56%	456	454	98.93
Copper	100.00%	30	30	100.00%	29	29	100.00%	32	32	100.00%	26	26	100.00
Detroit-Wayne	96.09%	1,101	1,058	96.83%	1,167	1,130	95.70%	1,164	1,114	97.13%	1,358	1,319	96.47
Genesee	99.44%	537	534	99.26%	539	535	100.00%	525	525	97.34%	527	513	99.01
Gogebic	100.00%	9	9	100.00%	7	7	100.00%	14	14	100.00%	13	13	100.00
Gratiot	100.00%	34	34	100.00%	50	50	100.00%	41	41	100.00%	39	39	100.00
Hiawatha	100.00%	34	34	100.00%	27	27	97.78%	45	44	100.00%	37	37	99.30
Huron	100.00%	47	47	100.00%	52	52	100.00%	69	69	100.00%	56	56	100.00
Ionia	98.55%	69	68	100.00%	95	95	97.14%	70	68	95.65%	69	66	98.02
Kalamazoo	97.73%	44	43	100.00%	57	57	98.85%	87	86	97.67%	86	84	98.54
Lapeer	100.00%	88	88	98.90%	91	90	100.00%	93	93	100.00%	99	99	99.73
Lenawee	100.00%	84	84	98.90%	91	90	100.00%	104	104	100.00%	86	86	99.73
Lifeways	77.92%	154	120	91.67%	156	143	97.09%	103	100	100.00%	79	79	89.84
Livingston	100.00%	9	9	100.00%	27	27	100.00%	19	19	100.00%	22	22	100.00
Macomb	98.96%	386	382	99.31%	433	430	98.59%	354	349	99.03%	310	307	98.99
Manistee-Benzie	100.00%	49	49	100.00%	50	50	100.00%	67	67	100.00%	64	64	100.00
Monroe	100.00%	82	82	100.00%	92	92	100.00%	135	135	100.00%	176	176	100.00
Montcalm	98.55%	69	68	97.98%	99	97	100.00%	87	87	100.00%	72	72	99.08
Muskegon	100.00%	244	244	100.00%	204	204	100.00%	194	194	100.00%	210	210	100.00
network180	98.44%	1,024	1,008	98.15%	1,138	1,117	95.69%	928	888	97.61%	880	859	97.53
Newaygo	100.00%	37	37	100.00%	48	48	100.00%	81	81	99.04%	104	103	99.63
North Country	98.64%	221	218	99.07%	216	214	100.00%	240	240	100.00%	231	231	99.45
Northeast	100.00%	92	92	100.00%	67	67	98.53%	68	67	100.00%	75	75	99.67
Northern Lakes	99.62%	260	259	99.59%	241	240	99.58%	239	238	99.63%	270	269	99.60
Northpointe	100.00%	54	54	100.00%	46	46	100.00%	53	53	100.00%	57	57	100.00
Oakland	100.00%	695	695	99.07%	751	744	99.26%	815	809	99.87%	795	794	99.54
Ottawa	100.00%	122	122	98.98%	98	97	99.24%	131	130	98.85%	87	86	99.32
Pathways	97.67%	43	42	100.00%	44	44	97.92%	48	47	96.05%	76	73	97.63
Pines	98.86%	176	174	100.00%	180	180	97.31%	186	181	100.00%	184	184	99.04
Saginaw	100.00%	54	54	100.00%	60	60	98.63%	73	72	94.59%	111	105	97.65
Sanilac	100.00%	64	64	100.00%	31	31	100.00%	39	39	98.08%	52	51	99.46
Shiawassee	100.00%	90	90	100.00%	104	104	100.00%	108	108	99.07%	107	106	99.76
St. Clair	100.00%	107	107	100.00%	101	101	100.00%	192	192	100.00%	228	228	100.00
St. Joseph	100.00%	95	95	100.00%	116	116	100.00%	128	128	99.21%	126	125	99.78
Summit Pointe	100.00%	654	654	99.83%	606	605	99.66%	587	585	98.50%	602	593	99.51
Tuscola	100.00%	32	32	96.77%	31	30	100.00%	22	22	100.00%	41	41	99.21
Van Buren	100.00%	143	143	100.00%	146	146	100.00%	95	95	100.00%	148	148	100.00
Washtenaw	100.00%	93	93	97.00%	100	97	98.39%	124	122	99.08%	109	108	98.59
West Michigan	100.00%	58	58	100.00%	49	49	97.14%	35	34	100.00%	35	35	99.44
Woodlands	97.56%	41	40	100.00%	57	57	96.97%	66	64	98.25%	57	56	98.19
	98.51%	8,711	8,581	98.68%	8,689	8,574	98.37%	8,757	8,614	98.71%	9,138	9,020	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

Indicator 2c: Percentage of New Children with 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 2012			January - March 2013			April - June 2013			July - September 2013			
	Percentage Q1	# DD Children Received Assessment Following 1st Request Q1	# DD Children Received Assessment within 14 Calendar Days Q1	Percentage Q2	# DD Children Received Assessment Following 1st Request Q2	# DD Children Received Assessment within 14 Calendar Days Q2	Percentage Q3	# DD Children Received Assessment Following 1st Request Q3	# DD Children Received Assessment within 14 Calendar Days Q3	Percentage Q4	# DD Children Received Assessment Following 1st Request Q4	# DD Children Received Assessment within 14 Calendar Days Q4	Fiscal Year Percentage
Allegan	75.00%	4	3	100.00%	3	3	75.00%	4	3	100.00%	6	6	88.24
AuSable	100.00%	1	1	-	0	0	-	0	0	100.00%	1	1	100.00
Barry	100.00%	1	1	-	0	0	-	0	0	100.00%	3	3	100.00
Bay-Arenac	100.00%	3	3	100.00%	2	2	100.00%	3	3	100.00%	1	1	100.00
Berrien	100.00%	9	9	100.00%	5	5	100.00%	6	6	100.00%	15	15	100.00
CEI	100.00%	14	14	100.00%	7	7	100.00%	31	31	100.00%	18	18	100.00
CMH Central MI	100.00%	8	8	100.00%	5	5	100.00%	10	10	100.00%	2	2	100.00
Copper	100.00%	2	2	100.00%	3	3	66.67%	3	2	100.00%	2	2	90.00
Detroit-Wayne	98.28%	116	114	98.43%	127	125	99.29%	140	139	98.36%	122	120	98.61
Genesee	100.00%	9	9	100.00%	10	10	100.00%	8	8	100.00%	11	11	100.00
Gogebic	100.00%	2	2	100.00%	1	1	100.00%	1	1	100.00%	1	1	100.00
Gratiot	100.00%	1	1	100.00%	1	1	100.00%	2	2	100.00%	1	1	100.00
Hiawatha	100.00%	6	6	100.00%	3	3	100.00%	1	1	100.00%	4	4	100.00
Huron	-	0	0	100.00%	1	1	-	0	0	100.00%	2	2	100.00
Ionia	100.00%	4	4	100.00%	2	2	100.00%	1	1	50.00%	6	3	76.92
Kalamazoo	100.00%	2	2	100.00%	5	5	100.00%	8	8	100.00%	3	3	100.00
Lapeer	100.00%	9	9	100.00%	3	3	100.00%	3	3	100.00%	3	3	100.00
Lenawee	100.00%	7	7	100.00%	1	1	100.00%	4	4	100.00%	2	2	100.00
Lifeways	94.74%	19	18	93.75%	16	15	100.00%	6	6	100.00%	12	12	96.23
Livingston	100.00%	4	4	100.00%	7	7	100.00%	3	3	100.00%	5	5	100.00
Macomb	89.29%	28	25	100.00%	20	20	100.00%	29	29	100.00%	31	31	97.22
Manistee-Benzie	100.00%	1	1	-	0	0	100.00%	1	1	100.00%	1	1	100.00
Monroe	100.00%	4	4	100.00%	3	3	100.00%	3	3	100.00%	9	9	100.00
Montcalm	-	0	0	100.00%	1	1	-	0	0	-	0	0	100.00
Muskegon	100.00%	6	6	100.00%	7	7	100.00%	12	12	100.00%	12	12	100.00
network180	100.00%	17	17	100.00%	16	16	100.00%	23	23	100.00%	24	24	100.00
Newaygo	100.00%	1	1	-	0	0	100.00%	2	2	100.00%	6	6	100.00
North Country	100.00%	6	6	100.00%	9	9	100.00%	12	12	100.00%	15	15	100.00
Northeast	100.00%	1	1	100.00%	4	4	100.00%	1	1	100.00%	6	6	100.00
Northern Lakes	100.00%	17	17	100.00%	16	16	100.00%	21	21	100.00%	29	29	100.00
Northpointe	100.00%	6	6	100.00%	5	5	100.00%	2	2	100.00%	6	6	100.00
Oakland	100.00%	22	22	88.00%	25	22	96.77%	31	30	100.00%	37	37	96.52
Ottawa	100.00%	4	4	100.00%	3	3	100.00%	1	1	100.00%	6	6	100.00
Pathways	100.00%	4	4	100.00%	7	7	100.00%	8	8	83.33%	6	5	96.00
Pines	100.00%	5	5	100.00%	7	7	100.00%	4	4	100.00%	4	4	100.00
Saginaw	100.00%	6	6	100.00%	8	8	100.00%	11	11	88.24%	17	15	95.24
Sanilac	100.00%	5	5	100.00%	1	1	100.00%	3	3	100.00%	4	4	100.00
Shiawassee	100.00%	4	4	100.00%	3	3	100.00%	4	4	80.00%	5	4	93.75
St. Clair	100.00%	5	5	100.00%	14	14	100.00%	18	18	100.00%	11	11	100.00
St. Joseph	100.00%	8	8	100.00%	2	2	100.00%	4	4	100.00%	1	1	100.00
Summit Pointe	95.00%	20	19	96.00%	25	24	86.67%	15	13	100.00%	18	18	94.87
Tuscola	100.00%	2	2	100.00%	2	2	100.00%	1	1	-	0	0	100.00
Van Buren	100.00%	10	10	100.00%	8	8	100.00%	1	1	100.00%	3	3	100.00
Washtenaw	100.00%	15	15	100.00%	9	9	100.00%	13	13	94.12%	17	16	98.15
West Michigan	100.00%	2	2	100.00%	1	1	100.00%	6	6	100.00%	4	4	100.00
Woodlands	100.00%	1	1	100.00%	5	5	-	0	0	100.00%	5	5	100.00
	98.10%	421	413	98.26%	403	396	98.70%	460	454	97.99%	497	487	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

Indicator 2d: Percentage of New Adults with 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 2012			January - March 2013			April - June 2013			July - September 2013			
	Percentage Q1	# DD Adults Received Assessment Following 1st Request Q1	# DD Adults Received Assessment within 14 Calendar Days Q1	Percentage Q2	# DD Adults Received Assessment Following 1st Request Q2	# DD Adults Received Assessment within 14 Calendar Days Q2	Percentage Q3	# DD Adults Received Assessment Following 1st Request Q3	# DD Adults Received Assessment within 14 Calendar Days Q3	Percentage Q4	# DD Adults Received Assessment Following 1st Request Q4	# DD Adults Received Assessment within 14 Calendar Days Q4	Fiscal Year Percentage
Allegan	75.00%	4	3	83.33%	6	5	77.78%	9	7	100.00%	16	16	88.57
AuSable	100.00%	4	4	100.00%	2	2	100.00%	3	3	100.00%	1	1	100.00
Barry	100.00%	3	3	75.00%	4	3	0.00%	2	0	0.00%	1	0	60.00
Bay-Arenac	100.00%	3	3	100.00%	2	2	100.00%	7	7	100.00%	2	2	100.00
Berrien	100.00%	19	19	100.00%	8	8	100.00%	8	8	100.00%	13	13	100.00
CEI	100.00%	20	20	100.00%	21	21	100.00%	13	13	100.00%	9	9	100.00
CMH Central MI	100.00%	10	10	100.00%	11	11	100.00%	16	16	100.00%	12	12	100.00
Copper	100.00%	4	4	100.00%	3	3	100.00%	8	8	100.00%	4	4	100.00
Detroit-Wayne	98.26%	115	113	98.96%	96	95	97.60%	125	122	97.47%	79	77	98.07
Genesee	100.00%	21	21	100.00%	20	20	100.00%	24	24	96.15%	26	25	98.90
Gogebic	100.00%	1	1	100.00%	2	2	100.00%	3	3	100.00%	4	4	100.00
Gratiot	100.00%	4	4	100.00%	5	5	100.00%	3	3	100.00%	5	5	100.00
Hiawatha	100.00%	4	4	100.00%	5	5	100.00%	4	4	100.00%	1	1	100.00
Huron	100.00%	3	3	100.00%	3	3	100.00%	3	3	-	0	0	100.00
Ionia	100.00%	5	5	80.00%	5	4	100.00%	6	6	100.00%	2	2	94.44
Kalamazoo	100.00%	11	11	100.00%	7	7	100.00%	8	8	100.00%	4	4	100.00
Lapeer	100.00%	8	8	100.00%	9	9	100.00%	5	5	100.00%	5	5	100.00
Lenawee	100.00%	7	7	100.00%	4	4	100.00%	2	2	100.00%	2	2	100.00
Lifeways	91.67%	12	11	95.65%	23	22	100.00%	14	14	100.00%	14	14	96.83
Livingston	100.00%	6	6	100.00%	4	4	100.00%	7	7	100.00%	16	16	100.00
Macomb	95.83%	24	23	84.62%	26	22	96.15%	26	25	100.00%	27	27	94.17
Manistee-Benzie	100.00%	2	2	100.00%	3	3	100.00%	2	2	100.00%	6	6	100.00
Monroe	100.00%	7	7	100.00%	4	4	100.00%	14	14	100.00%	14	14	100.00
Montcalm	-	0	0	100.00%	1	1	-	0	0	-	0	0	100.00
Muskegon	100.00%	13	13	100.00%	17	17	100.00%	22	22	100.00%	11	11	100.00
network180	100.00%	42	42	100.00%	51	51	100.00%	46	46	100.00%	40	40	100.00
Newaygo	100.00%	1	1	100.00%	3	3	100.00%	3	3	100.00%	1	1	100.00
North Country	91.67%	12	11	100.00%	5	5	100.00%	6	6	100.00%	12	12	97.14
Northeast	100.00%	2	2	100.00%	2	2	100.00%	6	6	100.00%	8	8	100.00
Northern Lakes	100.00%	8	8	100.00%	9	9	100.00%	12	12	100.00%	16	16	100.00
Northpointe	100.00%	9	9	100.00%	7	7	100.00%	4	4	100.00%	3	3	100.00
Oakland	97.06%	34	33	92.31%	39	36	100.00%	42	42	100.00%	41	41	97.44
Ottawa	100.00%	8	8	100.00%	6	6	100.00%	6	6	100.00%	5	5	100.00
Pathways	100.00%	4	4	87.50%	8	7	80.00%	5	4	87.50%	8	7	88.00
Pines	100.00%	8	8	100.00%	6	6	83.33%	6	5	100.00%	2	2	95.45
Saginaw	100.00%	13	13	94.12%	17	16	100.00%	23	23	93.75%	16	15	97.10
Sanilac	100.00%	5	5	100.00%	6	6	100.00%	2	2	100.00%	4	4	100.00
Shiawassee	100.00%	3	3	100.00%	4	4	-	0	0	100.00%	2	2	100.00
St. Clair	100.00%	10	10	100.00%	11	11	100.00%	20	20	100.00%	17	17	100.00
St. Joseph	100.00%	7	7	100.00%	3	3	100.00%	2	2	100.00%	4	4	100.00
Summit Pointe	100.00%	4	4	100.00%	10	10	100.00%	12	12	77.78%	18	14	90.91
Tuscola	100.00%	3	3	100.00%	3	3	-	0	0	100.00%	1	1	100.00
Van Buren	100.00%	3	3	100.00%	11	11	100.00%	11	11	100.00%	7	7	100.00
Washtenaw	100.00%	26	26	95.24%	21	20	100.00%	27	27	100.00%	18	18	98.91
West Michigan	100.00%	2	2	100.00%	3	3	88.89%	9	8	100.00%	6	6	95.00
Woodlands	100.00%	1	1	100.00%	4	4	100.00%	4	4	100.00%	3	3	100.00
	98.64%	515	508	97.12%	520	505	98.10%	580	569	98.02%	506	496	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	100.00%	111	111	100.00%	71	71	99.20%	125	124	97.33%	150	146	98.91
AuSable	100.00%	63	63	98.21%	56	55	100.00%	66	66	97.59%	83	81	98.88
Barry	98.97%	97	96	98.53%	68	67	100.00%	104	104	98.85%	87	86	99.16
Bay-Arenac	98.68%	304	300	97.88%	283	277	98.76%	323	319	100.00%	314	314	98.86
Berrien	97.86%	281	275	97.44%	117	114	97.66%	128	125	95.90%	122	117	97.38
CEI	99.16%	237	235	96.73%	214	207	96.19%	210	202	93.06%	216	201	96.35
CMH Central MI	96.73%	490	474	95.80%	452	433	98.00%	500	490	97.32%	411	400	96.98
Copper	100.00%	40	40	100.00%	37	37	100.00%	50	50	100.00%	30	30	100.00
Detroit-Wayne	97.64%	1,823	1,780	98.31%	1,774	1,744	97.16%	1,793	1,742	96.36%	1,784	1,719	97.37
Genesee	98.44%	449	442	97.87%	422	413	99.26%	404	401	99.19%	496	492	98.70
Gogebic	100.00%	13	13	92.86%	14	13	100.00%	19	19	100.00%	16	16	98.39
Gratiot	100.00%	80	80	95.60%	91	87	97.65%	85	83	93.51%	77	72	96.70
Hiawatha	97.73%	44	43	100.00%	36	36	100.00%	48	48	100.00%	42	42	99.41
Huron	100.00%	41	41	100.00%	42	42	100.00%	58	58	97.73%	44	43	99.46
Ionia	98.41%	63	62	97.09%	103	100	98.92%	93	92	94.67%	75	71	97.31
Kalamazoo	98.44%	64	63	96.61%	118	114	98.84%	173	171	98.06%	155	152	98.04
Lapeer	100.00%	77	77	98.86%	88	87	85.19%	54	46	90.29%	103	93	94.10
Lenawee	97.37%	38	37	100.00%	34	34	100.00%	35	35	95.83%	24	23	98.47
Lifeways	87.71%	236	207	87.60%	258	226	96.12%	206	198	97.64%	127	124	91.29
Livingston	100.00%	39	39	95.77%	71	68	94.94%	79	75	96.97%	66	64	96.47
Macomb	99.08%	543	538	98.18%	603	592	95.24%	546	520	98.59%	427	421	97.73
Manistee-Benzie	100.00%	52	52	100.00%	37	37	100.00%	31	31	87.50%	32	28	97.37
Monroe	98.45%	129	127	99.16%	119	118	97.87%	141	138	99.43%	175	174	98.76
Montcalm	97.44%	78	76	98.29%	117	115	98.31%	118	116	98.10%	105	103	98.09
Muskegon	98.57%	210	207	96.13%	181	174	97.30%	185	180	96.76%	185	179	97.24
network180	85.66%	830	711	85.06%	810	689	92.73%	715	663	94.72%	739	700	89.30
Newaygo	95.92%	49	47	100.00%	47	47	97.73%	88	86	99.15%	118	117	98.34
North Country	99.39%	163	162	96.89%	161	156	98.90%	182	180	98.22%	169	166	98.37
Northeast	100.00%	78	78	100.00%	65	65	100.00%	79	79	100.00%	45	45	100.00
Northern Lakes	94.55%	257	243	98.15%	271	266	96.20%	237	228	96.73%	275	266	96.44
Northpointe	100.00%	73	73	100.00%	81	81	98.72%	78	77	100.00%	72	72	99.67
Oakland	99.79%	948	946	99.81%	1,056	1,054	100.00%	1,162	1,162	99.82%	1,101	1,099	99.86
Ottawa	96.77%	62	60	96.47%	85	82	94.12%	102	96	97.59%	83	81	96.08
Pathways	97.62%	84	82	93.88%	98	92	93.52%	108	101	95.50%	111	106	95.01
Pines	99.36%	157	156	100.00%	140	140	95.09%	163	155	98.33%	60	59	98.08
Saginaw	97.22%	108	105	100.00%	114	114	99.10%	111	110	94.84%	155	147	97.54
Sanilac	100.00%	97	97	100.00%	53	53	98.28%	58	57	98.77%	81	80	99.31
Shiawassee	97.37%	114	111	96.91%	97	94	97.30%	111	108	98.00%	100	98	97.39
St. Clair	89.81%	108	97	89.58%	144	129	94.92%	177	168	92.31%	182	168	91.98
St. Joseph	99.09%	110	109	97.94%	97	95	100.00%	125	125	98.80%	83	82	99.04
Summit Pointe	99.05%	422	418	99.12%	452	448	98.08%	522	512	96.84%	507	491	98.21
Tuscola	97.30%	74	72	100.00%	78	78	100.00%	73	73	100.00%	63	63	99.31
Van Buren	100.00%	132	132	100.00%	140	140	100.00%	135	135	99.15%	117	116	99.81
Washtenaw	95.92%	98	94	94.29%	105	99	98.50%	133	131	98.29%	117	115	96.91
West Michigan	98.59%	71	70	100.00%	62	62	100.00%	64	64	96.72%	61	59	98.84
Woodlands	100.00%	36	36	96.30%	54	52	98.08%	52	51	100.00%	55	55	98.48
	96.94%	9,673	9,377	96.68%	9,616	9,297	97.46%	10,049	9,794	97.26%	9,640	9,376	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	100.00%	40	40	100.00%	16	16	100.00%	36	36	96.97%	33	32	99.20
AuSable	100.00%	26	26	100.00%	14	14	100.00%	22	22	100.00%	28	28	100.00
Barry	95.24%	21	20	95.24%	21	20	100.00%	28	28	100.00%	16	16	97.67
Bay-Arenac	100.00%	42	42	85.71%	35	30	82.61%	23	19	100.00%	26	26	92.86
Berrien	95.16%	62	59	95.65%	46	44	98.41%	63	62	95.24%	42	40	96.24
CEI	99.18%	122	121	95.05%	101	96	96.08%	102	98	91.76%	85	78	95.85
CMH Central MI	95.65%	184	176	95.62%	137	131	99.38%	160	159	99.07%	107	106	97.28
Copper	100.00%	14	14	100.00%	17	17	100.00%	16	16	100.00%	8	8	100.00
Detroit-Wayne	99.18%	489	485	98.88%	446	441	98.89%	449	444	99.00%	400	396	98.99
Genesee	99.00%	200	198	100.00%	144	144	99.38%	160	159	98.20%	111	109	99.19
Gogebic	100.00%	7	7	87.50%	8	7	100.00%	4	4	100.00%	5	5	95.83
Gratiot	100.00%	47	47	95.45%	44	42	97.50%	40	39	92.31%	39	36	96.47
Hiawatha	100.00%	19	19	100.00%	10	10	100.00%	14	14	100.00%	17	17	100.00
Huron	100.00%	13	13	100.00%	12	12	100.00%	13	13	90.91%	11	10	97.96
Ionia	100.00%	14	14	100.00%	26	26	100.00%	25	25	88.24%	17	15	97.56
Kalamazoo	100.00%	19	19	97.14%	35	34	98.41%	63	62	97.50%	40	39	98.09
Lapeer	100.00%	19	19	100.00%	24	24	100.00%	15	15	95.24%	21	20	98.73
Lenawee	100.00%	7	7	100.00%	16	16	100.00%	13	13	100.00%	10	10	100.00
Lifeways	76.00%	75	57	81.25%	80	65	91.78%	73	67	97.37%	38	37	84.96
Livingston	100.00%	24	24	100.00%	29	29	97.37%	38	37	92.00%	25	23	97.41
Macomb	99.10%	111	110	96.90%	129	125	92.31%	91	84	97.96%	49	48	96.58
Manistee-Benzie	100.00%	21	21	100.00%	14	14	100.00%	8	8	88.89%	9	8	98.08
Monroe	100.00%	47	47	100.00%	31	31	96.67%	30	29	100.00%	37	37	99.31
Montcalm	96.97%	33	32	96.97%	33	32	94.44%	36	34	97.37%	38	37	96.43
Muskegon	96.49%	57	55	95.74%	47	45	92.00%	50	46	96.30%	54	52	95.19
network180	82.85%	449	372	85.85%	431	370	91.05%	324	295	91.89%	296	272	87.27
Newaygo	100.00%	23	23	100.00%	13	13	93.75%	32	30	97.50%	40	39	97.22
North Country	100.00%	60	60	98.21%	56	55	100.00%	65	65	100.00%	49	49	99.57
Northeast	100.00%	17	17	100.00%	32	32	100.00%	24	24	100.00%	6	6	100.00
Northern Lakes	98.04%	102	100	99.09%	110	109	97.85%	93	91	98.81%	84	83	98.46
Northpointe	100.00%	20	20	100.00%	29	29	100.00%	17	17	100.00%	21	21	100.00
Oakland	99.01%	202	200	99.08%	218	216	100.00%	245	245	99.47%	190	189	99.42
Ottawa	100.00%	31	31	95.56%	45	43	87.18%	39	34	94.44%	36	34	94.04
Pathways	96.88%	32	31	90.24%	41	37	95.00%	60	57	92.86%	28	26	93.79
Pines	97.44%	39	38	100.00%	34	34	98.00%	50	49	100.00%	15	15	98.55
Saginaw	95.74%	47	45	100.00%	50	50	100.00%	34	34	97.50%	40	39	98.25
Sanilac	100.00%	20	20	100.00%	20	20	100.00%	18	18	100.00%	29	29	100.00
Shiawassee	93.48%	46	43	100.00%	26	26	95.35%	43	41	100.00%	27	27	96.48
St. Clair	90.00%	40	36	90.48%	42	38	100.00%	40	40	93.62%	47	44	93.49
St. Joseph	97.67%	43	42	96.97%	33	32	100.00%	46	46	96.15%	26	25	97.97
Summit Pointe	99.29%	140	139	98.67%	150	148	99.35%	153	152	97.10%	138	134	98.62
Tuscola	95.24%	21	20	100.00%	23	23	100.00%	24	24	100.00%	15	15	98.80
Van Buren	100.00%	27	27	100.00%	25	25	100.00%	28	28	100.00%	12	12	100.00
Washtenaw	100.00%	30	30	92.86%	28	26	96.15%	26	25	95.83%	24	23	96.30
West Michigan	100.00%	8	8	100.00%	17	17	100.00%	14	14	94.74%	19	18	98.28
Woodlands	100.00%	11	11	95.45%	22	21	100.00%	15	15	100.00%	15	15	98.41
	95.64%	3,121	2,985	95.57%	2,960	2,829	97.13%	2,962	2,877	96.90%	2,423	2,348	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	100.00%	64	64	100.00%	44	44	100.00%	75	75	97.83%	92	90	99.27
AuSable	100.00%	33	33	97.44%	39	38	100.00%	42	42	96.30%	54	52	98.21
Barry	100.00%	72	72	100.00%	44	44	100.00%	73	73	98.48%	66	65	99.61
Bay-Arenac	98.43%	254	250	99.59%	244	243	100.00%	296	296	100.00%	284	284	99.54
Berrien	98.56%	209	206	98.53%	68	67	96.49%	57	55	96.15%	78	75	97.82
CEI	100.00%	106	106	98.08%	104	102	98.89%	90	89	94.64%	112	106	97.82
CMH Central MI	97.21%	287	279	95.92%	294	282	97.77%	314	307	96.53%	288	278	96.87
Copper	100.00%	20	20	100.00%	16	16	100.00%	26	26	100.00%	16	16	100.00
Detroit-Wayne	97.03%	1,146	1,112	98.25%	1,143	1,123	96.00%	1,124	1,079	95.30%	1,212	1,155	96.63
Genesee	97.75%	222	217	96.72%	244	236	99.06%	212	210	99.43%	350	348	98.35
Gogebic	100.00%	5	5	100.00%	3	3	100.00%	13	13	100.00%	6	6	100.00
Gratiot	100.00%	29	29	94.59%	37	35	97.50%	40	39	96.97%	33	32	97.12
Hiawatha	100.00%	18	18	100.00%	20	20	100.00%	29	29	100.00%	21	21	100.00
Huron	100.00%	28	28	100.00%	29	29	100.00%	45	45	100.00%	33	33	100.00
Ionia	97.83%	46	45	97.22%	72	70	100.00%	61	61	100.00%	51	51	98.70
Kalamazoo	100.00%	40	40	96.05%	76	73	99.00%	100	99	99.07%	108	107	98.46
Lapeer	100.00%	49	49	100.00%	53	53	77.78%	36	28	88.46%	78	69	92.13
Lenawee	95.65%	23	22	100.00%	12	12	100.00%	19	19	90.00%	10	9	96.88
Lifeways	96.45%	141	136	93.66%	142	133	98.31%	118	116	98.36%	61	60	96.32
Livingston	100.00%	7	7	96.30%	27	26	94.44%	18	17	100.00%	16	16	97.06
Macomb	99.21%	380	377	98.52%	406	400	96.72%	396	383	98.44%	320	315	98.20
Manistee-Benzie	100.00%	30	30	100.00%	23	23	100.00%	22	22	86.36%	22	19	96.91
Monroe	97.26%	73	71	98.75%	80	79	97.89%	95	93	99.18%	122	121	98.38
Montcalm	97.78%	45	44	98.78%	82	81	100.00%	82	82	98.51%	67	66	98.91
Muskegon	99.28%	138	137	96.00%	125	120	100.00%	120	120	96.75%	123	119	98.02
network180	88.07%	352	310	82.54%	338	279	93.45%	351	328	96.31%	407	392	90.40
Newaygo	90.91%	22	20	100.00%	32	32	100.00%	50	50	100.00%	71	71	98.86
North Country	98.82%	85	84	95.74%	94	90	98.04%	102	100	97.89%	95	93	97.61
Northeast	100.00%	57	57	100.00%	29	29	100.00%	49	49	100.00%	33	33	100.00
Northern Lakes	92.86%	140	130	97.14%	140	136	97.69%	130	127	96.86%	159	154	96.13
Northpointe	100.00%	43	43	100.00%	40	40	98.21%	56	55	100.00%	41	41	99.44
Oakland	100.00%	687	687	100.00%	768	768	100.00%	827	827	99.88%	816	815	99.97
Ottawa	92.59%	27	25	97.22%	36	35	100.00%	60	60	100.00%	40	40	98.16
Pathways	97.73%	44	43	97.78%	45	44	91.43%	35	32	97.14%	70	68	96.39
Pines	100.00%	106	106	100.00%	99	99	94.44%	108	102	97.56%	41	40	98.02
Saginaw	97.92%	48	47	100.00%	46	46	100.00%	50	50	93.10%	87	81	96.97
Sanilac	100.00%	68	68	100.00%	29	29	96.55%	29	28	97.78%	45	44	98.83
Shiawassee	100.00%	63	63	96.88%	64	62	98.44%	64	63	98.55%	69	68	98.46
St. Clair	87.72%	57	50	91.57%	83	76	93.22%	118	110	91.74%	121	111	91.56
St. Joseph	100.00%	57	57	100.00%	61	61	100.00%	72	72	100.00%	53	53	100.00
Summit Pointe	98.85%	260	257	99.65%	284	283	97.71%	349	341	97.03%	337	327	98.21
Tuscola	98.00%	50	49	100.00%	51	51	100.00%	47	47	100.00%	47	47	99.49
Van Buren	100.00%	95	95	100.00%	104	104	100.00%	95	95	100.00%	101	101	100.00
Washtenaw	92.86%	42	39	96.00%	50	48	98.51%	67	66	98.51%	67	66	96.90
West Michigan	98.33%	60	59	100.00%	39	39	100.00%	37	37	100.00%	31	31	99.40
Woodlands	100.00%	23	23	96.30%	27	26	96.97%	33	32	100.00%	34	34	98.29
	97.57%	5,851	5,709	97.33%	5,886	5,729	97.71%	6,232	6,089	97.42%	6,388	6,223	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

Indicator 3c: Percentage of New Children with Developmental Disabilities Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional - 95% Standard

	October - December 2012			January - March 2013			April - June 2013			July - September 2013			
	Percentage Q1	# DD Children Starting Ongoing Service Q1	# DD Children Starting Ongoing Service within 14 Calendar Days Q1	Percentage Q2	# DD Children Starting Ongoing Service Q2	# DD Children Starting Ongoing Service within 14 Calendar Days Q2	Percentage Q3	# DD Children Starting Ongoing Service Q3	# DD Children Starting Ongoing Service within 14 Calendar Days Q3	Percentage Q4	# DD Children Starting Ongoing Service Q4	# DD Children Starting Ongoing Service within 14 Calendar Days Q4	Fiscal Year Percentage
Allegan	100.00%	4	4	100.00%	3	3	100.00%	3	3	100.00%	6	6	100.00
AuSable	-	0	0	100.00%	1	1	-	0	0	-	0	0	100.00
Barry	100.00%	2	2	-	0	0	-	0	0	100.00%	3	3	100.00
Bay-Arenac	100.00%	5	5	100.00%	3	3	100.00%	1	1	100.00%	2	2	100.00
Berrien	100.00%	3	3	100.00%	2	2	100.00%	3	3	100.00%	2	2	100.00
CEI	100.00%	2	2	100.00%	1	1	85.71%	7	6	83.33%	12	10	86.36
CMH Central MI	100.00%	8	8	100.00%	8	8	90.00%	10	9	100.00%	5	5	96.77
Copper	100.00%	3	3	100.00%	1	1	100.00%	3	3	100.00%	1	1	100.00
Detroit-Wayne	97.67%	86	84	98.89%	90	89	100.00%	111	111	97.41%	116	113	98.51
Genesee	100.00%	9	9	100.00%	8	8	100.00%	8	8	100.00%	12	12	100.00
Gogebic	100.00%	1	1	100.00%	1	1	-	0	0	100.00%	1	1	100.00
Gratiot	100.00%	1	1	100.00%	1	1	100.00%	2	2	100.00%	1	1	100.00
Hiawatha	66.67%	3	2	100.00%	2	2	100.00%	1	1	100.00%	3	3	88.89
Huron	-	0	0	100.00%	1	1	-	0	0	-	0	0	100.00
Ionia	-	0	0	100.00%	2	2	100.00%	1	1	75.00%	4	3	85.71
Kalamazoo	0.00%	1	0	100.00%	3	3	100.00%	6	6	100.00%	3	3	92.31
Lapeer	100.00%	5	5	100.00%	2	2	100.00%	3	3	100.00%	1	1	100.00
Lenawee	100.00%	5	5	100.00%	1	1	100.00%	2	2	100.00%	2	2	100.00
Lifeways	50.00%	8	4	61.54%	13	8	100.00%	8	8	92.86%	14	13	76.74
Livingston	100.00%	3	3	80.00%	5	4	100.00%	11	11	100.00%	8	8	96.30
Macomb	96.55%	29	28	100.00%	29	29	90.63%	32	29	100.00%	29	29	96.64
Manistee-Benzie	-	0	0	-	0	0	100.00%	1	1	-	0	0	100.00
Monroe	100.00%	3	3	100.00%	4	4	100.00%	4	4	100.00%	8	8	100.00
Montcalm	-	0	0	100.00%	1	1	-	0	0	-	0	0	100.00
Muskegon	100.00%	3	3	100.00%	2	2	75.00%	4	3	100.00%	3	3	91.67
network180	100.00%	5	5	100.00%	5	5	100.00%	9	9	100.00%	13	13	100.00
Newaygo	100.00%	2	2	100.00%	1	1	100.00%	3	3	100.00%	5	5	100.00
North Country	100.00%	5	5	100.00%	6	6	100.00%	14	14	92.86%	14	13	97.44
Northeast	100.00%	2	2	100.00%	3	3	100.00%	3	3	100.00%	4	4	100.00
Northern Lakes	100.00%	10	10	100.00%	12	12	55.56%	9	5	89.47%	19	17	88.00
Northpointe	100.00%	3	3	100.00%	5	5	100.00%	1	1	100.00%	7	7	100.00
Oakland	100.00%	22	22	100.00%	27	27	100.00%	40	40	100.00%	37	37	100.00
Ottawa	100.00%	1	1	100.00%	1	1	0.00%	1	0	100.00%	5	5	87.50
Pathways	100.00%	5	5	100.00%	4	4	100.00%	9	9	75.00%	4	3	95.45
Pines	100.00%	5	5	100.00%	2	2	100.00%	1	1	100.00%	1	1	100.00
Saginaw	100.00%	4	4	100.00%	7	7	88.89%	9	8	100.00%	14	14	97.06
Sanilac	100.00%	4	4	100.00%	1	1	100.00%	7	7	100.00%	4	4	100.00
Shiawassee	100.00%	3	3	66.67%	3	2	100.00%	3	3	66.67%	3	2	83.33
St. Clair	100.00%	2	2	75.00%	12	9	100.00%	9	9	75.00%	4	3	85.19
St. Joseph	100.00%	5	5	50.00%	2	1	100.00%	2	2	100.00%	1	1	90.00
Summit Pointe	100.00%	13	13	100.00%	13	13	92.31%	13	12	100.00%	12	12	98.04
Tuscola	100.00%	1	1	100.00%	1	1	100.00%	2	2	-	0	0	100.00
Van Buren	100.00%	7	7	100.00%	6	6	100.00%	1	1	0.00%	1	0	93.33
Washtenaw	100.00%	7	7	77.78%	9	7	100.00%	13	13	100.00%	12	12	95.12
West Michigan	100.00%	1	1	100.00%	1	1	100.00%	4	4	100.00%	5	5	100.00
Woodlands	100.00%	1	1	100.00%	2	2	-	0	0	100.00%	3	3	100.00
	96.92%	292	283	95.44%	307	293	96.52%	374	361	96.53%	404	390	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

Indicator 3d: Percentage of New Adults with Developmental Disabilities Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional - 95% Standard

	October - December 2012			January - March 2013			April - June 2013			July - September 2013			
	Percentage Q1	# DD Adults Starting Ongoing Service Q1	# DD Adults Starting Ongoing Service within 14 Calendar Days Q1	Percentage Q2	# DD Adults Starting Ongoing Service Q2	# DD Adults Starting Ongoing Service within 14 Calendar Days Q2	Percentage Q3	# DD Adults Starting Ongoing Service Q3	# DD Adults Starting Ongoing Service within 14 Calendar Days Q3	Percentage Q4	# DD Adults Starting Ongoing Service Q4	# DD Adults Starting Ongoing Service within 14 Calendar Days Q4	Fiscal Year Percentage
Allegan	100.00%	3	3	100.00%	8	8	90.91%	11	10	94.74%	19	18	95.12
AuSable	100.00%	4	4	100.00%	2	2	100.00%	2	2	100.00%	1	1	100.00
Barry	100.00%	2	2	100.00%	3	3	100.00%	3	3	100.00%	2	2	100.00
Bay-Arenac	100.00%	3	3	100.00%	1	1	100.00%	3	3	100.00%	2	2	100.00
Berrien	100.00%	7	7	100.00%	1	1	100.00%	5	5	-	0	0	100.00
CEI	85.71%	7	6	100.00%	8	8	81.82%	11	9	100.00%	7	7	90.91
CMH Central MI	100.00%	11	11	92.31%	13	12	93.75%	16	15	100.00%	11	11	96.08
Copper	100.00%	3	3	100.00%	3	3	100.00%	5	5	100.00%	5	5	100.00
Detroit-Wayne	97.06%	102	99	95.79%	95	91	99.08%	109	108	98.21%	56	55	97.51
Genesee	100.00%	18	18	96.15%	26	25	100.00%	24	24	100.00%	23	23	98.90
Gogebic	-	0	0	100.00%	2	2	100.00%	2	2	100.00%	4	4	100.00
Gratiot	100.00%	3	3	100.00%	9	9	100.00%	3	3	75.00%	4	3	94.74
Hiawatha	100.00%	4	4	100.00%	4	4	100.00%	4	4	100.00%	1	1	100.00
Huron	-	0	0	-	0	0	-	0	0	-	0	0	
Ionia	100.00%	3	3	66.67%	3	2	83.33%	6	5	66.67%	3	2	80.00
Kalamazoo	100.00%	4	4	100.00%	4	4	100.00%	4	4	75.00%	4	3	93.75
Lapeer	100.00%	4	4	88.89%	9	8	-	0	0	100.00%	3	3	93.75
Lenawee	100.00%	3	3	100.00%	5	5	100.00%	1	1	100.00%	2	2	100.00
Lifeways	83.33%	12	10	86.96%	23	20	100.00%	7	7	100.00%	14	14	91.07
Livingston	100.00%	5	5	90.00%	10	9	83.33%	12	10	100.00%	17	17	93.18
Macomb	100.00%	23	23	97.44%	39	38	88.89%	27	24	100.00%	29	29	96.61
Manistee-Benzie	100.00%	1	1	-	0	0	-	0	0	100.00%	1	1	100.00
Monroe	100.00%	6	6	100.00%	4	4	100.00%	12	12	100.00%	8	8	100.00
Montcalm	-	0	0	100.00%	1	1	-	0	0	-	0	0	100.00
Muskegon	100.00%	12	12	100.00%	7	7	100.00%	11	11	100.00%	5	5	100.00
network180	100.00%	24	24	97.22%	36	35	100.00%	31	31	100.00%	23	23	99.12
Newaygo	100.00%	2	2	100.00%	1	1	100.00%	3	3	100.00%	2	2	100.00
North Country	100.00%	13	13	100.00%	5	5	100.00%	1	1	100.00%	11	11	100.00
Northeast	100.00%	2	2	100.00%	1	1	100.00%	3	3	100.00%	2	2	100.00
Northern Lakes	60.00%	5	3	100.00%	9	9	100.00%	5	5	92.31%	13	12	90.63
Northpointe	100.00%	7	7	100.00%	7	7	100.00%	4	4	100.00%	3	3	100.00
Oakland	100.00%	37	37	100.00%	43	43	100.00%	50	50	100.00%	58	58	100.00
Ottawa	100.00%	3	3	100.00%	3	3	100.00%	2	2	100.00%	2	2	100.00
Pathways	100.00%	3	3	87.50%	8	7	75.00%	4	3	100.00%	9	9	91.67
Pines	100.00%	7	7	100.00%	5	5	75.00%	4	3	100.00%	3	3	94.74
Saginaw	100.00%	9	9	100.00%	11	11	100.00%	18	18	92.86%	14	13	98.08
Sanilac	100.00%	5	5	100.00%	3	3	100.00%	4	4	100.00%	3	3	100.00
Shiawassee	100.00%	2	2	100.00%	4	4	100.00%	1	1	100.00%	1	1	100.00
St. Clair	100.00%	9	9	85.71%	7	6	90.00%	10	9	100.00%	10	10	94.44
St. Joseph	100.00%	5	5	100.00%	1	1	100.00%	5	5	100.00%	3	3	100.00
Summit Pointe	100.00%	9	9	80.00%	5	4	100.00%	7	7	90.00%	20	18	92.68
Tuscola	100.00%	2	2	100.00%	3	3	-	0	0	100.00%	1	1	100.00
Van Buren	100.00%	3	3	100.00%	5	5	100.00%	11	11	100.00%	3	3	100.00
Washtenaw	94.74%	19	18	100.00%	18	18	100.00%	27	27	100.00%	14	14	98.72
West Michigan	100.00%	2	2	100.00%	5	5	100.00%	9	9	83.33%	6	5	95.45
Woodlands	100.00%	1	1	100.00%	3	3	100.00%	4	4	100.00%	3	3	100.00
	97.80%	409	400	96.33%	463	446	97.09%	481	467	97.65%	425	415	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	100.00%	3	3	83.33%	6	5	75.00%	4	3	100.00%	2	2	86.67
AuSable	100.00%	16	16	100.00%	8	8	100.00%	7	7	100.00%	2	2	100.00
Barry	100.00%	4	4	100.00%	3	3	100.00%	3	3	100.00%	1	1	100.00
Bay-Arenac	100.00%	21	21	100.00%	17	17	100.00%	10	10	100.00%	12	12	100.00
Berrien	100.00%	4	4	100.00%	3	3	100.00%	4	4	85.71%	7	6	94.44
CEI	100.00%	4	4	100.00%	7	7	100.00%	9	9	100.00%	6	6	100.00
CMH Central MI	100.00%	10	10	100.00%	9	9	100.00%	4	4	100.00%	4	4	100.00
Copper	-	0	0	100.00%	3	3	-	0	0	80.00%	5	4	87.50
Detroit-Wayne	99.25%	267	265	98.68%	302	298	99.73%	366	365	99.09%	219	217	99.22
Genesee	95.83%	24	23	100.00%	28	28	100.00%	35	35	100.00%	24	24	99.10
Gogebic	-	0	0	-	0	0	100.00%	1	1	100.00%	1	1	100.00
Gratiot	100.00%	5	5	50.00%	2	1	100.00%	6	6	-	0	0	92.31
Hiawatha	100.00%	4	4	-	0	0	100.00%	7	7	100.00%	1	1	100.00
Huron	100.00%	3	3	100.00%	5	5	100.00%	2	2	100.00%	3	3	100.00
Ionia	100.00%	2	2	100.00%	3	3	100.00%	1	1	0.00%	1	0	85.71
Kalamazoo	94.12%	17	16	100.00%	10	10	100.00%	14	14	100.00%	10	10	98.04
Lapeer	100.00%	5	5	100.00%	9	9	100.00%	3	3	100.00%	5	5	100.00
Lenawee	100.00%	5	5	100.00%	4	4	100.00%	2	2	100.00%	5	5	100.00
Lifeways	94.44%	18	17	100.00%	18	18	100.00%	13	13	100.00%	10	10	98.31
Livingston	100.00%	11	11	100.00%	9	9	100.00%	11	11	100.00%	9	9	100.00
Macomb	96.39%	83	80	97.40%	77	75	98.94%	94	93	100.00%	76	76	98.18
Manistee-Benzie	100.00%	2	2	-	0	0	100.00%	3	3	100.00%	1	1	100.00
Monroe	100.00%	4	4	100.00%	5	5	100.00%	4	4	100.00%	5	5	100.00
Montcalm	80.00%	5	4	100.00%	6	6	100.00%	5	5	100.00%	3	3	94.74
Muskegon	100.00%	10	10	100.00%	7	7	100.00%	11	11	100.00%	9	9	100.00
network180	4.44%	45	2	86.49%	37	32	95.08%	61	58	100.00%	29	29	70.35
Newaygo	100.00%	5	5	100.00%	5	5	100.00%	7	7	100.00%	2	2	100.00
North Country	100.00%	13	13	100.00%	10	10	100.00%	10	10	100.00%	8	8	100.00
Northeast	100.00%	3	3	100.00%	1	1	100.00%	5	5	100.00%	4	4	100.00
Northern Lakes	93.10%	29	27	100.00%	17	17	81.25%	16	13	100.00%	17	17	93.67
Northpointe	100.00%	2	2	100.00%	6	6	100.00%	4	4	100.00%	2	2	100.00
Oakland	100.00%	29	29	96.97%	33	32	97.67%	43	42	97.30%	37	36	97.89
Ottawa	100.00%	9	9	88.89%	9	8	100.00%	9	9	100.00%	5	5	96.88
Pathways	80.00%	5	4	100.00%	7	7	100.00%	9	9	100.00%	5	5	96.15
Pines	100.00%	3	3	-	0	0	100.00%	2	2	100.00%	5	5	100.00
Saginaw	91.67%	12	11	77.78%	9	7	100.00%	15	15	87.50%	16	14	90.38
Sanilac	100.00%	7	7	100.00%	3	3	100.00%	4	4	100.00%	3	3	100.00
Shiawassee	100.00%	2	2	100.00%	3	3	100.00%	5	5	100.00%	6	6	100.00
St. Clair	92.31%	13	12	100.00%	17	17	90.00%	10	9	100.00%	13	13	96.23
St. Joseph	100.00%	1	1	100.00%	5	5	100.00%	1	1	100.00%	6	6	100.00
Summit Pointe	-	0	0	100.00%	8	8	100.00%	1	1	100.00%	3	3	100.00
Tuscola	100.00%	3	3	100.00%	1	1	100.00%	2	2	-	0	0	100.00
Van Buren	100.00%	2	2	100.00%	2	2	100.00%	3	3	100.00%	2	2	100.00
Washtenaw	100.00%	16	16	100.00%	21	21	95.65%	23	22	100.00%	11	11	98.59
West Michigan	-	0	0	100.00%	1	1	100.00%	3	3	100.00%	6	6	100.00
Woodlands	100.00%	2	2	100.00%	2	2	100.00%	1	1	-	0	0	100.00
	92.17%	728	671	97.70%	738	721	98.59%	853	841	98.67%	601	593	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	95.45%	22	21	100.00%	14	14	77.42%	31	24	92.31%	26	24	89.25
AuSable	100.00%	14	14	100.00%	16	16	100.00%	18	18	100.00%	17	17	100.00
Barry	100.00%	12	12	100.00%	18	18	100.00%	16	16	100.00%	17	17	100.00
Bay-Arenac	100.00%	63	63	98.39%	62	61	100.00%	49	49	100.00%	63	63	99.58
Berrien	100.00%	19	19	100.00%	1	1	96.00%	25	24	100.00%	31	31	98.68
CEI	91.43%	70	64	97.83%	92	90	96.92%	65	63	93.85%	65	61	95.21
CMH Central MI	95.65%	46	44	96.43%	56	54	95.24%	63	60	100.00%	65	65	96.96
Copper	92.86%	14	13	90.91%	11	10	91.67%	12	11	100.00%	5	5	92.86
Detroit-Wayne	99.09%	1,205	1,194	96.38%	1,106	1,066	97.42%	1,819	1,772	97.52%	1,169	1,140	97.60
Genesee	95.85%	217	208	96.39%	194	187	100.00%	165	165	100.00%	183	183	97.89
Gogebic	-	0	0	100.00%	4	4	100.00%	2	2	100.00%	3	3	100.00
Gratiot	100.00%	16	16	100.00%	9	9	100.00%	8	8	100.00%	13	13	100.00
Hiawatha	90.91%	11	10	100.00%	15	15	100.00%	15	15	100.00%	6	6	97.87
Huron	100.00%	15	15	100.00%	11	11	100.00%	21	21	100.00%	17	17	100.00
Ionia	84.62%	13	11	86.67%	15	13	84.62%	13	11	88.89%	18	16	86.44
Kalamazoo	98.88%	89	88	100.00%	74	74	100.00%	80	80	100.00%	68	68	99.68
Lapeer	100.00%	24	24	100.00%	25	25	100.00%	16	16	100.00%	18	18	100.00
Lenawee	100.00%	32	32	100.00%	48	48	100.00%	38	38	100.00%	32	32	100.00
Lifeways	93.41%	91	85	96.19%	105	101	100.00%	107	107	100.00%	72	72	97.33
Livingston	94.12%	17	16	97.22%	36	35	97.73%	44	43	100.00%	39	39	97.79
Macomb	98.03%	406	398	97.80%	363	355	97.89%	380	372	94.57%	368	348	97.10
Manistee-Benzie	100.00%	4	4	100.00%	6	6	100.00%	3	3	100.00%	7	7	100.00
Monroe	97.50%	40	39	95.45%	44	42	100.00%	50	50	100.00%	53	53	98.40
Montcalm	100.00%	19	19	96.67%	30	29	100.00%	19	19	95.65%	23	22	97.80
Muskegon	100.00%	40	40	97.67%	43	42	100.00%	51	51	97.06%	34	33	98.81
network180	12.72%	228	29	92.39%	197	182	84.28%	229	193	91.11%	180	164	68.11
Newaygo	100.00%	15	15	100.00%	9	9	100.00%	10	10	100.00%	13	13	100.00
North Country	100.00%	32	32	100.00%	33	33	100.00%	31	31	97.22%	36	35	99.24
Northeast	100.00%	16	16	100.00%	21	21	100.00%	15	15	100.00%	20	20	100.00
Northern Lakes	90.91%	88	80	92.11%	76	70	92.11%	76	70	83.75%	80	67	89.69
Northpointe	100.00%	12	12	100.00%	17	17	100.00%	17	17	100.00%	13	13	100.00
Oakland	97.47%	198	193	98.09%	262	257	99.03%	206	204	98.10%	263	258	98.17
Ottawa	100.00%	46	46	100.00%	31	31	97.30%	37	36	100.00%	31	31	99.31
Pathways	92.00%	25	23	100.00%	24	24	95.45%	22	21	95.65%	23	22	95.74
Pines	100.00%	17	17	94.44%	18	17	90.00%	20	18	100.00%	12	12	95.52
Saginaw	98.04%	51	50	98.15%	54	53	93.65%	63	59	100.00%	59	59	97.36
Sanilac	100.00%	20	20	100.00%	18	18	100.00%	20	20	100.00%	16	16	100.00
Shiawassee	100.00%	38	38	100.00%	32	32	100.00%	34	34	100.00%	30	30	100.00
St. Clair	95.65%	69	66	98.51%	67	66	100.00%	62	62	98.65%	74	73	98.16
St. Joseph	100.00%	22	22	100.00%	14	14	100.00%	11	11	100.00%	13	13	100.00
Summit Pointe	90.00%	10	9	100.00%	61	61	96.67%	30	29	89.29%	56	50	94.90
Tuscola	100.00%	14	14	100.00%	17	17	100.00%	23	23	100.00%	13	13	100.00
Van Buren	100.00%	19	19	100.00%	17	17	100.00%	13	13	100.00%	17	17	100.00
Washtenaw	100.00%	66	66	94.55%	55	52	96.92%	65	63	100.00%	52	52	97.90
West Michigan	95.00%	20	19	100.00%	22	22	85.71%	14	12	100.00%	14	14	95.71
Woodlands	100.00%	8	8	100.00%	13	13	100.00%	6	6	100.00%	5	5	100.00
	92.31%	3,513	3,243	96.99%	3,456	3,352	96.86%	4,114	3,985	97.03%	3,432	3,330	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

Indicator 5 (old #6): Percentage of Face-to-Face Assessments with a Professional that Result in Decisions to Deny CMHSP Services

	October - December 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	9.68%	124	12	7.59%	79	6	4.58%	131	6	1.29%	155	2	5.32
AuSable	14.16%	113	16	15.20%	125	19	23.78%	143	34	25.16%	155	39	20.15
Barry	8.13%	160	13	11.20%	125	14	6.47%	139	9	6.29%	143	9	7.94
Bay-Arenac	1.66%	422	7	2.42%	413	10	6.21%	435	27	4.59%	479	22	3.77
Berrien	6.46%	557	36	10.61%	264	28	24.36%	156	38	22.30%	296	66	13.20
CEI	4.60%	348	16	4.84%	372	18	6.40%	328	21	3.25%	308	10	4.79
CMH Central MI	7.65%	797	61	8.40%	738	62	3.61%	775	28	7.65%	693	53	6.79
Copper	9.09%	55	5	3.28%	61	2	5.26%	76	4	-	0	0	5.73
Detroit-Wayne	3.27%	2,416	79	3.76%	2,260	85	2.24%	2,139	48	0.92%	2,185	20	2.58
Genesee	53.43%	758	405	55.42%	655	363	54.47%	593	323	49.13%	574	282	53.22
Gogebic	21.74%	23	5	7.41%	27	2	13.33%	30	4	18.75%	32	6	15.18
Gratiot	2.44%	82	2	0.00%	101	0	0.00%	96	0	0.00%	90	0	0.54
Hiawatha	16.44%	73	12	8.77%	57	5	11.76%	68	8	10.67%	75	8	12.09
Huron	0.00%	71	0	2.60%	77	2	5.49%	91	5	2.74%	73	2	2.88
Ionia	0.00%	84	0	0.79%	126	1	0.00%	115	0	0.00%	66	0	0.26
Kalamazoo	0.00%	77	0	0.00%	134	0	4.86%	185	9	3.05%	164	5	2.50
Lapeer	18.79%	149	28	18.18%	143	26	35.25%	139	49	23.40%	141	33	23.78
Lenawee	14.08%	142	20	24.46%	139	34	24.38%	160	39	30.77%	130	40	23.29
Lifeways	12.74%	314	40	10.68%	571	61	11.11%	225	25	22.98%	161	37	12.82
Livingston	2.25%	89	2	7.95%	88	7	1.16%	86	1	4.44%	90	4	3.97
Macomb	0.80%	626	5	1.01%	694	7	0.51%	588	3	0.86%	463	4	0.80
Manistee-Benzie	13.73%	102	14	15.18%	112	17	5.94%	101	6	23.96%	96	23	14.60
Monroe	3.55%	141	5	2.14%	140	3	1.06%	188	2	2.62%	191	5	2.27
Montcalm	23.42%	111	26	11.18%	152	17	8.00%	125	10	5.04%	119	6	11.64
Muskegon	8.99%	378	34	10.60%	302	32	14.52%	303	44	12.54%	335	42	11.53
network180	7.12%	2,051	146	6.97%	2,096	146	6.76%	1,789	121	3.88%	1,674	65	6.28
Newaygo	9.21%	76	7	2.53%	79	2	2.05%	146	3	6.51%	169	11	4.89
North Country	21.85%	421	92	23.88%	402	96	23.24%	426	99	19.85%	388	77	22.24
Northeast	16.06%	137	22	24.26%	136	33	21.67%	120	26	29.20%	113	33	22.53
Northern Lakes	14.06%	448	63	13.92%	431	60	20.28%	424	86	15.93%	452	72	16.01
Northpointe	8.49%	106	9	4.12%	97	4	3.45%	87	3	4.08%	98	4	5.15
Oakland	40.46%	964	390	42.38%	1,057	448	37.93%	1,181	448	32.82%	1,112	365	38.27
Ottawa	20.63%	189	39	17.95%	195	35	14.96%	234	35	13.45%	171	23	16.73
Pathways	1.92%	104	2	2.36%	127	3	5.22%	134	7	3.87%	155	6	3.46
Pines	4.28%	304	13	1.78%	281	5	3.21%	312	10	6.39%	266	17	3.87
Saginaw	3.73%	134	5	1.36%	147	2	4.61%	152	7	1.90%	210	4	2.80
Sanilac	4.04%	99	4	1.49%	67	1	2.90%	69	2	10.89%	101	11	5.36
Shiawassee	13.13%	160	21	7.19%	153	11	7.65%	170	13	7.59%	145	11	8.92
St. Clair	0.00%	198	0	0.00%	199	0	21.64%	342	74	24.56%	342	84	14.62
St. Joseph	14.76%	210	31	11.71%	222	26	16.26%	246	40	28.10%	210	59	17.57
Summit Pointe	2.16%	970	21	0.85%	1,061	9	0.60%	998	6	0.84%	958	8	1.10
Tuscola	9.35%	107	10	9.76%	123	12	10.28%	107	11	15.97%	119	19	11.40
Van Buren	0.00%	198	0	0.48%	208	1	0.00%	174	0	0.00%	177	0	0.13
Washtenaw	24.35%	308	75	43.09%	188	81	35.65%	230	82	31.11%	180	56	32.45
West Michigan	43.37%	83	36	46.15%	91	42	41.77%	79	33	35.29%	68	24	42.06
Woodlands	0.88%	113	1	0.65%	153	1	0.00%	172	0	3.62%	138	5	1.22
	11.74%	15,592	1,830	11.89%	15,468	1,839	12.32%	15,007	1,849	11.56%	14,460	1,672	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

Indicator 6 (old #7): Percentage of Section 705 Second Opinions Requested Resulting in the Delivery of Service

	October - December 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	-	0	0	-	0	0	-	0	0	-	0	0	
AuSable	-	0	0	-	0	0	100.00%	1	1	100.00%	1	1	100.00
Barry	-	0	0	-	0	0	-	0	0	-	0	0	
Bay-Arenac	-	0	0	100.00%	1	1	-	0	0	-	0	0	100.00
Berrien	-	0	0	-	0	0	75.00%	4	3	66.67%	3	2	71.43
CEI	-	0	0	-	0	0	0.00%	3	0	-	0	0	0.00
CMH Central MI	-	0	0	-	0	0	-	0	0	100.00%	1	1	100.00
Copper	-	0	0	0.00%	1	0	-	0	0	-	0	0	0.00
Detroit-Wayne	100.00%	1	1	0.00%	1	0	50.00%	2	1	0.00%	2	0	33.33
Genesee	54.55%	11	6	11.76%	17	2	40.00%	10	4	10.00%	10	1	27.08
Gogebic	-	0	0	-	0	0	-	0	0	0.00%	1	0	0.00
Gratiot	-	0	0	-	0	0	-	0	0	-	0	0	
Hiawatha	0.00%	1	0	66.67%	3	2	100.00%	1	1	-	0	0	60.00
Huron	-	0	0	-	0	0	-	0	0	-	0	0	
Ionia	-	0	0	-	0	0	-	0	0	-	0	0	
Kalamazoo	-	0	0	-	0	0	11.11%	9	1	20.00%	5	1	14.29
Lapeer	-	0	0	-	0	0	-	0	0	-	0	0	
Lenawee	0.00%	1	0	-	0	0	-	0	0	-	0	0	0.00
Lifeways	100.00%	1	1	-	0	0	18.18%	11	2	0.00%	2	0	21.43
Livingston	-	0	0	-	0	0	-	0	0	-	0	0	
Macomb	-	0	0	0.00%	1	0	-	0	0	100.00%	2	2	66.67
Manistee-Benzie	-	0	0	-	0	0	-	0	0	-	0	0	
Monroe	0.00%	5	0	0.00%	3	0	0.00%	2	0	0.00%	5	0	0.00
Montcalm	-	0	0	-	0	0	-	0	0	-	0	0	
Muskegon	-	0	0	-	0	0	-	0	0	-	0	0	
network180	0.00%	9	0	0.00%	9	0	16.67%	6	1	16.67%	6	1	6.67
Newaygo	-	0	0	-	0	0	-	0	0	-	0	0	
North Country	-	0	0	-	0	0	0.00%	3	0	0.00%	4	0	0.00
Northeast	100.00%	1	1	-	0	0	-	0	0	100.00%	1	1	100.00
Northern Lakes	0.00%	2	0	40.00%	5	2	100.00%	2	2	71.43%	7	5	56.25
Northpointe	-	0	0	-	0	0	100.00%	2	2	-	0	0	100.00
Oakland	24.32%	37	9	55.17%	29	16	43.18%	44	19	29.27%	41	12	37.09
Ottawa	33.33%	3	1	12.50%	8	1	0.00%	5	0	33.33%	3	1	15.79
Pathways	-	0	0	-	0	0	100.00%	1	1	-	0	0	100.00
Pines	-	0	0	-	0	0	-	0	0	-	0	0	
Saginaw	-	0	0	-	0	0	-	0	0	-	0	0	
Sanilac	-	0	0	-	0	0	-	0	0	-	0	0	
Shiawassee	-	0	0	-	0	0	-	0	0	-	0	0	
St. Clair	11.11%	18	2	27.27%	22	6	0.00%	1	0	-	0	0	19.51
St. Joseph	5.33%	0	0	-	0	0	-	0	0	-	0	0	
Summit Pointe	-	0	0	-	0	0	-	0	0	-	0	0	
Tuscola	-	0	0	-	0	0	-	0	0	-	0	0	
Van Buren	-	0	0	-	0	0	-	0	0	-	0	0	
Washtenaw	25.00%	4	1	66.67%	6	4	0.00%	1	0	-	0	0	45.45
West Michigan	-	0	0	-	0	0	-	0	0	-	0	0	
Woodlands	-	0	0	-	0	0	-	0	0	-	0	0	
	23.40%	94	22	32.08%	106	34	35.19%	108	38	29.79%	94	28	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	0.00%	4	0	14.29%	7	1	10.00%	10	1	16.67%	6	1	11.11
AuSable	11.11%	18	2	0.00%	12	0	11.11%	9	1	14.29%	7	1	8.70
Barry	0.00%	4	0	0.00%	5	0	40.00%	5	2	0.00%	2	0	12.50
Bay-Arenac	13.64%	22	3	4.76%	21	1	16.67%	12	2	0.00%	16	0	8.45
Berrien	25.00%	4	1	0.00%	3	0	0.00%	7	0	0.00%	7	0	4.76
CEI	0.00%	6	0	0.00%	8	0	0.00%	9	0	0.00%	10	0	0.00
CMH Central MI	0.00%	10	0	20.00%	10	2	0.00%	4	0	0.00%	4	0	7.14
Copper	0.00%	2	0	20.00%	5	1	0.00%	3	0	0.00%	6	0	6.25
Detroit-Wayne	10.36%	309	32	8.38%	334	28	14.14%	396	56	12.05%	224	27	11.32
Genesee	1.82%	55	1	5.56%	54	3	7.04%	71	5	8.06%	62	5	5.79
Gogebic	-	0	0	0.00%	1	0	0.00%	1	0	0.00%	1	0	0.00
Gratiot	20.00%	5	1	0.00%	2	0	0.00%	6	0	-	0	0	7.69
Hiawatha	20.00%	5	1	-	0	0	12.50%	8	1	0.00%	1	0	14.29
Huron	0.00%	6	0	0.00%	5	0	0.00%	2	0	0.00%	4	0	0.00
Ionia	33.33%	3	1	0.00%	3	0	0.00%	1	0	0.00%	1	0	12.50
Kalamazoo	0.00%	17	0	0.00%	10	0	13.33%	15	2	7.14%	14	1	5.36
Lapeer	50.00%	8	4	20.00%	10	2	0.00%	3	0	14.29%	7	1	25.00
Lenawee	0.00%	7	0	0.00%	4	0	0.00%	2	0	0.00%	5	0	0.00
Lifeways	11.11%	18	2	5.56%	18	1	6.25%	16	1	7.14%	14	1	7.58
Livingston	16.67%	12	2	30.00%	10	3	9.09%	11	1	11.11%	9	1	16.67
Macomb	10.99%	91	10	18.07%	83	15	20.19%	104	21	16.25%	80	13	16.48
Manistee-Benzie	0.00%	2	0	-	0	0	0.00%	3	0	0.00%	1	0	0.00
Monroe	0.00%	4	0	0.00%	5	0	0.00%	4	0	0.00%	5	0	0.00
Montcalm	0.00%	5	0	0.00%	6	0	0.00%	5	0	0.00%	3	0	0.00
Muskegon	7.69%	13	1	0.00%	8	0	13.33%	15	2	0.00%	10	0	6.52
network180	0.00%	45	0	12.20%	41	5	9.52%	63	6	6.25%	32	2	7.18
Newaygo	0.00%	6	0	0.00%	6	0	0.00%	7	0	25.00%	4	1	4.35
North Country	0.00%	19	0	20.00%	15	3	10.00%	10	1	0.00%	12	0	7.14
Northeast	0.00%	3	0	0.00%	1	0	28.57%	7	2	0.00%	4	0	13.33
Northern Lakes	12.50%	32	4	10.53%	19	2	4.17%	24	1	9.09%	22	2	9.28
Northpointe	0.00%	2	0	0.00%	7	0	0.00%	4	0	0.00%	4	0	0.00
Oakland	2.44%	41	1	20.51%	39	8	11.32%	53	6	20.00%	50	10	13.66
Ottawa	10.53%	19	2	14.81%	27	4	0.00%	16	0	0.00%	11	0	8.22
Pathways	14.29%	7	1	42.86%	7	3	27.27%	11	3	0.00%	7	0	21.88
Pines	20.00%	5	1	0.00%	2	0	100.00%	3	3	20.00%	5	1	33.33
Saginaw	13.64%	22	3	13.04%	23	3	0.00%	20	0	4.55%	22	1	8.05
Sanilac	12.50%	8	1	0.00%	3	0	0.00%	4	0	0.00%	3	0	5.56
Shiawassee	0.00%	4	0	0.00%	3	0	20.00%	5	1	0.00%	8	0	5.00
St. Clair	19.05%	21	4	13.04%	23	3	7.69%	13	1	11.76%	17	2	13.51
St. Joseph	0.00%	3	0	0.00%	5	0	0.00%	2	0	16.67%	6	1	6.25
Summit Pointe	-	0	0	0.00%	10	0	0.00%	4	0	0.00%	12	0	0.00
Tuscola	0.00%	4	0	0.00%	1	0	0.00%	2	0	-	0	0	0.00
Van Buren	0.00%	2	0	0.00%	2	0	0.00%	6	0	0.00%	2	0	0.00
Washtenaw	10.00%	20	2	7.14%	28	2	7.69%	26	2	16.67%	12	2	9.30
West Michigan	0.00%	1	0	0.00%	2	0	25.00%	4	1	28.57%	7	2	21.43
Woodlands	0.00%	2	0	0.00%	2	0	0.00%	1	0	-	0	0	0.00
	8.93%	896	80	10.11%	890	90	12.12%	1,007	122	10.15%	739	75	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

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 2012			January - March 2013			April - June 2013			July - September 2013			
	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	Fiscal Year Percentage
Allegan	11.76%	34	4	4.55%	22	1	2.17%	46	1	6.90%	58	4	6.25
AuSable	3.33%	30	1	0.00%	24	0	3.57%	28	1	9.68%	31	3	4.42
Barry	0.00%	13	0	4.55%	22	1	14.29%	14	2	10.00%	20	2	7.25
Bay-Arenac	8.86%	79	7	12.64%	87	11	12.33%	73	9	10.00%	80	8	10.97
Berrien	12.50%	24	3	0.00%	1	0	6.90%	29	2	5.56%	36	2	7.78
CEI	12.79%	86	11	13.08%	107	14	11.25%	80	9	16.46%	79	13	13.35
CMH Central MI	12.96%	54	7	6.76%	74	5	3.45%	87	3	6.02%	83	5	6.71
Copper	15.79%	19	3	15.38%	13	2	6.25%	16	1	0.00%	7	0	10.91
Detroit-Wayne	18.88%	1,663	314	14.12%	1,636	231	18.82%	1,987	374	16.82%	1,391	234	17.27
Genesee	12.37%	388	48	12.43%	362	45	11.76%	340	40	12.26%	359	44	12.22
Gogebic	-	0	0	0.00%	4	0	0.00%	3	0	66.67%	3	2	20.00
Gratiot	17.39%	23	4	9.09%	11	1	0.00%	11	0	6.67%	15	1	10.00
Hiawatha	23.08%	13	3	5.56%	18	1	11.11%	18	2	14.29%	7	1	12.50
Huron	9.52%	21	2	18.75%	16	3	4.55%	22	1	10.00%	20	2	10.13
Ionia	0.00%	13	0	6.25%	16	1	0.00%	14	0	5.56%	18	1	3.28
Kalamazoo	6.67%	105	7	7.14%	98	7	7.87%	89	7	10.59%	85	9	7.96
Lapeer	14.71%	34	5	11.11%	36	4	20.83%	24	5	13.79%	29	4	14.63
Lenawee	8.89%	45	4	13.11%	61	8	4.17%	48	2	9.52%	42	4	9.18
Lifeways	12.61%	111	14	14.75%	122	18	12.32%	138	17	24.42%	86	21	15.32
Livingston	27.27%	22	6	18.60%	43	8	10.87%	46	5	33.33%	45	15	21.79
Macomb	18.44%	499	92	20.96%	458	96	17.87%	470	84	19.91%	462	92	19.27
Manistee-Benzie	0.00%	4	0	16.67%	6	1	0.00%	2	0	0.00%	7	0	5.26
Monroe	6.82%	44	3	10.42%	48	5	11.32%	53	6	12.73%	55	7	10.50
Montcalm	5.26%	19	1	10.00%	30	3	5.26%	19	1	17.39%	23	4	9.89
Muskegon	10.17%	59	6	6.06%	66	4	10.96%	73	8	8.16%	49	4	8.91
network180	0.00%	228	0	12.39%	234	29	10.78%	269	29	10.97%	237	26	8.68
Newaygo	29.41%	17	5	0.00%	15	0	0.00%	16	0	18.75%	16	3	12.50
North Country	9.09%	44	4	1.96%	51	1	3.64%	55	2	1.75%	57	1	3.86
Northeast	3.70%	27	1	9.38%	32	3	3.57%	28	1	7.14%	28	2	6.09
Northern Lakes	7.44%	121	9	5.71%	105	6	8.33%	108	9	16.67%	120	20	9.69
Northpointe	18.75%	16	3	15.00%	20	3	14.29%	21	3	0.00%	13	0	12.86
Oakland	11.42%	254	29	9.42%	308	29	9.35%	321	30	9.14%	372	34	9.72
Ottawa	14.49%	69	10	5.26%	57	3	15.25%	59	9	1.72%	58	1	9.47
Pathways	13.33%	30	4	10.00%	30	3	4.35%	23	1	22.22%	27	6	12.73
Pines	8.00%	25	2	5.00%	20	1	5.00%	20	1	0.00%	21	0	4.65
Saginaw	12.82%	78	10	13.48%	89	12	13.46%	104	14	11.25%	80	9	12.82
Sanilac	3.85%	26	1	11.11%	18	2	10.71%	28	3	21.05%	19	4	10.99
Shiawassee	2.56%	39	1	3.03%	33	1	11.76%	34	4	3.33%	30	1	5.15
St. Clair	15.09%	106	16	14.00%	100	14	24.04%	104	25	25.00%	116	29	19.72
St. Joseph	4.00%	25	1	6.25%	16	1	0.00%	15	0	6.67%	15	1	4.23
Summit Pointe	0.00%	17	0	4.82%	83	4	8.70%	46	4	5.75%	87	5	5.58
Tuscola	10.00%	20	2	5.88%	17	1	0.00%	24	0	7.14%	14	1	5.33
Van Buren	4.76%	21	1	0.00%	22	0	0.00%	18	0	0.00%	25	0	1.16
Washtenaw	6.94%	72	5	10.91%	55	6	6.67%	75	5	8.77%	57	5	8.11
West Michigan	7.69%	26	2	9.38%	32	3	5.56%	18	1	6.25%	16	1	7.61
Woodlands	0.00%	8	0	7.69%	13	1	0.00%	6	0	0.00%	5	0	3.13
	13.94%	4,671	651	12.53%	4,731	593	14.08%	5,122	721	14.01%	4,503	631	

Source: MDCH, Division of Quality Management and Planning, FY13 CMHSP Performance Indicators

SECTION 404 (k)
NUMBER OF DIRECT CARE WORKERS
FY 2013

ESTIMATED FTE EQUIVALENTS
FTES'13.XLS

STATEWIDE TOTALS

TABLE 1 -Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	1,282.23	61.62	1,343.85
3	b. Contract Agency Staff	18,772.93	498.02	19,270.95
	Total	20,055.16	559.64	20,614.80

TABLE 2-Total Workforce Estimate

	Estimated Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
13	CMHSP Employees	19,693.34	252.17	19,945.51
14	Contract Agency Staff	17,543.51	517.34	18,060.85
15	Total	37,236.85	769.51	38,006.36

ESTIMATED FTE EQUIVALENTS

CMHSP: Allegan County CMH Services
Contact name/e-mail: Gary Smith gsmith@accmhs.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	329	0	329
4	Total	329	0	329

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	126	0	126
6	Contract Agency Staff	210	0	210
7	Total	336	0	336

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

CMHSP: AuSable Valley CMH
Contact name/e-mail: Glenn Gray: glenn.gray@avcmh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	110	6	116
3	b. Contract Agency Staff			0
4	Total	110	6	116

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	28	1	29
6	Contract Agency Staff			0
7	Total	28	1	29

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)
Centrally maintained payroll data, utilizing ADP.

ESTIMATED FTE EQUIVALENTS

CMHSP: BCCMHA
Contact name/e-mail: KELLY JENKINS/kejenkins@bccmha.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	0	0	0
4	Total	0	0	0

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	11	0	11
6	Contract Agency Staff			0
7	Total	11	0	11

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)
We do not anticipate any changes in staff providing services to our clients in 2014.
Staffing levels may change as dicated by client need and in response to state requirements.
The source of the FTE information is centrally maintained.

ESTIMATED FTE EQUIVALENTS

CMHSP: Bay-Arenac
Contact name/e-mail: Jean Wesolowski jwesolowski@babha.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	10	0	10
3	b. Contract Agency Staff	267	0	267
4	Total	277	0	277

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	26.72	0	26.72
6	Contract Agency Staff	166	0	166
7	Total	192.72	0	192.72

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

This report contains information only on settings where skill building, CLS and PC are provided, per row 5 & 6 instructions.
Expected workforce changes for FY 13-14 are that 4 DCW's in the CMH skill building site retired and will not be replaced.
The source of the information for CMHSP employees is the centrally maintained payroll and budgeting system.
Contract providers were surveyed to obtain their FTE counts.

ESTIMATED FTE EQUIVALENTS

CMHSP: BERRIEN MENTAL HEALTH AUTHORITY
Contact name/e-mail: MICHAEL REED mrr@riverwoodcenter.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	8.5	1	9.5
3	b. Contract Agency Staff	130.6	12.7	143.3
4	Total	139.1	13.7	152.8

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	0	0	0
6	Contract Agency Staff	70.1	4.5	74.6
7	Total	70.1	4.5	74.6

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

NO WORK FORCE CHANGES ARE EXPECTED

CMHSP FTE INFO CENTRALLY ,MAINTAINED
PROVIDER FTE INFO FROM PROVIDER SURVEY

ESTIMATED FTE EQUIVALENTS

CMHSP: CEI
Contact name/e-mail: Richard Coelho

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	120	24	144
3	b. Contract Agency Staff	354		354
4	Total	474	24	498

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	756	69	825
6	Contract Agency Staff	173		173
7	Total	929	69	998

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

The expected workforce changes for FY 14 for Community mental Health Authority of Clinton, Eaton, Ingham Counties is an increase of 26.50 FTEs. This change in workforce applies to this CMHSP and represents the organization's commitment to service, infrastructure restoration, emerging markets and health care integrated services. The emerging markets services is to be for currently un-served persons and the infrastructure restoration shall relate to the expansion of services this expansion requires.

ESTIMATED FTE EQUIVALENTS

CMHSP: CMH for Central Michigan
Contact name/e-mail: Tonya Bondale; tbondale@cmhcm.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees			0
3	b. Contract Agency Staff	748.91		748.91
4	Total	748.91	0	748.91

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	369	12	381
6	Contract Agency Staff	571.1		571.1
7	Total	940.1	12	952.1

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

CMHSP: Copper Country
Contact name/e-mail: tanderson@cccmh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	100	9	109
3	b. Contract Agency Staff			0
4	Total	100	9	109

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	206.5	13.5	220
6	Contract Agency Staff			0
7	Total	206.5	13.5	220

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

CMHSP: Detroit Wayne Mental Health Authority
Contact name/e-mail: Nasr Doss / ndoss@waynecounty.com

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	384	0	384
3	b. Contract Agency Staff	3270	107	3377
4	Total	3654	107	3761

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	15828	26	15854
6	Contract Agency Staff	4639.45	162.75	4802.2
7	Total	20467.45	188.75	20656.2

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

CMHSP:
Contact name/e-mail:

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	1660	0	1660
4	Total	1660	0	1660

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	47.15	0.9	48.05
6	Contract Agency Staff	437	0	437
7	Total	484.15	0.9	485.05

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

CMHSP: Gogebic County CMHSP
Contact name/e-mail:

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	30.58		30.58
3	b. Contract Agency Staff			0
4	Total	30.58	0	30.58

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	73.19		73.19
6	Contract Agency Staff	4.1		4.1
7	Total	77.29	0	77.29

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

The FTE information comes from the Salary and Fringe Worksheet included in the Gogebic County CMHSP board approved Budget Amendment #2.

The Fiscal Year 2013 workforce should remain the same for Fiscal Year 2014. The Fiscal Year 2014 budget is tight and will not allow for any additions to programs. When a position is vacated there is a chance these duties will be re-distributed and the positions will not be replaced in a cost savings effort.

ESTIMATED FTE EQUIVALENTS

CMHSP: Gratiot County CMH
Contact name/e-mail: Lynn Charping / lcharping@gccmha.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0		0
3	b. Contract Agency Staff	47.7		47.7
4	Total	47.7	0	47.7

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	13.2		13.2
6	Contract Agency Staff	91		91
7	Total	104.2	0	104.2

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

For our contracted providers we have put steps in place to reduce our costs. All providers (e.g., Psychiatric providers, BCBA's, Dietitians, Occupational Therapists, Psychosocial Rehabilitation via the Drop-In Center, etc.) have all received very slight and sub-COLA contract adjustments. We have also monitored our CLS contract rate with our providers to significantly reduce our residential costs and the agency's "Service Review Committee" regularly monitors the staffing required for consumers requiring enhanced staffing ratios. In addition, Gratiot CMH is currently taking advantage of and instituting all efficiencies made available by MDCH's new regionalization endeavor.

ESTIMATED FTE EQUIVALENTS

CMHSP: Hiawatha Behavioral Health
Contact name/e-mail: Becky Mills bmills@hbhcmh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	35	0	35
3	b. Contract Agency Staff	15	0	15
4	Total	50	0	50

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	122	2	124
6	Contract Agency Staff	24	0	24
7	Total	146	2	148

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

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

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	28		28
3	b. Contract Agency Staff	15		15
4	Total	43	0	43

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	13		13
6	Contract Agency Staff	46		46
7	Total	59	0	59

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

These numbers were obtained through a survey of our residential and contracted providers as well as centrally maintained HR documentation.

Expected workforce changes are those that would come about as a result of someone leaving a position or as a need arises, for example, as we are transitioning to our new PIHP, a lot of the administrative functions that our past PIHP was able to do are being delegated back to us which makes it necessary for us to hire a full time Quality Improvement, Performance Improvement and Utilization Management Coordinator to assure that all delegated functions are being completed. We are also in the process of transitioning to a new EMR and this will also hopefully create some staff efficiencies to allow us to be able to bring back in house some other functions, such as access and eligibility that we are currently contracting with another agency to complete. In and effort to create more administrative efficiencies, we are exploring contracting with an external company to take over the management of our two owned and operated specialized residential homes.

ESTIMATED FTE EQUIVALENTS

CMHSP: IONIA CMH
Contact name/e-mail:

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	81	0	81
4	Total	81	0	81

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	84.6	6	90.6
6	Contract Agency Staff	93	0	93
7	Total	177.6	6	183.6

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

DESCRIPTION: The source of CMHSP employee FTEs was the payroll system and approved budget. The source of contract staff was a combination of survey of providers, contractual provisions and utilization reports. ICCMH will continue to recruit and fill vacant positions. During FY 2013, ICCMH Board of Directors approved (2) part time 0.50 FTE autism aide positions.

ESTIMATED FTE EQUIVALENTS

CMHSP: KCMHSAS
Contact name/e-mail: Sheila Hibbs_shibbs@kazoocmh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	501.5	15.5	517
4	Total	501.5	15.5	517

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	0	0	0
6	Contract Agency Staff	385.15	4	389.15
7	Total	385.15	4	389.15

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

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

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees			0
3	b. Contract Agency Staff	229.7		229.7
4	Total	229.7	0	229.7

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	19.8		19.8
6	Contract Agency Staff	42.4		42.4
7	Total	62.2	0	62.2

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

**NO WORKFORCE CHANGES ANTICIPATED

** Information regarding Contract Agency staff obtained through Provider survey and financial information centrally maintained.
** FTE estimates for residential providers based on fee-for-services contract agreements and required staffing patterns.

ESTIMATED FTE EQUIVALENTS

CMHSP: Lenawee Community Mental Health
Contact name/e-mail: Shar Dunbar/sdunbar@lcmha.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	134.32	0	134.32
4	Total	134.32	0	134.32

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees			0
6	Contract Agency Staff	86.04	0.5	86.54
7	Total	86.04	0.5	86.54

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)
Goodwill reported staffing based on referrals. Others reported no expected changes. All providers were surveyed.

ESTIMATED FTE EQUIVALENTS

CMHSP: LifeWays
Contact name/e-mail: gina.costa@lifewayscmh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	305	8	313
4	Total	305	8	313

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	0	0	0
6	Contract Agency Staff	346	8	354
7	Total	346	8	354

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

CMHSP: Livingston County CMH Authority
Contact name/e-mail: Deb McCririe/dmccririe@cmhliv.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees			0
3	b. Contract Agency Staff	89.555	6	95.555
4	Total	89.555	6	95.555

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees			0
6	Contract Agency Staff	248.02	29.18	277.2
7	Total	248.02	29.18	277.2

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)
LCCMHA surveyed providers

ESTIMATED FTE EQUIVALENTS

CMHSP: Macomb
Contact name/e-mail: Paul MacIver/paul.maciver@mccmh.net

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees			0
3	b. Contract Agency Staff	1,411.92		1411.92
4	Total	1411.92	0	1411.92

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees			0
6	Contract Agency Staff	1,945.78		1945.78
7	Total	1945.78	0	1945.78

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

FTE info for contract agency staff was estimated from service data.

DCW increase related services have been relatively flat and it is anticipated that they will continue to be. No significant change in this workforce is expected.

ESTIMATED FTE EQUIVALENTS

CMHSP: Centra Wellness Network aka Manistee-
Contact name/e-mail: Amy Taylor, Ataylor@centrawellness.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	105.28	0	105.28
4	Total	105.28	0	105.28

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	82	0	82
6	Contract Agency Staff	6.96	0	6.96
7	Total	88.96	0	88.96

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

The source of the infomration provided for CMH staff is centrally maintained in the Human Resource Department. Contract providers information is obtained from providers. There are no changes expected to the workforce in FY14 for contract providers.

ESTIMATED FTE EQUIVALENTS

CMHSP: Monroe CMHealth Authority
Contact name/e-mail: Vickie/vbagherzadeh@monroecmha.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	11	1	12
3	b. Contract Agency Staff	168.8	0	168.8
4	Total	179.8	1	180.8

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	111.26	17.2	128.46
6	Contract Agency Staff	414.12	0	414.12
7	Total	525.38	17.2	542.58

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

Soource of the FTE information:

We sent the worksheet out to our providers and asked them to fill out their portion to provide the information to us. We then added our information and summarized it on the attached worksheet. They also sent their comments on the workforce changes for FY13 which are summarized above.

For Monroe CMHA, we continue to be budget concious due to uncertainty of funding and changes to health care in Michigan. Only if there is a change in program services will we have any increases in FTE's. We continue to utilize contingency plans which include reducing our FTE 's through attrition while increasing individual productivity through centralized scheduling and technology improvements.

ESTIMATED FTE EQUIVALENTS

CMHSP: Montcalm Center for Behavioral Health
Contact name/e-mail: Julianna Kozara jkozara@mcbh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	73.74	0	73.74
4	Total	73.74	0	73.74

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	2		2
6	Contract Agency Staff	17.75	0	17.75
7	Total	19.75	0	19.75

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

Source: Information was obtained through direct survey of the main provider of specialized residential care in the county. Estimates were used from the remaining providers based on FY 13 contracts. Calculations were gathered by evaluating the number of hours contracted for personal and community living supports.

Expected Changes in Work Force for FY14:

MCBH anticipates needs in several areas related to changing conditions in the community and state. With the loss of the community inpatient unit, MCBH expects increased difficulty in finding inpatient beds and an increased focus on the utilization of crisis stabilizing programs such as ACT to ensure individuals can be maintained safely in the community. This will likely mean the addition of a .5 FTE Peer Support and long-term a 1.0 FTE Case Manager. In addition, MCBH has been building an Access Center for FY14 with 3.0 FTE of additional clinical positions. With Medicaid expansion, additional Outpatient staff is expected. Peer Support or a MARA worker position will be necessary to assist in enrolling eligible persons in Healthy Michigan. With Children's Services, MCBH expects continued growth in persons seeking Autism Services and the need for additional ABA providers. MCBH anticipates the addition of a .5 FTE Wraparound Coordinator and .5 FTE Juvenile Court Outreach Worker. A continued need exists for AFC placements that can provide for the needs of consumers with complex, behavioral needs. MCBH plans to partner with others in the Mid-State region to address this growing need. Integrated health care is a focus for FY 14. This includes the addition of a 1.0 FTE Nurse Manager and 1/0 FTE Integrated Health Social Worker to build connections with primary care and better address the health and wellness of our consumer populations.

ESTIMATED FTE EQUIVALENTS

CMHSP: Muskegon
Contact name/e-mail: Judy Cohen/judy.cohen@muskegoncmh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	72.7	7.03	79.73
3	b. Contract Agency Staff	1228	166	1394
4	Total	1300.7	173.03	1473.73

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	240.64	20	260.64
6	Contract Agency Staff	671	153	824
7	Total	911.64	173	1084.64

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

CMHSP: Network180
Contact name/e-mail: Corrine Rider corrine.rider@network180.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees			0
3	b. Contract Agency Staff	1193.1	81.17	1274.27
4	Total	1193.1	81.17	1274.27

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	155	2	157
6	Contract Agency Staff	723.22	35.36	758.58
7	Total	878.22	37.36	915.58

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

Expected FY13 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc).

Bethany Christian Services: No changes planned for 2014 at this time.

D.A. Blodgett – St. Johns: The number includes supports coordinators, case managers, clinical staff AND community living support aides. We have several part time CLS staff, but when you combine all of their work hours then it would be equivalent to 5.5 FTE. At the end of FY13 we also had a need to increase staffing for CLS which is reflected above as 1.5 FTE.

Since we have added home based services to our service array, I would predict that we will fire an additional 6 FTE to provide case management and clinical services. I would also guess that we would add 3-4 FTE community living supports. That number includes the vacancies from FY13 and adding more staff.

Supervisors work in conjunction with human resources to maintain staffing needs.

Easter Seals: Easter Seals Michigan is growing this program and anticipates adding 2-3 home-based clinicians and 1 case management coordinator in the coming fiscal year. Based on client needs, we also anticipate adding 1-2 part-time Community Living/Respite Support workers.

Easter Seals maintains all staffing data in our Human Resources Information System (ABRA). This data is maintained for all directly operated programs of Easter Seals and captured by fund source.

Goodwill Industries: There are no expected changes in our workforce.

The FTE information is centrally maintained.

HHS, Health Options: Very little change in the workforce is expected for FY14. Possibly additional Case managers could be hired/added but this would be limited to 1 or 2 FTE.

The FTE information is maintained centrally at the HHS, Health Options main office.

Hope Network Behavioral Health Services: Workforce changes are not expected.

Source of FTE information is centrally maintained in the Contract Agency's HR dept.

Hope Network Developmental & Community Services:

FTE information was taken from the approved 2013-14 budget.

MOKA: Expected workforce changes for FY14 include staffing needed for an additional 4 bed residential program as well as continued projected growth of community living supports

This information was obtained by our payroll and application systems.

Pine Rest Christian Mental Health: No major anticipated changes at this point in staffing are expected.

Source of information comes from centrally maintained employee records in HR.

Real Life Living Services: We expect that number to increase in 2014, based on steady growth already charted in FY13.

FTE based on actual CLS hours serviced.

Recovery Academy: Do not anticipate any workforce changes for FY14.

Spectrum Community Services: We expect to expand the workforce due to growth in additional programs added to support individuals with developmental disabilities both in the community and within our residential settings.

Data is centrally maintained in HRIS managed by Human Resources Division and by Operations Division.

Thresholds: There are no set vacancies. I fill them as they occur including new programs and or settings mandated by Network180

ESTIMATED FTE EQUIVALENTS

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

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0		0
3	b. Contract Agency Staff	164.03		164.03
4	Total	164.03	0	164.03

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	50	2	52
6	Contract Agency Staff	318.57		318.57
7	Total	368.57	2	370.57

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

In the 4th quarter of FY12 we had a re-organization of staff and positions.
We have completed all hiring for those new positions. We do not expect much change in the workforce for FY13.

The source of FTE informaiton is obtained through contracts with providers, as we are a net cost contractor with funded FTE's.

ESTIMATED FTE EQUIVALENTS

CMHSP: North Country Community Mental Health
Contact name/e-mail: dwheeler@norcocmh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	10	0.6	10.6
3	b. Contract Agency Staff	336.24	2	338.24
4	Total	346.24	2.6	348.84

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	21.49		21.49
6	Contract Agency Staff	196.14		196.14
7	Total	217.63	0	217.63

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

Workforce Changes:
During FY13, North Country CMH experienced an increase in community living supports and personal care services to individuals with Developmental Disabilities. Twenty-five new clients requested community living supports and/or personal care services in FY13. Clients requesting services through self determinination also increased over the past fiscal year. Some individuals moved from Specialized Residential settings to Non-Specialized settings. It is expected that demand for community living supports and personal care will continue in FY14. Eighteen new self-determination arrangements have occurred thus far in FY13. Many of these clients have moved from respite care to community living support services. Most of the new services will be provided by contract agencies.

Additional workforce expansion in FY13 included 1.5 FTE Behavioral Specialists hired to provide Autism Benefit services, otherwise, the workforce remained the same.

Source of FTE Information:
North Country CMH employee information was extracted from the payroll system. Most large contract providers supplied FTE information. The remaining FTEs employed by smaller contract providers were calculated based on FY13 expenditures by provider divided by the contract hourly rate paid to the provider. North Country CMH also included direct care FTEs providing services in small Specialized Residential settings in FY13.

ESTIMATED FTE EQUIVALENTS

CMHSP: NORTHERN LAKES CMHA
Contact name/e-mail Bruce.Bridges@NLCMH.ORG

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	61	0	61
3	b. Contract Agency Staff	425	0	425
4	Total	486	0	486

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	222	15	237
6	Contract Agency Staff	310	0	310
7	Total	532	15	547

Expected FY12 Workforce Changes

Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

The most significant change involves the number of full time employees related to contracted special residential services. While the demand for special residential services has climbed, our knowledge of provider staffing has increased. The extrapolation of the providers whose staffing was previously known to those whose were not proved to not capture what the actual level is with some providers which is much lower than expected.

Northern Lakes staffing has remained fairly constant over the past year with vacancies reaching as high as 20 out of a total of about 300 positions.

Perhaps the biggest change is in the increase volume of support delivered to people who live in their homes or apartments through staffing which is expanding for both contracted Mental Health Services and services through MI Choice. Since the services are generally hourly based, FTE calculations are easier to make.

ESTIMATED FTE EQUIVALENTS

CMHSP: Northeast MI Community Mental Health
Contact name/e-mail: Lisa Anderson landerson@nemcmh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	137.83	1.5	139.33
3	b. Contract Agency Staff	54	0	54
4	Total	191.83	1.5	193.33

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	97.9	2	99.9
6	Contract Agency Staff	47	0	47
7	Total	144.9	2	146.9

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

Data is centrally maintained

We will continue to move toward hiring and expanding the workforce in areas that promote independence and independent living and reduce services in the area of specialized residential homes as mortality takes place. Training in the area of Gentle Teaching will be completed for all staff providing direct services. We are prepared to provide and will continue to expand our services to children with Autism Spectrum Disorders. Continuous staffing expansion will take place in employment services for consumers with a developmental disability and mental illness. We will also be focusing our attention to continued partnerships with our local federally qualified health care centers as we integrate services.

ESTIMATED FTE EQUIVALENTS

CMHSP: Northpointe BHS
Contact name/e-mail: Luanne Guiliani: lguiliani@nbhs.org Terri

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	93	6.5	99.5
3	b. Contract Agency Staff	30	0	30
4	Total	123	6.5	129.5

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	33	1	34
6	Contract Agency Staff	39	0	39
7	Total	72	1	73

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)
FTE information for CMHSP employees was taken from actual payroll information.

Expected changes: With the implementation of the Autism benefit, Northpointe anticipates hiring a paraprofessional worker as an ABA aide, with the possibility of hiring more as the program develops. Northpointe anticipates all other paraprofessional staffing to be stable. Contract monitoring occurs minimally annually and staffing patterns are reviewed.

ESTIMATED FTE EQUIVALENTS

CMHSP: Oakland County CMHA
Contact name/e-mail: Willie Brooks/brooksw@occmha.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	1824	75	1899
4	Total	1824	75	1899

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees			0
6	Contract Agency Staff	2799	81	2880
7	Total	2799	81	2880

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

FY14 changes:
Given Mediciad revenue reduction $14m;
Given Huge GF cuts
Given huge shift away from CMHSPs to MHPs/Healthy Michigan

We are expecting to see tremndous shift/decrease in CMH system FTEs
Hope to see more movement from specialized residential to CLS, that is OCCMHA values - but likely cannot afford the much more expensive non-licensed sites

We hope to see increased movement to supported employment settings
But again with funding reductions and potential loss of MRS services due to GF cuts, will see FTE reductions

ESTIMATED FTE EQUIVALENTS

CMHSP: Ottawa County
Contact name/e-mail:

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	246.54	9.65	256.19
4	Total	246.54	9.65	256.19

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	37	0	37
6	Contract Agency Staff	413.82	5	418.82
7	Total	450.82	5	455.82

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

We are not anticipating a significant change in FY 13 workforce for residential, CLS, and skill building services

We obtained the information by surveying providers and analysis FY 2013 services provided for CLS and skill building services.

ESTIMATED FTE EQUIVALENTS

CMHSP: Pathways
Contact name/e-mail: Jeanne Lippens (jlippens@up-pathways.org)

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	433.98	6.5	440.48
4	Total	433.98	6.5	440.48

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	41	0	41
6	Contract Agency Staff	131.13	2.1	133.23
7	Total	172.13	2.1	174.23

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

CMHSP: Pines Behavioral Health
Contact name/e-mail: rwilber@pinesbhs.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	82.5	0	82.5
4	Total	82.5	0	82.5

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	0	0	0
6	Contract Agency Staff	3	0	3
7	Total	3	0	3

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

Pines experienced a slight increase in contractual staff during FY 13 to accommodate the new ABA autism benefit (psychologist and ABA aids). FTE information is obtained by human resources as well as the contract providers.

ESTIMATED FTE EQUIVALENTS

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

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees			0
3	b. Contract Agency Staff	484		484
4	Total	484	0	484

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	246.45	50	296.45
6	Contract Agency Staff	340		340
7	Total	586.45	50	636.45

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

Centrally maintained by SCCMHA for Contract Agency Staff (Calculated by FTE's listed within contracts or from paid claims units)

ESTIMATED FTE EQUIVALENTS

CMHSP: Sanilac CMHA
Contact name/e-mail: Beth Westover/bwestover@sanilaccmh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0		0
3	b. Contract Agency Staff	200.75		200.75
4	Total	200.75	0	200.75

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	97.5	2	99.5
6	Contract Agency Staff	26.95	1.25	28.2
7	Total	124.45	3.25	127.7

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)
No significant change in the workforce. All data was compiled from the HRIS software for table 2.

ESTIMATED FTE EQUIVALENTS

CMHSP: Shiawassee
Contact name/e-mail:

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees			0
3	b. Contract Agency Staff	96.9	0	96.9
4	Total	96.9	0	96.9

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	217	3	220
6	Contract Agency Staff	69.5	0	69.5
7	Total	286.5	3	289.5

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)
SOURCE: Survey of current contracted providers via letter. Copies of responses on file in Contracts Office

ESTIMATED FTE EQUIVALENTS

CMHSP: St. Clair County CMHSP
Contact name/e-mail: Patricia Hayes / phayes@scccmh.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	245.7	0	245.7
4	Total	245.7	0	245.7

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	38.13	3.07	41.2
6	Contract Agency Staff	264.59	5	269.59
7	Total	302.72	8.07	310.79

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

CMHSP: CMHSAS-SJC
Contact name/e-mail: Heather Kerr (hkerr@stjoecmh.org)

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees			0
3	b. Contract Agency Staff	68.5	4	72.5
4	Total	68.5	4	72.5

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees			0
6	Contract Agency Staff	51.75	2	53.75
7	Total	51.75	2	53.75

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)
Query of contracted agencies. No changes are expected.

ESTIMATED FTE EQUIVALENTS

CMHSP: SUMMIT POINTE
Contact name/e-mail: Shelley Cizio (sjc@summitpointe.org)

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	305.66	0	305.66
4	Total	305.66	0	305.66

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	8.5	0	8.5
6	Contract Agency Staff	255.67	0.5	256.17
7	Total	264.17	0.5	264.67

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

Surveyed providers and centrally maintained.

ESTIMATED FTE EQUIVALENTS

CMHSP: Tuscola Behavioral Health Systems
Contact name/e-mail: Todd Lewicki/tlewicki@tbhs.net

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	61.88	4.56	66.44
3	b. Contract Agency Staff			0
4	Total	61.88	4.56	66.44

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	81.31	2	83.31
6	Contract Agency Staff			0
7	Total	81.31	2	83.31

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)
Please see attached document entitled: "Annual Submission FY14 Changes."

ESTIMATED FTE EQUIVALENTS

CMHSP: Van Buren Communtiy Mental Health
Contact name/e-mail: Chris Johnson cjohnson@vbcmh.com

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	8.74	0.43	9.17
3	b. Contract Agency Staff			0
4	Total	8.74	0.43	9.17

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	140	2.5	142.5
6	Contract Agency Staff			0
7	Total	140	2.5	142.5

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

ESTIMATED FTE EQUIVALENTS

CMHSP: Washtenaw Community Health Organization
Contact name/e-mail: James Colaianne

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	341	4.5	345.5
4	Total	341	4.5	345.5

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	0	0	0
6	Contract Agency Staff	656.2	23.2	679.4
7	Total	656.2	23.2	679.4

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

Contract Agency FTE information was obtained by issuing an e-mail request for information to the providers of residential, skill building, community living supports and supported employment. No CMHSP staff in any of these direct care services.

Workforce Changes:
No significant workforce changes were in FY 13.

ESTIMATED FTE EQUIVALENTS

CMHSP: West Michigan CMH System
Contact name/e-mail: Angie Snyder/angies@wmcmhs.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff			0
4	Total	0	0	0

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	34	0	34
6	Contract Agency Staff			0
7	Total	34	0	34

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

WMCMHS does not expect an increase in CMHSP Employees for FY 2013. There is an expected 5 FTE for Contract Agency Staff upon analyzing the last four years of historical data. The data indicates there would be a 4% annual increase in consumers residing in residential facilities, which would equate to five more FTE for FY2013.

ESTIMATED FTE EQUIVALENTS

CMHSP: Woodlands BHN
Contact name/e-mail: Roger Pierce/rogerp@woodlandsbhn.org

TABLE 1 - Total Workforce in Specialized Residential Settings

	FTEs and Est DCW Cost	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
	Workforce in Specialized Residential Settings			
1	**Specialized Residential Settings**			
2	a. CMHSP Employees	0	0	0
3	b. Contract Agency Staff	1075		1075
4	Total	1075	0	1075

TABLE 2 - Total Workforce in Other Settings

	Total Workforce FTEs	Actual Filled as of 9/30/13	Approved Vacancies	Total Actual and Approved
5	CMHSP Employees	13	0	13
6	Contract Agency Staff	210		210
7	Total	223	0	223

Expected FY12 Workforce Changes
Provide a brief description (1-2 paragraphs) of expected FY13 workforce changes

Also, please provide a brief description of the source of the FTE information (e.g. centrally maintained, surveyed providers, etc.)

Workforce Changes:

No significant workforce changes are being planned for the remainder of FY13/14. Recent changes to workforce internally include additional staff for children's services, based on service demand and financial staff related to Electonic Health Records and billings.

Contractual staff has increased, as WBHN has added an outpatient therapist to address service demands and provide consumer choice of provider. It is anticipated that the contractual provider staff may increase, with changes due to Healthy Michigan and Duals Demonstration project.

FTE data is centrally maintained via Human Resource Office for CMHSP Employees. Data for Contract Agency Staff was obtained from specific agencies.

SECTION 404 (3)
CMHSP CONTRACTUAL DATA REPORTING REQUIREMENTS
FY 2013

CMHSP REPORTING REQUIREMENTS FOR MEDICAID SPECIALTY SUPPORTS AND SERVICES BENEFICIARIES

Effective 10/1/12

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CONTRACT

MENTAL HEALTH REPORTING REQUIREMENTS

Introduction

The Michigan Department of Community Health reporting requirements for the FY2013 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 or Substance Abuse Coordinating Agencies (CAs). 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 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 2013 DATA REPORT DUE DATES

	Nov11	Dec	Jan12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec12	Jan13
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 then 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 an affiliation, 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. QI data for Medicaid beneficiaries receiving services from the Substance Abuse Coordinating Agencies (CAs) are not required to be reported by the PIHP. Some PIHPs may choose, however, to collect QI data from the CAs and forward it to MDCH.

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, or ABW 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 <u>principal</u> 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.

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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 <u>all</u> 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

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18. **Reporting element deleted in FY'03-04**

Leave blank beginning with FY'04 service reporting

Items 19-24 should be left blank beginning October 1, 2011.

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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

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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

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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 **(HEARAID)**

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 jejunem – 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 psychotrophic 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, DEVELPMENTAL DISABILITY, AND

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 ~~12/31/2011~~ 3/31/2012 and Version 5010 must be used for all transactions submitted ~~41~~/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 Associations, 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 837/4010A1and 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'13 PIHP MEDICAID UTILIZATION AND AGGREGATE NET COST REPORT

This report provides the aggregate Medicaid service data necessary for MDCH management of PIHP contracts and rate-setting by the actuary. In the case of an affiliation, the PIHP must report this data as an aggregation of all Medicaid services provided in the service area by its affiliates. Medicaid Substance Abuse services provided by Substance Abuse Coordinating Agencies are now included in this report, effective 10/1/06. The data set reflects and describes the support activity provided to or on behalf of Medicaid beneficiaries, **except** Children's Waiver beneficiaries. Refer to the Mental Health/Substance Abuse Chapter of the Medicaid Provider Manual for the complete and specific requirements for coverage for the State Plan, Additional services provided under the authority of Section 1915(b)(3) of the Social Security Act, and the Habilitation Supports Waiver. All of the aforementioned Medicaid services and supports provided in the PIHP service area (affiliation, if applicable) must be reported on this utilization and cost report. Instructions and current templates for completing and submitting the MUNC report may be found on the MDCH web site at www.michigan.gov/mdch. Click on Mental Health and Substance Abuse, then Reporting Requirements.

MICHIGAN MISSION-BASED PERFORMANCE INDICATOR SYSTEM VERSION 6.0 FOR PIHPS

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 PIHP 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 PIHP performance. Therefore, performance indicators should be reported by the PIHP 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.

MICHIGAN MISSION-BASED PERFORMANCE INDICATOR SYSTEM, VERSION 6.0 FOR PIHPS

ACCESS

1. The percent of all Medicaid adult and children beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. **Standard = 95% in three hours**

2. The percent of new Medicaid beneficiaries 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, DD children, and Medicaid SA). **Standard = 95% in 14 day**s.

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, DD children, and Medicaid SA) **Standard = 95% in 14 days**

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) and all Medicaid SA (sub-acute de-tox discharges)

5. The percent of Medicaid recipients having received PIHP managed services. (MI adults, MI children, DD adults, DD children, and SA)

ADEQUACY/APPROPRIATENESS

6. The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.

EFFICIENCY

7. The percent of total expenditures spent on managed care administrative functions for PIHPs.

OUTCOMES

8. The percent of adult Medicaid beneficiaries with mental illness and the percent of adult Medicaid beneficiaries with developmental disabilities served by PIHPs who are in competitive employment.

9. The percent of adult Medicaid beneficiaries with mental illness and the percent of adult Medicaid beneficiaries with developmental disabilities served by PIHPs who earn state minimum wage or more from employment activities (competitive, self employment, or sheltered workshop).

10. The percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge. Standard = 15% or less within 30 days

11. The annual number of substantiated recipient rights complaints per thousand Medicaid beneficiaries with MI and with DD served, in the categories of Abuse I and II, and Neglect I and II.

12. The percent of adults with developmental disabilities served, who live in a private residence alone, or with spouse or non-relative.

13. The percent of adults with serious mental illness served, who live in a private residence alone, or with spouse or non-relative.

14. The percent of children with developmental disabilities (not including children in the Children's Waiver Program) in the quarter who receive at least one service each month other than case management and respite.

Note: Indicators #2, 3, 4, and 5 include Medicaid beneficiaries who receive substance abuse services managed by the Substance Abuse Coordinating Agencies.

PIHP PERFORMANCE INDICATOR REPORTING DUE DATES

Indicator Title	Period	Due	Period	Due	Period	Due	Period	Due	From
1. Pre-admission screen	10/01 to 12/31	3/31	1/01 to 3/31	6/30	4/01 to 6/30	9/30	7/01 to 9/30	12/31	PIHPs
2. 1st request	10/01 to 12/31	3/31	1/01 to 3/31	6/30	4/01 to 6/30	9/30	7/01 to 9/30	12/31	PIHPs
3. 1st service	10/01 to 12/31	3/31	1/01 to 3/31	6/30	4/01 to 6/30	9/30	7/01 to 9/30	12/31	PIHPs
4. Follow-up	10/01 to 12/31	3/31	1/01 to 3/31	6/30	4/01 to 6/30	9/30	7/01 to 9/30	12/31	PIHPs
5. Medicaid penetration*	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
6. HSW 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
7. Admin. Costs*	10/01 to 9/30	1/31							MDCH
8. Competitive employment*	10/01 to 9/30								MDCH
9. Minimum wage*	10/01 to 9/30								MDCH
10. Readmissions	10/01 to 9/30	3/31	1/01 to 3/31	6/30	4-01 to 6-30	9/30	7/01 to 9/30	12/31	PIHPs
11. RR complaints	10/01 to 9/30	12/31							PIHPs
12. & 13. Living arrangements	10/1 to 9/30	N/A							MDCH
14. Children with DD	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 * mean 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 Scal (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"