

**North Country Community Mental Health  
Northern Affiliation  
Application for Renewal and Recommitment  
Quality Improvement Plan**

**September 1, 2010 Update**

On August 11, 2010 the team of MDCH staff assigned to this PIHP's ARR visited with staff and stakeholders to discuss progress. During this day long meeting, each section of the ARR was reviewed. The discussion included MDCH expectations, PIHP efforts, and the challenges and success that had been experienced. The following includes some of the more significant aspects of this discussion.

**Top Five Accomplishments**

Adoption of Gentle Teaching Principles, Staff Training, and Train the Trainer Training

Prior to the completion of the ARR, AuSable Valley CMH had received training in the "Gentle Teaching" model. This training was arranged to assist in the movement of one individual back to the community. With the closing of Mr. Pleasant Regional Center, Northeast Michigan CMH received training in "Gentle Teaching" to assist in the placement of one individual back into her community. Both Boards have experienced significant success implementing these principles.

Northeast Michigan CMH invited North Country CMH to have staff attend the training sessions they had on Gentle Teaching. North Country took advantage of this opportunity and has since arranged additional training. Presently, NEMCMH and AVCMH have trained all direct care staff serving persons with developmental disabilities. NCCMH has trained many direct employees and contract provider employees, however, this is not yet complete. Each Board is committed to having all direct care staff serving persons with developmental disabilities trained. It should be noted, however, that the training has not been limited to this group of staff.

Currently, each Board has staff trained or being trained to be mentors and trainers. This is an essential step in advancing the use of these principles.

Successfully Transitioned to a Co-Occurring Capable System of Care

At the time of submitting the ARR, the Boards of the Northern Affiliation were in the second year of the block grant for implementation of the IDDT:COD evidence based practice. In the ARR, the PIHP committed to continuing the "co-occurring" training that was being provided to staff. Ultimately, with the aid of the block grant, all three Boards implemented the evidence based practice and created co-occurring capable systems of care.

As an indication of the co-occurring capability, staff measured the percentage of assessments that address substance use. Without baseline information, and initial target of 80% was established. When collected, the baseline data indicated that 87% of assessments addressed substance use. Consequently,

the new target has been established at 95% of assessments. This is one, data driven, indicator of the co-occurring capability that has been developed.

Anecdotal evidence also exists. Staff now have a comfort level with treating the co-occurring disorders and do not make referrals unless it is for services that CMH does not provide, such as detox or substance abuse residential treatment. Also, there are regular case consultation meetings with NMSAS to discuss those individuals that are accessing both systems of care.

#### Completed a Review of User Issues Related to Implementation of EMR

During the environmental scan related to administrative efficiencies, certain concerns were raised regarding the EMR being implemented. The QI Plan submitted included a milestone of addressing these concerns. Subsequently, the issue was again raised at a meeting of the leadership staff from each Board. As a result of these concerns, the Director of Affiliation Services conducted a series of interviews with staff to identify what issues were being encountered.

Information received from staff identify three types of issues: those related to form content and design or business practice; those related to network speed and bandwidth; and those relating to software structure and beyond PIHP control. Most of the issues identified fall into the first category. There are a number of issues relating to how forms have been designed and automated. Additionally, there are issues relating to the security structure and business rules implemented. These items can typically be addressed through redesign of forms, staff training, and modification of practice. Two of the three Boards are experiencing “speed problems” resulting from network or hardware issues. These issues are being addressed through updated equipment and an assessment of the network performance. Current plans call for fiber connectivity in 2012. Until then additional bandwidth can be added and network structures can be changed.

#### Progressed on Development of Systems of Care for Children

Developing systems of care in a thirteen county area is challenging. The various entities to be involved, such as DHS offices, ISD regions, etc, have differing and overlapping boundaries. More significantly, various entities have differing degrees of commitment to the process of developing systems of care. In spite of this, progress is being made in certain areas. As noted in the milestones below, meetings are being arranged, various organizations are discussing the process, and the initial groundwork is being laid. This will be a long term project, but given the geographic size of the this PIHP and the number of different communities, the progress to date is rewarding.

#### Continued to Build Recovery Focus in System of Care

The Northern Affiliation had embarked on training staff and consumer regarding recovery well before the ARR. The PIHP has conducted a Consumer Day of Recovery Education semi-annually for the past four years. These are day long conferences attended by approximately 100 consumers from throughout the region.

The regional consumer council, Partners In Care Committee (PICC) also sought and received grant funding to provide leadership training and develop picture story boards telling their personal recovery story. These story boards were then displayed throughout the region, both at CMH sites and in the community. Two members of the PICC also presented at three statewide conferences on the project.

The PIHP also conducted the Recovery Knowledge Index measuring staff knowledge of the principles of recovery. Based on the results, staff training was developed and presented. Additionally, the REE results, while not statistically solid, do suggest that staff and consumers are well aware of, and working toward, individual recovery.

## **Top Five Challenges**

### Expanding Opportunities for Community Involvement of Choice

Each of the member Boards is committed to providing individuals with developmental disabilities the opportunity to participate in their community in ways of their choosing. This does, however, present several challenges. These challenges include, but are not limited to: staffing needs and cost, opportunities for activities and associated costs, transportation needs, and family concerns.

During the past year, several steps have been taken to address these challenges. Community involvement and activities have been a topic at all provider meetings and has been a primary focus for NCCMH. Various opportunities and events have been published on an internet site at NEMCMH. In two counties, Aktion Groups have been founded which are community service organizations that consumers belong to and help run.

As noted in the milestones, efforts will continue. Additionally, staff will work to find more efficient ways to measure progress in this area.

### Expanding Opportunities for Competitive Employment

Obviously, expanding opportunities for competitive employment is extremely challenging in this economic climate. Not only does Michigan have a high unemployment rate, but much of the area served by the Northern Affiliation has unemployment rates higher than the state average.

In an effort to better address these challenges, staff from each Board has attended various employment related meetings conducted by MDCH. Additionally, staff is currently seeking consultation and advice on the implementation of the Supported Employment EBP in this rural area. It is expected that this will move forward during the next year.

### Sustaining and Expanding of Evidence Based Practices

Each of the member Boards has implemented the FPE and IDDT evidence based practices. Additionally, each Board has at least one ACT team. NCCMH has also implemented the PMTO practice and AVCMH is beginning training for trauma informed CBT. Plans are also in development to implement the Illness Management and Recovery EBP and the Supported Employment EBP.

While these efforts have been successful, they have also been very difficult. Give the rural area, it is common to have only a limited number of staff in a given county. Implementation of the practices, while occurring at each Board, has not occurred in every county. As staff leave, due to the lack of depth in any location, the practice is often not available until an additional staff can be trained.

In order to better address the challenges of sustaining EBPs in a rural area, the PIHP requested and has been awarded grant money to secure consultation. During the next year, Jeff Capobianco will work

with the affiliation staff to identify challenges posed by being in a rural area and then work with the originators of each model to develop solutions.

Meeting Increasing Demand for Services to Persons with Developmental Disabilities

Meeting new demand during times of flat or shrinking resources is always challenging. Over the past several years, there has been a steady increase in the cost of serving persons with developmental disabilities. This population accounts for an ever increasing percentage of Medicaid expenditures.

During the past several years, there has been an increase in the number of young adults with moderate developmental disabilities and significant behavioral issues, often including criminal justice and corrections involvement. Serving this population is challenging and costly. Continuing to meet this demand, while still meeting the needs of other service populations, presents an ongoing challenge.

Coordinating Efforts On A Regional Basis Toward Greater Consistency

Each member Board in the Northern Affiliation has a long history of providing services to their communities. This history reflects the priorities of the state as well as the priorities of the local community. As a region, this poses certain challenges to providing a consistent array of services throughout the region. As noted above, even for newly implemented services such as the FPE EBP, it is difficult to make the services equally available in all locations. This challenge is often further complicated by the intent to develop local systems of care involving other entities within the community.

Creating consistent access to care throughout the thirteen counties is a priority. This will continue to be a focus of the IPLT.

**ATTACHMENT A**  
**Milestones and Timeframes**

PIHP Name: Northern Affiliation E-mail of contact person: daveschneider@norcocmh.org

ARR Section Number: 1

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Increase Contract Provider representation on Committees at AVCMH by 1.	0	Begin 6/1/09 End 9/30/10	<b>Complete Contract Provider on Behavior Treatment Committee</b>
Increase Contract Provider representation on committees at NeMCMH by 2.	0	Begin 6/1/09 End 9/30/10	<b>NEMCMH continues to recruit contract providers for QI Committee</b>
Increase advocacy group representation on committees at NCCMH by 1.	0	Begin 6/1/09 End 9/30/10	<b>Not in place yet.</b>
NCCMH will include non-consumer stakeholders on 50% of all ad-hoc workgroups.		Begin 10/1/09 ongoing	<b>Have not had any ad-hoc groups this year. Will continue with goal.</b>
Increase contract provider representation on committee at the PIHP by 2.	3	Begin 10/1/09 End 9/30/10	<b>1 contract provider added to QOC</b>
<b>The PIHP will secure representation from a parent of a child with SED on a committee.</b>	<b>1</b>	<b>9/30/11</b>	
<b>The PIHP will secure representation from a parent of child with DD on a committee.</b>	<b>1</b>	<b>9/30/11</b>	

\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

**ATTACHMENT A**  
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PIHP Name: Northern Affiliation E-mail of contact person: daveschneider@norcocmh.org

ARR Section Number: 2

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Develop "welcoming and safe" protocol with consumer and stakeholder input.		Begin 10/1/09 Complete by 9/30/10  <b>Protocol by 12/31/10</b>	<b>Subgroup of PICC is working on this.</b> <b>Basic elements of welcoming and safe protocol have been identified by PICC work group. These will now be refined into specific protocol.</b>
Implement monitoring process to assess compliance with protocol.		Begin 10/1/10 Complete by 9/30/11	
Review of paperwork for "welcoming" with PICC to make recommendations.		Begin 7/1/09 Complete by 12/31/09  <b>Review by 12/31/10</b> <b>Plan by 3/31/11</b>	<b>Subgroup of PICC is working on this.</b>  <b>Paperwork has been reviewed and an initial list completed. This will be submitted to the PIHP QI Committee to plan next steps.</b>
CMHSP will send appropriate staff to MDCH sponsored training on Trauma.		ongoing	
The PIHP will have a "Trauma" policy statement.		4/1/10	<b>Policy has been approved by Operations Committee and will go to Affiliation Board on 9/1/10. Policy will be submitted to NCCMH Board on 9/16/10</b>
Each Board will identify an appropriate clinical leader regarding "trauma" for each service		Identified by 12/31/09	<b>Complete</b> <b>Group meets regularly.</b>

population.			
PIHP, with identified leaders, will develop, implement and monitor a procedure for identifying and treating those who have experienced trauma.		10/31/10	<p>Group has met and is collecting and reviewing information on trauma informed care.</p> <p>Group is meeting regularly.</p>
PIHP will develop a de-escalation policy.		10/31/10	<p>Policy has been approved by Operations Committee and will go to Affiliation Board on 9/1/10. Policy will be submitted to NCCMH Board on 9/16/10</p>
NCCMH Staff will be attend Gentle Teaching Training.		Initial training 6/24/09 and ongoing	<p><b>Initial Training Completed</b></p> <p>140 staff (Board and Contract providers) have been trained. Four staff are being trained as trainers. The Board has received an overview.</p>
NeMCMH will initiate staff training in Gentle Teaching.		Begin by 6/30/09 and ongoing	<p><b>Initial Training Completed</b></p> <p>130 staff initially trained in June 2009. Additional 23 staff completed both the 3 day practicum and 2 day workshop, and 7 have completed mentor training and 5 of these 7 have been trained as trainers. All 269 staff working with persons with DD will be trained by 9/20/10.</p>
AVCMH staff will continue to work with Gentle Teaching experts and attend training, as appropriate and financially feasible, to enhance ability to utilize technique.		Begin by 6/30/09 and ongoing	<p><b>Initial Training Completed</b></p> <p>All direct care staff serving persons with DD have been trained. Four staff have been trained as trainers. The Board</p>

			<b>has also received a basic training.</b>
NCCMH is developing a presentation regarding stigma relative to mental illness, developmental disabilities and poverty. This will be shared with the other Boards in the affiliation.		Underway completed by 10/31/09	<p><b>This is in progress. Responsible staff members have been unavailable for extended periods.</b></p> <p><b>This has been placed on hold due to the extended absence of a key participant.</b></p>
NeMCMH will identify stakeholders of the System of Care for children with developmental disabilities and schedule initial meeting.		Meeting by 6/1/09 then ongoing effort	<p><b>Stakeholders identified and meeting.</b></p> <p><b>SED:</b> 2-year planning phase completed last year. Received 5-year DCH/FBG for implementation starting this fiscal year. Four elements:</p> <ul style="list-style-type: none"> <li>• <b>Governance</b> Now in the process of forming Executive Council including four probate judges, three DHS directors, eight school Superintendents and CMH director</li> <li>• <b>Wraparound</b> One FTE Wraparound Resources Coordinator hired for four-county area; is now working with school children (through age 17) with diagnosis of SED.</li> <li>• <b>Reflective Supervision</b> Eight supervisors representing six agencies serving all four counties have met for a Reflective</li> </ul>

			<p>Supervision overview; a Manager’s Practice Group, meeting monthly, has been formed to support the implementation of Reflective Supervision with area agencies’ staff serving children.</p> <ul style="list-style-type: none"> <li>• <b>Secure web-based referral and information exchange system</b> We have contracted with an outside vendor to develop this capacity for use by all child-serving agencies in four-county area. Forms meeting legal and clinical requirements have been developed.</li> </ul> <p><b>DD</b> Initial meeting held July 2009; little progress to-date. Consulted with Sheri Falvey last month who has referred us to contacts at Muskegon, which is reputed to have developed a system. Area DD program directors are planning a conference call with Muskegon.</p>
<p><b>Developing systems of care for children in each Board area – staff have been, and will continue to pursue the development of effective and appropriate systems of care for children. This is a different plan and process in each of the Board areas, and even within the</b></p>		<p><b>Ongoing with monthly discussion</b></p>	

<b>multiple counties of a given Board. This process will remain a topic for regional clinical directors meetings and for the PIHP Operations Committee.</b>			
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## ATTACHMENT A

**Milestones and Timeframes**PIHP Name: Northern Affiliation E-mail of contact person: daveschneider@norcocmh.orgARR Section Number: 3

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
NCCMH will increase the percentage of adults in each category of DD Table 3 (PPG) by 4% each of the next years. 3.a +2, 3.b +10, 3.c +9, 3.d +2	3.a 44 3.b 246 3.c 227 3.d 50	Begin 10/1/09 complete by 9/30/12	This is dependent on adequate funding and subject to change upon issuance of standards regarding active engagement. <b>Integration in the community has been a topic at each quarterly provider meeting. This is resulting in more ideas and more actual activities in the community. However, measuring this requires considerable staff time. Consequently, no re-measure has been done at this time.</b>
NCCMH will share results of PPG survey with Providers at next provider meeting.		May, 2009	<b>Complete</b>
NCCMH will develop listings of available activities and locations to share at quarterly provider meetings. This will also be a topic for discussion and sharing at each meeting.		Developed by 8/31/09 then ongoing	<b>This is a regular topic of discussion at provider meetings. A list has will be developed and posted in March</b> <b>This continues to be a regular topic at provider meetings and information is shared.</b>
NCCMH will develop and implement training for providers on assisting individuals in making choices.		Begin in May 2009, implement training by 11/30/09 and ongoing	<b>Educational (training) materials will be shared at each provider meeting.</b> <b>This continues to be a</b>

			<b>regular topic at provider meetings and information is shared.</b>
Consumers, families and providers will be made aware of websites with activity resources (as mentioned above) posted to them for access.		Available by 11/30/09	<b>NEMMCH: the RICC calendar is posted on the website.</b>
Staff will incorporate planning for meaningful activities into the PCP pre-planning process, utilizing resources such as those described above to inform individuals of their opportunities.		Implemented by 6/30/09	<b>This is an ongoing process and is discussed in various staff meetings. As more resources become available, staff is informed.</b>
<b>Staff will explore and select more effective methods of aggregating data regarding consumer activities in the community.</b>		<b>Recommendations by 1/31/11</b>	
<b>Data regarding number and frequency of consumer chosen community activities will be collected and reviewed on a regular basis.</b>		<b>Data collected and reported by 9/30/11</b>	

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PIHP Name: Northern Affiliation E-mail of contact person: daveschneider@norcocmh.org

ARR Section Number: 4

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
The PIHP will evaluate its paperwork requirements to identify what changes, if any, are necessary.		Begin 8/1/09 complete by 12/31/09	All forms are being evaluated in move to EMR. Compliance is part of review process.
The PIHP will survey staff to identify barriers to good person centered planning.		Begin 10/1/09 complete by 12/31/09	<b>Survey complete and information compiled. Most information seems to reflect a frustration with some of the compliance requirements, but does not suggest it interferes with PCP.</b>
The PIHP will develop training for staff on how to do person centered planning while complying with documentation requirements.		Begin 1/1/10 implement by 12/31/10	<b>Compliance training is ongoing. PCP is addressed as needed. The results of the survey conducted (above) will be addressed in ongoing training as necessary.</b>
The PIHP will develop and provide training to staff regarding the role of Independent Facilitators, including how to present concept to consumers.		Begin 4/1/10 complete by 3/31/11	<b>Not started yet.</b>
Each Board will ask its Consumer Council to make recommendations to expand use of Independent Facilitators.		Begin 4/1/10 complete by 3/31/11	<b>Independent Facilitation has been a regular topic of discussion with the PICC group. The NEMCMH Consumer Council has placed this topic on its August agenda. NCCMH and AVCMH consumer</b>

			<b>councils will address this by 12/31/10.</b>
The PIHP will work with the member Boards to identify common criteria and selection processes for Fiscal Intermediaries.		Begin 10/1/09 complete by 7/1/10 <b>Revised date: 3/31/11</b>	Participants have been identified but no meeting has been scheduled. This will occur in May. <b>This has not occurred. A meeting will be scheduled in October.</b>
Each Board will participate in training regarding self-determination for adults with mental illness.			This is dependent on the provision of training by MDCH DCH provided the name of a training resource in April. This will be pursued. <b>No training has been provided.</b>
NCCMH will develop a new brochure for consumers regarding SD.		Underway complete by 2/1/10	<b>Brochure has been completed.</b>
NeMCMH will increase the number of persons with developmental disabilities utilizing SD by 20 percent (9 individuals).	<b>Baseline 46 Milestone 55</b>	Underway, complete by 9/30/09	<b>Complete As of August, NE has 56 individuals in self determined arrangements.</b>
The PIHP, working with the member Boards, will increase the use of IF by at least 7 plans.	In FY '08 there was 1	Underway, complete by 9/30/10	<b>Four people have utilized an independent facilitator. That is shy of the goal, but represents an increase.</b>

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ATTACHMENT A  
Milestones and Timeframes

PIHP Name: Northern Affiliation E-mail of contact person: daveschneider@norcocmh.org

ARR Section Number: 5

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
The PIHP's Improving Practices Leadership Team will facilitate a review of the Supported Employment EBP.		Begin 10/1/09 Complete by 3/31/10  <b>Grant Application submitted by 9/17/10</b>  <b>EBP implemented according to plan in grant application</b>	<b>IPLT has initiated this. Each Board has identified people to participate. Subgroup has met once. PIHP Staff has worked to find a consultant to work with the Boards in developing an implementation plan. To date, no one has been identified and willing. A plan for implementation is being developed and will be submitted as soon as possible.</b>
Implementation of the Supported Employment EBP is dependent upon sufficient funding.		Begin 10/1/10 Implemented by 10/1/13	This is dependent on funding <b>Start up funding has been made available. Appropriate plans are being developed. See Above.</b>
Staff from the three Boards will be trained in job development, job matching and benefits coordination.		Begin 1/1/10 and ongoing	This is dependent on funding <b>Marty Alward (DCH) and Steve Calley (SSA) will present training on benefits coordination in Spring Steve Calley presented to the Consumer Day of Recovery Education in May. Training for each</b>

			<b>Board is currently being arranged.</b>
Each CMHSP will review and assess the adequacy of current agreements with related organizations.		Begin 6/09 Complete by 9/30/09	MRS agreements in place with each Board. Not consistent with EBP techniques.
Based on review of agreements, appropriate changes will be pursued with related organizations.		Begin by 10/1/09 Complete by 9/30/10	To be reviewed after decision about EBP and block grant.
Staff will be trained in using vocational/career interest inventories.		Begin 10/1/09 completed by 9/30/11	
NeMCMH will add one Job Coach to the PSR Clubhouse.		By 6/30/09	<b>Complete</b>
NeMCMH will assist persons with DD to establish 2 new micro-enterprises.		Complete by 9/30/09	<b>Complete</b>

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PIHP Name: Northern Affiliation E-mail of contact person: daveschneider@norcocmh.org

ARR Section Number: 6

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
NCCMH will conduct county meetings for the various players in the criminal justice system twice each year for each county.		Begin 6/1/09 and ongoing	<p>Meetings scheduled in each County and they are occurring.</p> <p>Meetings with the "criminal justice community" were held in each County. Additional meetings will be scheduled. Training is occurring on a routine and informal basis as needs arise within each county. The Jail Liaison for NCCMH addresses issues as they arise.</p>
NCCMH will conduct an annual survey of this group to assess strengths and needs.	Done once as part of environmental scan		<p>Survey is currently underway.</p> <p>Survey has been completed.</p>
All three Boards will analyze and make recommendations to improve the collection and reporting of Jail Diversion data, particularly regarding "pre-booking" activities.		Recommendations by 4/1/10	<p>Staff met and made recommendations. Necessary changes are being made to the Avatar system for data collection.</p> <p>Jail Diversion data is now collected in the Avatar data system. This allows for the data to be integrated with services data.</p>
NeMCMH will offer two training opportunities for law		Beginning 6/09 Complete by	Consumer involvement in these meetings will

enforcement, and continue annually.		9/30/09 and ongoing	be encouraged. <b>Trainings Conducted</b>
AVCMH will arrange for meetings with the law enforcement community in each County at least twice each year.		Beginning 10/1/09 and Ongoing	<b>This is Occurring</b>

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ARR Section Number: 7

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Cost analysis and comparison.		Already initiated complete by 10/1/09	<b>This was explored for certain high cost cases. A comprehensive study of high cost cases was conducted in 2009. The process of identifying high cost services revealed various differences in costing methodologies. These are being addressed.</b>
Use information from cost analysis to develop an appropriate plan for assuring standardized costing methodologies to assure accurate comparisons.		Some steps taken, full plan developed by 3/31/10	<b>Standard costing methodologies are an identified priority and a work team is assigned. This is a critical step in developing the ability to accurately compare costs of programs and services. An accurate comparison will facilitate efforts to reduce costs.</b>
Utilize standard costing methods.		In place by 10/1/10	<b>Finance Directors have met and are working to develop standard practices and identify barriers to implementation. This effort is continuing. It is expected that discrepancies will be resolved for FY 11.</b>
Utilizing cost comparison,		Begin 10/1/09	<b>Recommendations from</b>

analyze controllable factors to develop plans for reducing costs as appropriate.		Recommendations by 3/31/10	the initial work group are being implemented. Several recommendations from the cost analysis in 2009 are being implemented. These include compiling a list of various provider options used by the three Boards, giving Case Managers and Supports Coordinators greater access to service and cost data when assisting consumers in accessing services, and increased review of out of area placements.
Develop enhanced regional UM process.		Begin 7/1/09 Implement 10/1/09	Draft process has been reviewed. Final draft to be reviewed in May. The PIHP anticipates re-filling a vacant position in October, pending the impact of anticipated budget cuts. When filled, this position will implement the revised regional UM process.
Research contracting and UM process of other affiliation PIHP in Michigan.		Begin 7/1/09 and ongoing	

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ARR Section Number: 8

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
<p>The PICC, working with each of the CMHSP's Consumer Councils, will develop recommended priorities for community based peer support groups for those exiting CMH services.</p>		<p>Recommendations by 9/30/09</p>	<p><b>The PIHP submitted a grant request to fund a Community Based Services position. This position will work with consumers in each community, as well as local organizations, to identify and initiate community based support groups. This grant was funded beginning 10/1/10.</b></p>
<p>Development of systems of care will be discussed quarterly by the MI Clinical Directors and DD Clinical Directors groups to monitor implementation.</p>		<p>Begin in 6/09 and ongoing</p>	<p><b>Program Directors have been reminded of need to include on monthly agenda. Each Board continues to work at developing systems of care within the various communities served. While progress is being made, there are many challenges that are being encountered. These are discussed, and potential solutions are explored, at monthly meetings of the program directors. Particular challenges include:</b></p> <ul style="list-style-type: none"> <li><b>• NCCMH conducted meetings in all six counties for the DD Child system</b></li> </ul>

			<p>of care. In two counties, no one showed up for the meeting.</p> <ul style="list-style-type: none"> <li>Each of the various partners share different boundaries. For example, ISD boundaries do not match CMH, DHS or MRS boundaries.</li> </ul> <p>Efforts are ongoing and progress will be reported.</p>
The PIHP will continue to provide training re: co-occurring SUD, as provided in the IDDT grant.		Complete by 9/30/09	<b>Training completed</b>
The PIHP will review assessments as part of the monitoring process to assure SUD is included.		Begin 11/09 and ongoing	<b>Baseline data collected.</b>
Substance use will be addressed in assessments for adults with SMI and kids with SED in 80% of assessments.	Currently unknown <b>Identified as 87%</b>	5/11 (may be amended once baseline determined)	<p>NC – 80% NE – 85.7% AV – 100% Affiliation – 87% <b>New target of 95%.</b></p>
NCCMH will host Dr. Joe Parks to provide training to staff and community physicians.		By 6/30/09	<b>Completed</b>
The PIHP will develop training materials for staff consistent with the strategic plan recommendations.		Begin 7/09 and in use by 1/1/10	<b>Coordination with primary care is being addressed through relationships with FQHCs. However, many recommendations developed by nursing staff will help identify health issues at an earlier stage. These recommendations will be reviewed and republished for implementatation.</b>

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ARR Section Number: 9

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Implementation of SOQ measure for adults with MI.		Already initiated data collected by 3/31/10	Training was conducted in April. Data will be reviewed in October. Training has been completed. Implementation has been delayed as Board determine which type of technology works in each location (kiosk, handheld, paper, laptop). Full implementation is anticipated in October, with data being reviewed in January 2011.
Implementation of satisfaction survey for persons with DD.		Already initiated, data collected by 3/31/10	Data are being collected and will be reported to QOC.
Aggregate data from SOQ, CAFAS and Satisfaction routinely reviewed by QOC and Operations Committee.		10/1/10	This will be in place by 3/1/11.
Develop monitoring process for implementation of self determined arrangements		Begin by 6/1/11 implement by 4/1/12	
Implement additional EBP as selected by IPLT.		Begin by 4/1/11 and continue through 2013	Dependent on funding
The IPLT will recommend, and the PIHP will adopt practice guidelines, as appropriate for CBT, MI, and other promising or best practices in use.		Recommendation from IPLT by 2/28/10 Adoption by PIHP by 7/31/10	IPLT has completed some practice guidelines. This is ongoing.

The IPLT and staff will develop outcome measurements relative to EBP and Promising practices.		Initial reports by 12/31/10	<b>This has not been done. The PIHP is participating with the statewide Practice Improvement Steering Committee and will use what is developed. Meanwhile, as the SOQ is implemented, these data will be evaluated to determine if they are useful for this purpose.</b>
Develop monitoring protocol for gentle teaching techniques.		Begin 10/1/10 implement by 10/1/13	

\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

ATTACHMENT A  
Milestones and Timeframes

PIHP Name: Northern Affiliation E-mail of contact person: daveschneider@norcocmh.org

ARR Section Number: 10

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Obtain video conferencing equipment.		Process initiated complete by 12/31/09  <b>Anticipate implementation in 2012</b>	This is dependent on funding <b>While funding has been available, pilot use of such equipment revealed that greater network capacity is necessary. Each Board is working to secure fiber connectivity. It is expected that this will be in place in most sites within two years. NEMCMH, which has fiber connections in some locations, is ordering three Video conferencing units. Video conferencing will implemented regionally when fiber is available.</b>
NeMCMH will utilize Netsmart University to assist staff in Children's Services unit in obtaining 24 hours of training.		Process initiated, complete by 9/30/09	<b>Complete</b>
HR and training staff from the three CMHSP will establish regular meetings to share training materials and efforts.		Begin 10/1/09 and is ongoing	<b>Have names, meeting will be scheduled in May</b> <b>While informal discussion have occurred, regular meetings have not</b>

			<b>been instituted. This will begin in FY 11.</b>
The PIHP Risk Management committee will collect and analyze staff injury data to identify training or safety needs.		Begin 2/1/10 and is ongoing	<b>Not started yet. Each Board has its own review process. The PIHP risk management committee has not begun reviewing this. It is expected to be in place in FY 11.</b>
Each CMSHP will contact colleges within their service area to explore training and internship opportunities.		Begin 10/1/09 and ongoing	<b>Each CMHSP does work with colleges as possible. Various arrangements exist.</b>
The PIHP will develop appropriate competency measures to use in complying with Staff Qualification standards of the EQR.		Recommendation by 10/31/09 In use by 4/1/10	<b>Information regarding current practice was collected. Recommendations are being developed. This will be revisited once gentle teaching has been trained throughout the PIHP.</b>
The PIHP will monitor the use of these measures during regular reviews.		Incorporated to reviews by 11/10	
<b>Sustaining employment of peer support specialists has been difficult. Staff will explore with consumers what issues interfere with long term employment</b>		<b>Gather input from former and current peer employees by 1/31/11</b>	
<b>Based on input received, the PIHP will develop recommendations for Boards to improve employment practices for peer supports specialists.</b>		<b>Develop and share recommendations by 3/31/11</b>	

\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

**ATTACHMENT A**  
**Milestones and Timeframes**

PIHP Name: Northern Affiliation E-mail of contact person: daveschneider@norcocmh.org

ARR Section Number: 11

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Review common provider contract language proposed by MACMHB workgroup and evaluate for implementation.		Begin 6/09 with recommendation by 8/31/09  <b>Standard contract in place by FY 12</b>	<b>Contract managers met. Various issues with MACMHB contract boilerplate were discussed. Efforts to standardize will continue.</b> <b>A more recent version of the MACMHB proposed boilerplate contract has been obtained and shared with the contract manager. It is expected that this will resolve some issues. The group will meet in September to discuss this.</b>
If appropriate, implement common provider contract. If not, begin development of alternative.		Begin 9/1/09 Implement by 10/1/09 or Begin alternative by 10/1/09 with implementation by 10/1/10	<b>Potential contract language is being drafted.</b> <b>See above.</b>
Establish ad-hoc group to develop common provider monitoring protocol for use by Boards.		Begin 10/1/09 recommendation by 1/1/10	<b>Group is researching various differences in effort to standardize.</b> <b>One meeting was conducted. No action will be taken until QAPIP requirements relative to provider monitoring are</b>

			<b>finalized.</b>
Same ad-hoc group will develop protocol for sharing reviews of common providers.		Begin 10/1/09 recommendation by 2/1/10	<b>See above.</b>
Develop criteria for training reciprocity for common providers		Begin 4/1/10 recommendation by 4/1/11	<b>Group identified. This group will begin meeting in FY 11.</b>
Identify barriers to implementing EMR at all Boards.		Begin 8/1/09 complete 10/1/09  <b>Plan for full implementation of EMR will be developed by 10/31/10</b>	<b>Meetings are being conducted with each Board. The PIHP has had discussions with representatives from each Board. A list of issues has been developed. In reviewing this list, it is clear that most issues are related to training, form design, or business practice. Only a limited number of the issues raised are directly related to the software. Staff will now develop a plan for addressing those issues that can be addressed.</b>
Assign group to identify solutions to barriers identified and make appropriate recommendations.		Begin 10/1/09 recommendations by 1/1/10	<b>Board to discuss the record. A regional plan will be prepared by April. This will now move forward with the planning noted above.</b>
Establish ad-hoc groups to explore other potential efficiencies, as appropriate assign additional groups to develop plans.		Begin 5/1/10 and is ongoing	

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