**System of Care Evaluation Request For Proposal For HealthWest**

**Description of the current structure of Muskegon County's System of Care:**

Muskegon County's System of Care Project will serve youth with Serious Emotional Disturbance (SED) aged 0-21 and their families living in Muskegon County with an emphasis on youth who are involved in multiple systems. Child serving systems and agencies will work collaboratively to enhance and sustain a comprehensive, coordinated and responsive System of Care (SOC.) This SOC will be family driven, youth guided, trauma informed and culturally and linguistically proficient at the system, practice and service levels. This project will enhance the county-wide continuum of care offered by child serving systems, and will build off the Pathways to Potential (P2P) model currently in every school district to increase early identification, access and evidence-based treatment options in Muskegon County. Pathways to Potential hires “Success Coaches” in schools where youth and families are located to address attendance, education, health, safety and self-sufficiency. The program utilizes a number of support networks and partnerships to wrap services around families. The approach outlined in this proposal positions Muskegon to lead widespread adoption in the entire state; both Pathways to Potential and Wraparound are models implemented and supported by the State of Michigan. Over the course of this project, 275 youth will be served (50 in year 1; 50 in year 2; 75 in year 3; and 100 in year 4.)

Currently Muskegon has many System of Care elements already in place with strengths to build off. This includes:

- Cross system teams in the following areas are engaged in the SOC:
  - Governance- “Enhanced Partners”
  - Workforce development- “Good For YOUth”
  - Trauma informed care- “Resilience Muskegon”
  - Cultural competence- “Health Disparities Reduction Coalition”
  - Substance use prevention- “Drug Free Coalition”
  - Coordination and collaboration- “Community Coordinating Council”
- Family Court recently hired a consultant (Dr. Latessa from University of Cincinnati) to consult on re-design of the Juvenile Justice system to be more treatment oriented.
- HealthWest (Community Mental Health) has Wraparound, peer support, and community based services in place and will expand on these.
- Child welfare (DHHS) utilizes the Mi Team trauma informed model and is currently working to implement therapeutic foster care. DHHS workers are in “Pathways to Potential” school sites which will be a critical element to SOC expansion.
- The school system is very on board with enhanced services for students and there is a high level of commitment for implementation of trauma informed schools.

**Outline of the SOC project plan over the course of the four years:**

Proposed project activities:

**Systems Level Activities**
- Evaluate and re-design financing mechanisms (strategic financing plan by year 2)
- Evaluate and coordinate computer systems and shared records
- Implement shared comprehensive assessment
- Implement shared outcome reporting tool
- Implement shared/overarching plan that is family driven and youth guided
• Create shared workforce expectations and development around SOC values, Trauma Informed Care, Wraparound team process
• Review and revise policies, procedures and guidelines to support SOC approach
• SOC partners sign MOUs
• Ensure youth and family representation on Governance Council
• Develop shared Flex Fund to meet needs of youth and families
• Create Behavioral Health Disparities Impact Statement
• Develop a community-wide cost/service reporting mechanism that is inclusive of all child serving and social services agencies for enrolled youth and families
• Develop robust local evaluation to increase data driven decision making
• Share model design, outcomes and cost data to statewide stakeholders bi-annually
• Work with State Department of Mental Health and Department of Health and Human Services to develop a model that can be implemented in any Michigan community

Practice Level Activities
• Create or enhance cross system teams and strategic plans in areas of: social marketing, workforce development, prevention, evaluation, service delivery, family and youth engagement, cross system collaboration, trauma informed care, cultural competency
• Implement trauma informed schools/community standard including screening, treatment, approach to care, and school based approaches
• Implement cross system performance improvement/QI short term teams
• Offer quarterly networking and training opportunities
• Create Youth Engagement Teams at county level and at P2P schools
• Create Parent Engagement Teams at county level and at P2P schools
• Individualized social marketing/cultural competence plan for each site

Service Level Activities
• P2P sites add Family Outreach Specialists, Youth Mentors, Wraparound Facilitators and Mental Health Clinicians on site
• Integrate primary and behavioral health care in partnership with Teen Health Centers at schools/hubs if chosen as P2P sites
• Enhance county wide continuum of care:
  o Intensive Day Treatment Program
  o Respite provider(s)
  o Family Mentoring program
  o Therapeutic Foster Care
  o Identification and treatment of FPE
  o Language assistance services for all SOC youth and families
  o Additional Wraparound and peer support capacity
  o Family run organization

C.1. Project Timeline

<table>
<thead>
<tr>
<th>YEAR 1 (Sept. 30 2016-Sept. 30 2017)</th>
<th>Develop pilot service delivery system and roll out SOC approach within service site schools</th>
<th>Responsible Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milestones</strong></td>
<td><strong>Activities</strong></td>
<td><strong>PI; PD; Clinical Lead</strong></td>
</tr>
</tbody>
</table>
| Hire and train grant implementation staff | • Recruit, interview and hire staff: Project Director, Social Marketing/CLC Director (SMCLCD), Lead Family Contact (LFC), Youth Engagement Specialist (YES), Clinical Lead  
• Develop core competencies and training for grant and Pathway to Potential (P2P) site staff  
• Provide orientation to SOC values, project and job duties | |
| Confirm system leadership commitment | • Develop interagency coordination and collaboration organizational structure  
• Secure Memorandum of Understanding documents from each partner which will include expectations around review and revision of policies and shared workforce development  
• Ensure family and youth representation on Governance Council and review diversity of Governance Council | PI; PD; Governance Council |
| Solicit feedback from partners on system, practice and service levels | • Develop and send survey and hold focus groups to get feedback to inform SOC project implementation and social marketing  
• Develop branding based on feedback with marketing consultant | PD; SMCLCD; LFC; YES |
| Establishment of cross-system teams with guiding strategic plans | • Develop or identify and enhance existing community teams in areas of workforce development, social marketing, cultural competence, trauma informed care, prevention, cross agency collaboration, and service delivery  
• Create SOC strategic implementation plan in each area, by end of year 1 for full grant period  
• Service delivery team to focus on: early identification and treatment, increased access and reduction of health disparities  
• Convene short term quality improvement project teams to address cross system barriers  
• Hire cultural competency consultant/trainer | SMCLCD; LFC; Chair persons of committees |
| Choose pilot schools for enhanced SOC approach at Pathway to Potential sites | • Create and send Request for Partnership to Muskegon County schools  
• Create review committee (cross-system representation)  
• Meet with and interview school leaders and P2P staff; Evaluate and select 3 pilot schools for SOC approach at Pathway to Potential sites | PI; PD; SMCLCD; LFC; YES; Review committee |
| Create National and Local Evaluation Workgroup and Plan | • Develop cross agency Evaluation Team with governance representative  
• Create RFP for contracted evaluation services  
• Evaluate and select grant Evaluator  
• Develop National and Local Evaluation plan | PI; PD; Clinical Lead; LFC; YES |
| Hire and train school based SOC staff | • Recruit, interview and hire school based staff: Mental Health Clinicians; Family Outreach Specialists (FOS); Youth Mentors (YM) and Wraparound Facilitators  
• Provide orientation to SOC values, project and job duties  
• Team building activities and project planning within each school in partnership with current P2P staff | PD; SMCLCD; LFC; YES; Clinical Lead; Principles and P2P supervisors |
| Development of Parent and Youth engagement teams for SOC and each school site | • Develop county-wide SOC engagement teams during first 6 months  
• SOC engagement teams to assist schools with development of site based teams of parents and youth  
• Identify standards for membership  
• Develop strategic plans for years 2-4 in family driven, youth guided strategies including development of family run organization | LFC; YES; FOS; YM |
| Service delivery pilot at 3 selected Pathway to Potential schools | • Begin delivery of school based mental health, Wraparound and peer delivered services by March 2016 (6 month into project period)  
• Add Mental Health Clinicians, Wraparound Facilitators, Youth Mentors and Parent Outreach Specialists to school teams | Clinical Lead; LFC; YES; school staff |
| Governance Council establishes system-wide priorities | • By end of year 1 Governance Council develops strategic financing plan  
• Governance, in collaboration with teams and parent and youth engagement teams, identifies key areas of focus for improved county-wide services continuum in years 2, 3, and 4, including therapeutic foster care as a priority and also but not limited to: shared assessment; service enhancements (respite, intensive day programming, family mentoring); shared computer systems  
• Strategic plans, priorities and strategic financing plan made available to stakeholders, including status update on development of flex fund, cost/service reporting mechanism | Governance; team reps; parent and youth reps; Clinical Lead; Lead Evaluator |

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<tr>
<th>YEAR 2 (Sept. 30 ’17-Sept. 30 ’18)</th>
<th>Expand approach and buy-in county wide on practice and system levels</th>
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<td><strong>Milestones</strong></td>
<td><strong>Activities</strong></td>
<td><strong>Responsible Staff</strong></td>
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| Offer system-wide workforce dev. to support SOC approach at system, practice and service levels | • Kick off conference for system partner staff with focus on cross system collaboration and barrier busting (also use as opportunity to gain feedback)  
• Regular training calendar offered to system partners in SOC values, Trauma Informed Care and Resilience, Self Care, Cultural Competency, Suicide Safer Care, evidence based education models (ie, Mental Health First Aid)  
• Build relationships between community and residential treatment settings through networking and shared workforce development | Workforce Development Team; Clinical Lead, Good For YOUth collaborative |
| Use social marketing framework to communicate key messages around SOC values and practices | • Use feedback garnered from system partners in year 1 to inform messaging and strategies for communicating key messages  
• Introduce SOC website, social media with key resources for families, youth and system partners  
• Specific strategies to be determined based on feedback and culturally competent social marketing strategic plan | SMCLCD, Social Marketing Team; other SOC Teams |
| Parent Engagement Teams implement strategies at system, practice and service levels | • Hold regular Parent Engagement Team meetings at SOC level and at each service site school; develop feedback loop with Governance Council  
• Create calendar of engagement activities for parents and families  
• Ensure representation of families at all Wraparound meetings  
• Specific plan strategies to be determined by families/parents | LFC; Parent Outreach Specialists; Parent Engagement Team |
| Youth Engagement Teams implement strategies at system, practice, service levels | • Hold regular Youth Engagement Team meetings at SOC level and at each service site school; develop feedback loop with Governance Council  
• Youth to create calendar of engagement activities for youth with YES  
• Ensure youth are in attendance at all Wraparound planning meetings  
• Specific plan strategies to be determined by youth | Youth Advisory committee; YES; YOS; BOOM Youth |
| Provide framework for improved system-wide cultural and linguistic competency | • Offer toolkit to partners with assessment, planning templates, resources, tip sheets, technical assistance, and trainings  
• Share and implement Health Disparities Impact Statement with community partners (tie in with social marketing messaging)  
• Ensure all SOC materials are culturally and linguistically proficient  
• Partner with County efforts in recruiting, hiring and retaining diverse staff | SMCLCD; CC Committee; Muskegon Health Disparities Coalition; County |
| Continue community roll out of Trauma | • Work in collaboration with partners to choose shared framework, including assessment and implementation plans  
• Offer training, technical assistance and support in Trauma Informed Care | PD; TIC Committee; ACES Team; |
<table>
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<tr>
<th>Informed Community</th>
<th>• Use ACES Muskegon results to inform planning and implementation</th>
<th>Good for YOUth</th>
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</table>
| Enhance interagency coordination on system and practice levels | • Governance members to sponsor short term quality improvement projects for addressing barriers to coordinated, quality care (families and youth represented)  
• Partner agencies review and revise policies to support SOC approach  
• Flex fund available by Year 2 and policy/procedure for use developed  
• Begin biannual report to stakeholders at the State level | Governance; PD; Team members; agency Leaders; |
| Revise service delivery model in schools in preparation for expansion in year 3 | • Continuous evaluation and quality improvement at 3 pilot sites to inform development of Application for Expansion for year 3 to include 2-4 additional schools in service delivery model  
• Clinical lead provides TA, coaching/mentoring at service delivery sites | Clinical Lead; PD; Review Team |
| Add to county-wide continuum of care based on identified needs/gaps | • Explore options for development of Family Run organization  
• Begin implementation of system priorities for continuum of care:  
  -Prioritization of development of therapeutic foster care  
  -Shared assessment across systems  
  -Service enhancements: ie, respite, family mentoring, explore non-traditional and additional recovery support services, to be determined by families and youth  
  -Shared computer system for SOC youth and families | Governance; PD; Team members; agency Leaders; Clinical Lead |
| Ensure adequate local and national evaluation participation | • Evaluation team to provide quarterly reports to Governance and annual report to the community  
• Work with other county wide initiatives for data collection and reporting to ensure coordination and reduce duplication | PD; Evaluation Team |

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<tr>
<th>YEAR 3 (Sept. 30 ’18-Sept. 30 ’19)</th>
<th>Expand # of school service sites; Demonstrate success; Plan for sustainability</th>
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<tr>
<td>Milestones</td>
<td>Activities</td>
<td>Responsible Staff</td>
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</table>
| Expand number of school-based service sites | • Revise and send Request for Partnership to Muskegon County schools  
• Cross system review committee to evaluate applications  
• Meet with and interview school leaders and P2P staff; select 2-3 additional schools for SOC approach  
• Recruit, interview and hire school based staff: Mental Health Clinicians; Family Outreach Specialists; Youth Mentors; Wraparound Facilitators  
• Provide orientation to SOC values, project and job duties  
• Team building and project planning within each school in partnership with current P2P staff, with assistance from current school based SOC staff | Clinical Lead; Principals and P2P supervisors; PD; SMCLCD; LFC; YES; |
| Determine and highlight successes and areas for improvement to stakeholders | • Develop SOC Report to the Community, highlighting local and national evaluation results  
• Hold community event to educate regarding SOC outcomes  
• Utilize meeting as Community Conversation to gather feedback  
• Send feedback survey to all system partners; hold focus groups if needed | PD; SMCLCD; Evaluation Team |
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<tr>
<th>Milestones</th>
<th>Activities</th>
<th>Responsible Staff</th>
</tr>
</thead>
</table>
| Implement systemic changes needed to support sustainability plan          | • Select model for Family Run Organization  
                            • Determine space and staffing needs  
                            • Incorporate into strategic planning in all areas, including sustainability plan  
                                                                                                           | PD; LFC; YES; FOS; YM; Teams                           |
| Update SOC strategic plans, utilizing partner feedback                     | • Hold planning and appreciation retreat for cross system committees (workforce development, social marketing, family driven, youth guided, cultural competence, trauma informed care, prevention, evaluation, cross system collaboration and service delivery including school based staff) to utilize feedback in evaluating and revising strategic plans  
                            • Move forward on implementation of year 3 strategies in these areas  
                                                                                                           | PD; SMCLCD; LFC; YES; Team leads                       |
| Governance to create sustainability plan for system, practice and service levels | • Work with evaluation team to determine cost savings in residential/out of home placements to divert to SOC approach using cost/service reporting mechanism  
                                                    • Revise MOUs to include specific financing strategies  
                                                    • Determine expansion approach for additional schools  
                                                    • Explore replicability and financing with the State of Michigan: Provide biannual report to the State of Michigan on SOC outcomes; explore replication in additional counties with P2P school sites and State funding streams  
                                                    • Explore funding in areas of Certified Community Behavioral Health Clinics; Affordable Care Act, State Innovation Model and other available streams  
                                                                                                           | PD; DHHS Director; Governance Council                   |
| Social marketing around children’s mental health                           | • Communicate with broader community the value of system of care approach to meeting needs of children, youth and families  
                                                                                                           | PD; SMCLCD; LFC; YES                                   |
| Expand network of community based resources, supports and partners         | • Identify non-traditional services, supports and resources in the community which support family and youth mental health  
                                                    • Provide technical assistance and mentoring for new partners  
                                                    • Create networking opportunities for SOC partners in addition to regular trainings and meetings  
                                                                                                           | PD; SMCLCD; Clinical Lead                             |
| Add to county-wide continuum of care based on identified needs/gaps       | • Governance to garner feedback and develop report on progress to date in terms of community service enhancements, collaborative efforts and continued gaps  
                                                    • Work with Evaluation Team, Parent Engagement and Youth Engagement Teams to map out continuum of care and identify areas of focus for year 4  
                                                    • Areas of focus include, not limited to: respite, therapeutic foster care, family mentoring, crisis response, shared computer systems  
                                                    • Assign areas of focus to appropriate Teams/individuals/agencies for implementation  
                                                                                                           | Governance Council; Evaluation Team, Parent and Youth Engagement Teams; Clinical Lead; PD; Teams |

**YEAR 4 (Sept. 30 ‘19-Sept. 30 ‘20)**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Responsible Staff</th>
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<tbody>
<tr>
<td>Implement systemic changes needed to support sustainability plan</td>
<td>PI; Governance Council; Family Run Org/Chapter; State of MI</td>
</tr>
</tbody>
</table>
## Update SOC strategic plans, utilizing partner feedback

- Hold annual planning and appreciation retreat for cross system committees (workforce development, social marketing, family driven, youth guided, cultural competence, trauma informed care, evaluation, inter-agency coordination, and service delivery including school based staff)
- Move forward on implementation of year 4 strategies in these areas

<table>
<thead>
<tr>
<th>PD; SMCLCD; Teams</th>
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## Conduct qualitative and quantitative review of efforts at system, practice and service levels; share with stakeholders

- Annual survey of system and agency partners, including youth and families
- Utilize information to inform improvements at all levels
- Hold annual Report to the Community to share SOC outcomes, progress and future plans

<table>
<thead>
<tr>
<th>All involved; PD to take lead</th>
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</thead>
</table>

## Expand number of school-based service sites

- Send Request for Partnership to Muskegon County schools
- Cross system review committee to evaluate applications
- Meet with and interview school leaders and P2P staff; select 1-3 additional schools for SOC approach
- Recruit, interview and hire school based staff: Mental Health Clinicians; Family Outreach Specialists; Youth Mentors; Wraparound
- Provide orientation to SOC values, project and job duties
- Team building activities and project planning within each school in partnership with current P2P staff, with assistance from school staff

<table>
<thead>
<tr>
<th>Clinical Lead; Principles and P2P supervisors; PD; SMCLCD; LFC; YES;</th>
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</table>

## Support and empower Family Run Org/Chapter in development/sustainability

- Family Run Organization to be leader on Governance Council and determine role in continued implementation of SOC approaches beyond grant period

<table>
<thead>
<tr>
<th>Governance; Family Organization; LFC</th>
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**Proposed evaluation plan as written in the Cooperative Agreement application (this will be modified as needed by the Lead Evaluator and Evaluation Team):**

### Section E: Data Collection and Performance Measurement

#### E. 1.

Muskegon County has the ability to collect and report on the performance measures in Section I-2.4 of this FOA, and will devote sufficient resources to ensure consistent, reliable and professional data collection and reporting. A Lead Evaluator will be hired to oversee all data collection and evaluation efforts, and will receive supervision from the Project Director and Principal Investigator. This individual will create a quarterly reporting template/system for all SOC partners to complete, documenting: number of policy changes completed as a result of the grant; number of people trained in mental health related practices/activities consistent with goals of the grant; number of youth/family members/peers providing mental health related services as a result of the grant; the number of agencies entered into formal written inter/intra organizational agreements (MOUs) to improve practices and activities as a result of the grant; and the number of individuals referred to mental health or related services.

For services, both the HealthWest clinical record and the Pathways to Potential school site computer systems will be enhanced to collect and report on the following performance measures as required by SAMHSA (many of these measured area already included in these systems): mental illness symptomology; employment/education; crime and criminal justice; stability in housing; access to services; suicidal ideation and attempts; rate of readmission to psychiatric,
residential and juvenile detention placements; social support; and client perception of care. This will be incorporated into the Evaluation Team’s implementation planning.

The Evaluation Team will use the CMHS Child outcome Measures for Discretionary Programs to collect data at enrollment, 6 month follow-up and discharge in the Common Data Platform system within 7 days of collection.

E.2. A full-time, doctoral level Lead Evaluator will be contracted to collect, manage, analyze and report data for the population served by this program. This individual will have prior experience with data collection and analysis in a similar field and will chair a cross-system Evaluation Team which will create a comprehensive plan for the implementation of evaluation efforts. This individual will also be responsible for tracking the measurable objectives identified in question B.1., which do include goals and objectives at the infrastructure level in addition to the service level.

The local evaluation will include both quantitative and qualitative components; for quantitative data, computer systems will be enhanced to support data collection and reporting requirements. Qualitative data will be collected through methods such as surveys, focus groups and one-on-one interviews. This mixed-method approach will ensure comprehensive measurement of program objects and goals. The grant implementation team, in partnership with staff from partnering systems/agencies, will collect information regarding youth, family and cross system partner participation at system, practice and service levels.

The Lead Evaluator will manage and report on data, ensuring consistency and fidelity. All data will be secure and source materials will be kept in locked cabinets. This individual will be responsible for ensuring all national evaluation and federal requirements are fulfilled in a timely and accurate manner, engaging youth, families, and cross system partners in all aspects of the evaluation planning, process and implementation.

Decisions and quality improvement efforts will be driven by data; accordingly, data will be shared regularly and broadly in the community. The dissemination and communication of this data will be incorporated into the strategic social marketing plan for the SOC.

E.3. The local performance assessment as specified in Section 1-2.5 of this FOA will be incorporated into the Evaluation Team’s plan for collecting, managing, analyzing and reporting data for SOC activities. Outcome and process questions will help guide Quality Improvement efforts, barrier busting, and policy review and revision efforts at the system, practice and service levels. The Project Director and Lead Evaluator will work together to ensure the local performance assessment appropriately measures and reflects progress towards goals, objectives and outcomes. The Evaluation Team will include members who assist with follow up and engagement in terms of participation in the evaluation. The figure below summarizes objectives to be measured, which may be expanded as the cross system Evaluation Team engages in planning and review.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicator</th>
<th>Measure</th>
<th>Analysis</th>
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</thead>
<tbody>
<tr>
<td>Reduce out of home placements</td>
<td>Electronic Health Record data</td>
<td># of placements</td>
<td>Point-in-time improvement rates and trend over 4 years</td>
</tr>
<tr>
<td>Improve school outcomes</td>
<td>School records</td>
<td>% decrease in expulsions and suspensions; % increase in academic achievement; % increase of graduation rates</td>
<td>Annual percentages and trend over 4 years</td>
</tr>
<tr>
<td>Increase youth and family representation on committees</td>
<td>Number of youth and families on committees</td>
<td>% of increase each year of youth and families on committees</td>
<td>Annual number and trend over 4 years</td>
</tr>
<tr>
<td>Youth and families have increased voice</td>
<td>Youth and family surveys</td>
<td>% increase of self-reported &quot;voice &quot; in services</td>
<td>Annual percentage and trend over 4 years</td>
</tr>
<tr>
<td>Increase youth/family participation on Wraparound teams</td>
<td>Number of youth and families participating on teams</td>
<td>% of increase of youth/families participating in service planning</td>
<td>Annual number and increase each year and trend over 4 years</td>
</tr>
<tr>
<td>Increase access to services</td>
<td>Electronic Health Record data</td>
<td>% increase of youth served per year</td>
<td>Annual number and increase each year</td>
</tr>
<tr>
<td>Increase # youth served at P2P sites</td>
<td>Electronic Health Record data</td>
<td>% increase of youth served at P2P sites</td>
<td>Annual number and increase each year</td>
</tr>
<tr>
<td>Increase # youth served in SOC county-wide</td>
<td>Electronic Health Record data</td>
<td>% increase of youth served in SOC county-wide</td>
<td>Annual number and increase each year</td>
</tr>
<tr>
<td>Increase youth with FPE enrolled in services</td>
<td>Electronic Health Record data</td>
<td>% increase of youth with FPE enrolled in services</td>
<td>Annual number and increase each year</td>
</tr>
<tr>
<td>Create county-wide assessment tool and outcome reporting</td>
<td># of community agencies using tool and report</td>
<td># of community agencies using tool and report/total number of agencies</td>
<td>Percentage of agencies using tool and report each year and trend over 4 years</td>
</tr>
<tr>
<td>Enhance infrastructure to support SOC development</td>
<td>SAMHSA Performance Measures</td>
<td># of policy changes; people trained; youth/family peers providing service/ agencies with MOUs; individuals contacted; individuals referred to SOC services</td>
<td>Annual performance measure report and trend over 4 years</td>
</tr>
<tr>
<td>Increase # communities in Muskegon with P2P sites</td>
<td>Number of school districts with P2P sites</td>
<td># districts</td>
<td>Annual number and trend over 4 years</td>
</tr>
<tr>
<td>Develop cost/service reporting mechanism</td>
<td>Number of agencies reporting on costs and services using mechanism</td>
<td># agencies reporting on costs and services using mechanism</td>
<td>Annual number and trend over 4 years</td>
</tr>
<tr>
<td>Share model design and outcomes bi-annually with State</td>
<td>Number of times per year outcomes are shared with the State</td>
<td># of times per year</td>
<td>Annual number and trend over 4 years</td>
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</table>
E.4. The proposed SOC approach supports continuous quality improvement efforts driven by data. All cross system teams will utilize data to drive planning, implementation and adjustments, including the Governance Council. A short term quality improvement process (such as NiaTx) will be used as a model for implementing adjustments to implementation in a short time period and testing the effectiveness of those changes. “Executive Sponsors” will include leaders from child serving systems who have authority to make these changes. All teams will be provided with evaluation reports every 6 months (at minimum) and service and cost outcomes will be shared with statewide stakeholders biannually as well. The Governance Council will partner with the Evaluation Team to develop a cost/service reporting mechanism which will provide information regarding cost savings from diverted out-of-home and out-of-community placements which will be included in these biannual reports. SOC grant implementation staff will work with the State of Michigan to develop a model that can be implemented in any Michigan community with supporting data to demonstrate outcomes and sustainability.

E.5. Grant implementation staff and the Evaluation Team will partner with the Health Disparities Coalition in Muskegon to implement a data-driven quality improvement process to address disparities in access/use for specialty populations. There is already data tracking, assessment and reduction taking place within that committee, which is a committee of the local health system. These committees will pool data collection efforts and work collaboratively to address health disparities in the community for youth with SED and their families. Evaluators will provide information on outcomes observed and any disparate outcomes in terms of gender, race/ethnicity, sexual orientation, and other categories determined by the Evaluation Team working with the Health Disparities Reduction Coalition.