

Michigan

UNIFORM APPLICATION
FY 2016 BEHAVIORAL HEALTH REPORT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016
(generated on 11/30/2015 10.07.49 AM)

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

I: State Information

State Information

State DUNS Number

Number 079997460
Expiration Date 9/30/2016 12:00:00 AM

I. State Agency to be the Grantee for the Block Grant

Agency Name Michigan Department of Health and Human Services
Organizational Unit Behavioral Health & Developmental Disabilities Administration
Mailing Address 320 S. Walnut Street, 5th Floor
City Lansing
Zip Code 48913

II. Contact Person for the Grantee of the Block Grant

First Name Thomas
Last Name Renwick
Agency Name Michigan Department of Health and Human Services
Mailing Address 320 S. Walnut Street, 5th Floor
City Lansing
Zip Code 48913
Telephone (517) 373-2568
Fax (517) 335-5376
Email Address renwickt@michigan.gov

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

From 10/1/2013
To 9/30/2014

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 11/30/2015 10:07:41 AM
Revision Date

V. Contact Person Responsible for Report Submission

First Name Karen
Last Name Cashen
Telephone (517) 335-5934
Fax (517) 335-5376
Email Address cashenk@michigan.gov

Footnotes:

II: Annual Report

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

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

Goal of the priority area:

Treatment outcomes for children/youth with SED and their families continue to improve through participation in a statewide SOC.

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Statewide total CAFAS scores from intake to discharge for children/youth with SED served in the public mental health system will go down in FY14 and again in FY15 from a baseline average obtained from FY10 data.
Baseline Measurement: FY10 baseline: 56.5% of children assessed with the CAFAS statewide demonstrated at least a 20 point (statistically significant) reduction in their overall CAFAS score from intake to discharge.
First-year target/outcome measurement: FY14 target: 58.0%
Second-year target/outcome measurement: FY15 target: 58.25%
New Second-year target/outcome measurement (if needed): FY15 56%

Data Source:

John Carlson, PhD and the Michigan Level of Functioning Project

New Data Source (if needed):

Description of Data:

Statewide aggregate CAFAS data

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Data must be sent to Dr. Carlson from Multi-Health Systems, Inc. who collects and stores data from the online CAFAS system. There have

been delays in obtaining data from Multi-Health Systems, Inc. which are being addressed.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

With the changes in data collection and reporting in FY14, we are still figuring out how to best evaluate the CAFAS data. It has become clear at this time that this measure is the same from FY to FY and remains at 56%. We are currently working with our evaluation team to determine how to accurately reflect the amount of improvement children with SED are making in the public mental health system. It is likely this measurement will be amended in FY15.

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Achieved at 56%. Data analysis changes are in process and we hope to have a more accurate representation of functional improvement in future fiscal years.

Indicator #:

2

Indicator:

The number of children/youth with SED served in the public mental health system that receive wraparound services will increase in FY14 and again in FY15 from a baseline of number served in FY10.

Baseline Measurement:

FY10 baseline: 1,332 children served by Wraparound

First-year target/outcome measurement:

FY14 target: 1,350 children

Second-year target/outcome measurement:

FY15 target: 1,400 children

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

Data Source:

MDCH Division of Quality Management and Planning

New Data Source (if needed):

Description of Data:

State encounter data

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

Data reporting is not complete at time of application, estimates are used.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Achieved at 1,831 children served. Data for this indicator is estimated only. The Michigan public health system experienced a major change in administrative structure in FY14 (going from 18 PIHPs to 10) and data collection and analysis for FY14 continues to be challenging. An accurate comparison of FY13 and FY14 cannot be made at this time.

Indicator #: 3

Indicator: The number of children/youth with SED served in the public mental health system that receive PMTO will increase in FY14 and again in FY15 from a baseline of number served in FY10.

Baseline Measurement: FY10 baseline: 263 children served by PMTO

First-year target/outcome measurement: FY14 target: 320 children

Second-year target/outcome measurement: FY15 target: 330 children

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

Data Source:

MDCH Division of Quality Management and Planning

New Data Source (if needed):

Description of Data:

State encounter data

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

Data reporting is not complete at time of application, estimates are used.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Achieved at 620 children served. Data for this indicator is estimated only. The Michigan public health system experienced a major change in administrative structure in FY14 (going from 18 PIHPs to 10) and data collection and analysis for FY14 continues to be challenging. An accurate comparison of FY13 and FY14 cannot be made at this time.

Indicator #: 4

Indicator: The number of children/youth with SED served in the public mental health system that receive Trauma-Focused Cognitive Behavior Therapy will increase in FY14 and again in FY15 from a baseline of number served in FY10.

Baseline Measurement: FY10 baseline: 283 children served by PMTO

First-year target/outcome measurement: FY14 target: 467 children

Second-year target/outcome measurement: FY15 target: 475 children

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

Data Source:

MDCH Division of Quality Management and Planning

New Data Source *(if needed)*:

Description of Data:

State encounter data

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Data reporting is not complete at time of application, estimates are used.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Achieved - 700 children served

Indicator #: 5

Indicator: The number of certified Parent Support Partners trained to work in the public mental health will increase in FY14 and again in FY15 from a baseline of number trained in FY10.

Baseline Measurement: FY10 baseline: 0 Parent Support Partners certified

First-year target/outcome measurement: FY14 target: 55 Parents

Second-year target/outcome measurement: FY15 target: 65 Parents

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

Data Source:

Michigan Parent Support Partner Training Project

New Data Source *(if needed)*:

Description of Data:

Count of trained parent support partners

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Achieved- 107 Parent Support Partners certified.

Priority #: 2

Priority Area: Enhanced Partnerships for Children/Youth with Serious Emotional Disturbance (SED) and Their Families

Priority Type: MHS

Population(s): SED

Goal of the priority area:

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

Strategies to attain the goal:

- Expand the SEDW
- Continue to support DHS access positions in SEDW sites.
- Continue to support juvenile justice projects and foster the relationship between MDCH and MDHS and the State Court Administrative Office to encourage more collaborative work.
- Continue to pursue and support integrated physical health and behavioral health initiatives for children and youth with SED and their families.
- Begin training and support initiative for youth with SED and co-occurring substance use disorders (SUD).

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of children enrolled in the SED Waiver (SEDW) will increase in FY14 and again in FY15 from FY11baseline.

Baseline Measurement: FY11 baseline: 265 children served by the SED Waiver

First-year target/outcome measurement: FY14 target: 400 children

Second-year target/outcome measurement: FY15 target: 450 children

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

Data Source:

SEDW online data management system

New Data Source (if needed):

Description of Data:

Count of kids on the SEDW

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

522 children served on the SEDW

Indicator #: 2

Indicator: The number of youth involved in the juvenile justice system who received necessary public mental health services will increase in FY14 and again in FY15 from FY11 baseline.

Baseline Measurement: FY11 baseline: 1,572 youth served

First-year target/outcome measurement: FY14 target: 1,650 youth

Second-year target/outcome measurement: FY15 target: 1,700 youth

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

Data Source:

MDCH Division of Quality Management and Planning

New Data Source *(if needed)*:

Description of Data:

State encounter data

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Data reporting is not complete at time of application, estimates are used.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Achieved- 1,846 youth served.

Indicator #: 3

Indicator: The number of children served in integrated physical and mental health projects will increase in FY14 and again in FY15 from FY12 baseline.

Baseline Measurement: FY12 baseline: 662 children served by integrated physical and mental health projects

First-year target/outcome measurement: FY14 target: 700 children

Second-year target/outcome measurement: FY15 target: 750 children

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

Data Source:

Project LAUNCH, SKIPP Project and any additional integrated project data

New Data Source(*if needed*):

Description of Data:

Count of children served

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Achieved - 943 children served.

Indicator #: 4

Indicator: A baseline of youth receiving co-occurring services will be obtained in FY14 and the number served will increase in FY15.

Baseline Measurement: FY14 baseline: To be determined

First-year target/outcome measurement: FY14 target: To be determined

Second-year target/outcome measurement: FY15 target: To be determined

New Second-year target/outcome measurement(*if needed*): 2,450

Data Source:

MDCH Division of Quality Management and Planning

New Data Source(*if needed*):

Description of Data:

State encounter data

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

Data reporting is not complete at time of application, estimates are used.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Baseline was established - 2,421 youth

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

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

Data for this indicator is estimated only. The Michigan public health system experienced a major change in administrative structure in FY14 (going from 18 PIHPs to 10) and data collection and analysis for FY14 continues to be challenging. An accurate comparison of FY13 and FY14 cannot be made at this time.

How second year target was achieved (optional):

1,153 children served per available data estimate

Priority #: 3

Priority Area: Integration of Behavioral Health and Primary Care Service Delivery to Mental Health Service Recipients

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

To link a greater number of individuals with SMI to coordinated and/or integrated primary care services to improve duration and quality of life.

Strategies to attain the goal:

- Continue to support regional PIHP health home projects with Block Grant resources, to increase the number of SMI individuals receiving primary care services.

- Continue to support statewide Integrated Health Learning Community as a venue for sharing information, resources, training, and trial-and-error learning gains.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of adults receiving services from integrated/coordinated physical and mental health projects will increase in FY14 and again in FY15 from FY12 baseline.

Baseline Measurement: FY12 baseline: 821 adults receiving services from integrated/coordinated physical and mental health projects

First-year target/outcome measurement: FY14 target: 900 adults

Second-year target/outcome measurement: FY15 target: 975 adults

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

Data Source:

PIHP Integrated Health Block Grant project reports, and any additional integrated project data, up to and including Learning Community survey data.

New Data Source (if needed):

Description of Data:

Count of adults served through the PIHP block grant projects.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Indicator #: 2

Indicator: The number of CMHSP and/or Primary Care provider staff receiving training in integrated behavioral and primary health care delivery will increase in FY14, and again in FY15 from FY12 baseline.

Baseline Measurement: FY12 baseline: 0 staff receiving training

First-year target/outcome measurement: FY14 target: 90 staff

Second-year target/outcome measurement: FY15 target: 110 staff

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

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

160 staff received training.

Priority #: 4
Priority Area: Provide integrated treatment to adult SMI service recipients with co-occurring mental health and substance use disorders.
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The number of IDDT, DDCMHT, and/or DDCAT program site reviews will increase in FY14 and again in FY15 from FY12 baseline.
Baseline Measurement: FY12 baseline: 18 program site reviews
First-year target/outcome measurement: FY14 target: 20
Second-year target/outcome measurement: FY15 target: 22
New Second-year target/outcome measurement (if needed):

Data Source:

MIFAST data from MDCH Specialist on number of IDDT, DDCMHT, and/or DDCAT program site reviews conducted.

New Data Source (if needed):

Description of Data:

Number of IDDT, DDCMHT, and/or DDCAT reviews conducted.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Due to the integration and reorganization of 18 Prepaid Inpatient Health Plans into 10 regions, along with the integration of Substance Abuse Coordinating Agencies, the number of overall site reviews decreased to 12 in 2014. This is a result of agencies completing their reorganization and wanting to catch up to the review standards.

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

28 program site reviews were completed.

Indicator #: 2

Indicator: The number of adult CMH service recipients receiving treatment services for co-occurring mental health and substance use disorders will increase in FY14 and again in FY15 from FY12 baseline.

Baseline Measurement: FY12 baseline: 15,711 adults receiving services

First-year target/outcome measurement: FY14 target: 16,497 adults

Second-year target/outcome measurement: FY15 target: 17,322 adults

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

Data Source:

MDCH Data warehouse encounter data for services modified with HH or HH&TG modifiers.

New Data Source (if needed):

Description of Data:

Count of adults receiving co-occurring services.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

Data reporting is not complete at time of application, estimates are used.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

16,543 adults received services during the fiscal year.

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

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

Data is incomplete at this time. Information on the number of consumers who received Evidence-Based Practices (EBPs) will be available in early December.

How second year target was achieved (optional):

Priority #: 5

Priority Area: Indicated behavioral health service delivery to justice-involved consumers.

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Reduce the number of SMI adults in jail/prison who could benefit from full engagement in outpatient behavioral health services.

Strategies to attain the goal:

- Leverage Governor Snyder's proposed increase in state funding for specialty courts including mental health courts of \$2.1 million (FY13) levels and an additional \$2 million in FY14/15 to increase pre-booking and post-booking diversion, including expansion of Mental Health Court Programs, in partnership with the State Court Administrative Office.

- Provide support to projects to implement a process to improve screening and assessment for behavioral health issues and assist projects to provide greater access to such services.

- Provide training to workforce members involved with mental health court programs.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The number of mental health court programs will increase in FY14 and again in FY15 from FY12 baseline.
Baseline Measurement: FY12 baseline: 8 State-subsidized mental health court programs + 4 locally funded
First-year target/outcome measurement: FY14 baseline: 9 State-supported + 5 locally funded
Second-year target/outcome measurement: FY15 baseline: 11 State-supported + 6 locally funded
New Second-year target/outcome measurement (if needed):

Data Source:

Data from MDCH Specialist and mandated project reporting.

New Data Source (if needed):

Description of Data:

Count of mental health court programs from project reporting.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

FY13: 9 state supported + 6 locally funded = 15

FY14: 18 state supported + 6 locally funded = 24

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

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

How second year target was achieved (optional):

25 State-supported + 3 locally funded mental health court programs.

Indicator #: 2
Indicator: The number of Adults with mental illness receiving behavioral health services through a mental health court program will increase in FY14 and again in FY15 from FY12 baseline.
Baseline Measurement: FY12 baseline: 530 adults receiving services through a mental health court program
First-year target/outcome measurement: FY14 target: 610 adults

Second-year target/outcome measurement: FY15 target: 700 adults

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

Data Source:

Data from MDCH Specialist and mandated project reporting/Michigan State University Statewide Mental Health Court Evaluation.

New Data Source (if needed):

Description of Data:

The number of adults receiving behavioral health services through a mental health court program.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

951 adults served through mental health court programs.

Indicator #: 3

Indicator: Increase knowledge base of mental health diagnosis, developmental disabilities, and/or co-occurring disorders of specialty court/mental health court teams. Collaborate with other state agencies (SCAO) to provide targeted training to courts/teams.

Baseline Measurement: FY12 baseline: 0 workforce members representing courts/teams will receive training

First-year target/outcome measurement: FY14 target: 60 workforce members

Second-year target/outcome measurement: FY15 target: 80 workforce members

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

Data Source:

SCAO conference attendance record; MSU Statewide Mental Health Court Evaluation.

New Data Source (if needed):

Description of Data:

Count of training specialty court/mental health court team participants.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

200 workforce members

Priority #: 6
Priority Area: Promote Healthy Births
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

Reduce infant mortality in the target population and increase the incidence of healthy, drug and alcohol free births.

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of reported drug free births
Baseline Measurement: FY12 Baseline: 200 drug free births reported by programs serving PWWDC
First-year target/outcome measurement: FY14 Target: 205 drug free births
Second-year target/outcome measurement: FY15 Target: 210 drug free births
New Second-year target/outcome measurement *(if needed)*:

Data Source:

Women's Specialty Services Report

New Data Source *(if needed)*:

Description of Data:

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

New Description of Data *(if needed)*

Data issues/caveats that affect outcome measures:

This measure must be tracked by hand and, if a woman leaves treatment unexpectedly, a program may never know if she has a healthy birth. MDCH has worked diligently to ensure numbers are reported accurately, and continue to encourage case management and

recovery supports for pregnant women as they exit formal treatment.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Priority #: 7

Priority Area: Reduce IVDU wait times

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Reduce the percentage of individuals waiting over 10 days to enter treatment by 10%.

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Time to Treatment

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

First-year target/outcome measurement: FY14 Target: 10.8% of individuals

Second-year target/outcome measurement: FY15 Target: 9.7% of individuals

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

Data Source:

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

New Data Source (if needed):

Description of Data:

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

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Priority #: 8

Priority Area: Increased Access to Treatment

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Increase the percentage of parents with dependent children who continue 14 days in residential treatment by 5%.

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Parents with dependent children Access/Retention in Residential Care

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

First-year target/outcome measurement: FY14 Target: 37.3% of parents with dependent children

Second-year target/outcome measurement: FY15 Target: 38.2% of parents with dependent children

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

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

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

New Description of Data *(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Priority #: 9

Priority Area: Increase the use of integrated services

Priority Type: SAT

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

Goal of the priority area:

Increase the percentage of integrated treatment expenditures by 10%.

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of Substance Abuse Coordinating Agency (CA) expenditures on integrated services for individuals with co-occurring disorders.

Baseline Measurement: FY12 Baseline: 13.1% of expenditures

First-year target/outcome measurement: FY14 Target: 13.8%

Second-year target/outcome measurement: FY15 Target: 14.4%

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

Data Source:

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

New Data Source (if needed):

Description of Data:

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

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Priority #: 10

Priority Area: Underage Drinking

Priority Type: SAP

Population(s): Other (Adolescents w/SA and/or MH, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Reduce childhood and underage drinking.

Strategies to attain the goal:

- Increase multi-system collaboration.
- Reduce adult abuse by engaging all segments of the community in establishing ROSC and increase the use of brief intervention.
- Engage parents in helping reduce underage drinking.
- Over the next five years all existing community coalitions will become Prevention Prepared Communities and implement at least one environmental strategy.
- Provide training on Communities that Care and Community Trials.

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: FY11 Baseline: 30.5% of youth

First-year target/outcome measurement: FY14 Target: 29.0%

Second-year target/outcome measurement: FY15 Target: 26.0%

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

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

Through the Michigan Department of Education, the MiPHY is administered during the years that the Youth Risk Behavior Survey is not conducted. The survey is intended to secure information from students in grades 7, 9, and 11, regarding health risk behaviors including substance abuse. The MiPHY results are extrapolated at the county level, and are useful for data-driven decisions to improve prevention programming performed in the counties.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Priority #: 11
Priority Area: Youth Access to Tobacco
Priority Type: SAP
Population(s): Other (Adolescents w/SA and/or MH)

Goal of the priority area:

Reduce youth access to tobacco

Strategies to attain the goal:

- Synar and Non Synar compliance checks to discourage sells to minors.
- Increased youth engagement.
- "Read the Red" vertical driver's license education.
- Encouragement through positive community recognition.
- Vendor education.
- Increased community awareness of health issues and access through coalitions and health departments.
- "Kick Butts" annual smoking cessation day.
- Improved English language proficiency, multi-lingual signage availability.
- Use of research-based curriculum.
- Increased law enforcement involvement.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Effect a 10% retail merchant sells rate to minors
Baseline Measurement: FY12 Baseline: 14.9% Michigan Retailer Violation Rate
First-year target/outcome measurement: FY14 Target: 10%
Second-year target/outcome measurement: FY15 Target: 10%
New Second-year target/outcome measurement (if needed):

Data Source:

Annual Synar Survey

New Data Source (if needed):

Description of Data:

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

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Footnotes:

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)			\$0
Student Assistance Programs (Problem Identification and Referral)			\$0
Employee Assistance programs (Problem Identification and Referral)			\$0
Community Team Building (Community Based Process)			\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			\$0
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach			\$0
Outpatient Services			\$0
Evidenced-based Therapies			\$0
Group Therapy			\$0
Family Therapy			\$0
Multi-family Therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$0
Medication Management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Community Support (Rehabilitative)			\$0
Parent/Caregiver Support			\$0
Skill Building (social, daily living, cognitive)			\$0
Case Management			\$0

Behavior Management			\$0
Supported Employment			\$0
Permanent Supported Housing			\$0
Recovery Housing			\$0
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$0
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters			\$0
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$0
Substance Abuse Intensive Outpatient (IOP)			\$0
Partial Hospital			\$0
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$0

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

Footnotes:

MDHHS does not collect data on Mental Health Block Grant dollars in this manner, therefore, we have no data to report for this table.

III: Expenditure Reports

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

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2014	Estimated/Actual SFY 2015
\$3,760,329	\$3,862,646	\$4,249,798

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

Footnotes:

III: Expenditure Reports

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

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$390,325,200	
SFY 2014 (2)	\$333,717,400	\$362,021,300
SFY 2015 (3)	\$732,727,800	

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

SFY 2013	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
SFY 2014	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
SFY 2015	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

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

4/1/2016

Footnotes:

Michigan's MOE was calculated incorrectly for the last several years. The correct FY13 amount should be \$835,694,300. The correct FY14 amount should be \$774,585,355. The average of FY13 and FY14 should be \$805,139,828. A request for a material compliance determination is being requested from SAMHSA due to a shortfall for FY14. A material compliance determination will also be requested from SAMHSA due to a shortfall for FY15.



Behavioral Health Advisory Council

State of Michigan

November 23, 2015

Nick Lyon, Director
Michigan Department of Community Health
201 Townsend Street
Lansing, MI 48913

Dear Mr. Lyon:

The state's Behavioral Health Advisory Council (BHAC) met on November 20, 2015, to review and discuss Michigan's Fiscal Year 2015 Behavioral Health Reports for the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant.

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

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

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

Sincerely,

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