

ATTACHMENT A
Milestones and Timeframes

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ARR Section 8 Coordinating and Managing Care

NorthCare solicited the help of community members, community agencies, consumers, family members, CMHSP staff, advocates, and other stakeholders in conducting our environmental scan and in identifying possible improvement initiatives for this section through public forums held in the fall of 2008 and spring of 2009. In addition, NorthCare held a meeting with interested stakeholders that represented CMHSP staff, community agencies via a Wraparound program, and the UP Health Plan.

NorthCare implemented policy, based on work from a regional cross functional workgroup in 2003 that sets standards for information sharing and coordinating care. Our current environmental scan of clinical documentation reviews demonstrates the CMHSPs successfully coordinate care with primary care physicians and information is shared, as authorized, with them throughout treatment. They also do a good job of coordinating care with others involved in an individual's care, but there is room for improvement. CMHSPs all have current agreements with local HSCB, Strong Families Safe Kids, and Early-On programs. MDCH requires an 80% or greater participation from CMHSPs with each of these programs. Additional involvement includes Homeless Workgroups, Children's Advocacy Network and Health Youth Coalition.

A single point of entry is the first step—an individual will not have to start from ground zero with a provider assisting in their healthcare. Information technologies will have a vital role in this arena as electronic medical records may allow real time information to pass to other providers. The financial leaders at all levels, federal, state and local, will need to create new funding arrangements or restructure existing ones. The coordination of care with the providers outside of the health care communities such as the schools, employment, and housing agencies will be woven into this system. Many of our consumers are first seen by the schools or the Department of Human Services or the homeless shelters.

Overall Goal:

NorthCare will join with healthcare providers across the Upper Peninsula to create a person-centered "HealthCare Home" for citizens in our region, while continuing to enhance current coordination of care efforts and education regarding services throughout our communities.

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Milestones Section 8 Coordinating and Managing Care	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
<p>Milestone 1 NorthCare will join the dialogue with key partners in the Upper Peninsula to create a "person centered HealthCare Home" that includes specialty mental health services.</p>		Five year plan	The project is dependent on federal, state and local government funding and decision making. All steps taken will need to be informed by the activities of healthcare reform at all levels.
<p>1.1 Senior management will approach key partners to begin a dialogue.</p>		1.1. Q4FY09 thru Q3FY10 Q4FY10	<p>1.1.a. Possibly secure NorthCare representation on Physicians Group Incentive Program (PGIP)</p> <p>1.1. b.1. Partner with other health care providers in our region including the Upper Peninsula Health Plan and BC/BS.</p> <p>1.1. b.2 Develop mental health benefit for uninsured with Medical Care Access Coalition.</p> <p>1.1. c. Outreach to the current Federally Qualified Health Centers.</p> <p>1.1. d. NorthCare Board of Directors and the NorthCare Regional Advisory Board will receive training and up to date reports on this model of healthcare delivery.</p> <p>1.1. e. Involve Consumers community members (NAMI) and Peer Support Specialists in integration of care efforts.</p>
<p>3-14-10 Currently there have been no successes in partnering with other health care providers due to factors outside of the control of NorthCare. Our attempts to reach out to the Physician's Group; MCAC; and the rural Federal health care centers have been fruitless. We will continue outreach once new leadership is established at Pathways/NorthCare. Education of the Board should be conducted within the next six months. We do hope to start a small pilot to at least assure lab reports from the primary Care physicians are shared for open consumers at the CMHSP –the regional QI team will be asked to manage this.</p> <p>8-17-10 1.1.b.1. & 1.1.c. NorthCare CEO and COO and Clinical Practice Coordinator met to discuss pursuing local engagement with community health care providers. It was agreed to meet in a month and discuss options for regional efforts with FQHC, UPHP, and Superior Partnership.</p> <p>1.1. b. 2. Outreach to the Medical Care Access Coalition has not been productive to this point. We will continue to dialogue with them. Other activities NorthCare Management staff have attended MDCH sponsored meetings relative to Health Care Integration as well as the MACMHB Annual Spring Conference "Joining Forces: Focusing on Integration" held on May 18 and 19, 2010 which included a key note address by Ron Manderscheid Ph.D "Primary and Mental Health Integration-National Focus." Management staff also participated in a PIHP Clinical Directors meeting on July 23 where PIHP shared their efforts directed at integration with primary care and participated in the August 12 Webinar "Are you Ready to Become an FQHC?" offered by the National Association of Community Health Care. on</p>			

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<p>8-11-10 Copper "The Quincy Hill Health Center" will be a great addition to our health care community upon completion and implementation. Expanded services in behavioral, dental and family health will mean more access for people across the Keweenaw. The Health Center is a collaborative effort of the U.P. Association of Rural Health Services with Aspirus Keweenaw Hospital and other area health providers. An "opening date" has not yet been announced.</p> <p>8/26/10 HBH --intends to include expanded medical services and improved health and PCP coordination as part of our strategic plan for FY11 and beyond.</p> <p>08/10 Pathways-- will work with NorthCare as requested on this area. No updates at this time.</p>			
Q1 FY11			
<p>12/17/10 - Senior management staff at NorthCare continue to explore development of HealthCare Homes via participation in statewide and other trainings provided at the December Clinical Leadership Team Meeting and the MDCH/PIHP Directors forum. We continue to reach out to local health providers and organizations.</p> <p>1/26/11 HBH--the new Strategic Plan has been approved and HBH is currently determining what model to use for expanding the coordination of physical and mental healthcare for its consumers.</p> <p>01/11 Pathways: Dr. Cools and Donna met with Rural Health Center to discuss physical health integration. However, they were losing their Medical Doctor at that time. Continue with ongoing discussions.</p>			
Q2 & Q3 FY11 Please update for both quarters			
<p>06/08/11 – Pathways CEO met with Marquette General Hospital Board member, discussing opportunities within the region to partner with FQHC and Marquette General.</p> <p>06/23/11 – Pathways CEO met with Marquette General Senior Management for initial discussions with the local FQHC, as we have had little success with this potential relationship.</p> <p>7-11 Northpointe- 1.1.b. CEO met with Director of Physician Services at local hospital to begin dialogue on partnering opportunities in their rural health practices. 1.1. c. & 1.1.e. We also implemented having a PSS be at the local FQHC for 20 hours per week to educate, provide support and improve access to mental health services for patients of the clinic.</p>			
<p>1.2. Evaluate various person-centered "HealthCare Home" models.</p>		<p>1.2. FY10 thru FY12</p>	<p>1.2. a. Establish electronic information sharing tools (ex:community.networkofcare.org)</p> <p>1.2. b. Develop workgroups and processes to allow for a comprehensive analysis of models including funding streams and electronic medical information transfer.</p> <p>1.2.c. Evaluate models of care given our rural, remote declining population.</p> <p>1.2.d. Propose pilots to assess models of care.</p>
<p>3-14-10 Currently no action on any of the above plans have been taken. This will require action on the part of the new Pathways CEO and the new COO for NorthCare.</p> <p>8-17-10 Very preliminary dialogue has occurred relative to the development of HealthCare Homes models, although review of literature supports the local concern and awareness relative to co-morbidity and early mortality among persons with severe mental illness.</p> <p>06-23-11 Pathways CEO met with MGH CEO to discuss overall goals and model approach of Marquette General with Healthcare Homes.</p>			

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Q1 FY11			
12/17/10 - We continue to explore ACA Section 2703 and related information relative to the development of Medicaid health Care Homes for persons with serious and persistent mental health conditions and/or other chronic health conditions.			
Q2 & Q3 FY11 Please update for both quarters			
<p>1.2. 06-23-11 NorthCare/ Pathways CEO met with MGH CEO to discuss overall goals and model approach of Marquette General with Healthcare Homes.</p> <p>7-11 Northpointe- CEO and Medical staff are researching and discuss various models that will integrate primary and behavioral health. We are exploring having one of our nurse practitioners who is family practice and psychiatric certified to provide medical services onsite to our consumers.</p>			
<p>1.3. Develop a regional project plan. Abandoned 6-30-11</p>		<p>1.3.FY12 through FY14</p>	<p>1.3. a. Educate consumers, family members, and community at large regarding efforts to integrate mental health, primary health, and substance abuse services.</p> <p>1.3. b. Begin pilots and community education about the pilot programs</p> <p>1.3. c. Research barriers and options to address lack of transportation throughout our region.</p> <p>1.3. d. Develop educational materials for general public that clarify services offered by community, how to access, etc.</p> <p>1.3. e. Identify and address any duplication of services by agencies throughout the region.</p>
<p>7-24-11 NorthCare 1.3. This is being abandoned as proposed. Senior regional management will indicate when a shared planning process with regional partners is viable.</p>			
<p>Milestone 2 NorthCare will continue the coordination of care with current providers and will develop a stronger consumer base of wellness.</p>			
<p>2.1. In addition to our bi-annual Consumer Newsletter, NorthCare will develop an additional newsletter geared toward CMH and contract provider staff to assist in coordination of care among network providers. Abandoned Q4 FY10</p>		<p>2.1 First edition by 10/1/09 Winter 2010 & ongoing</p>	<p>2.1. a. Newsletter to be posted at our e-learning centers for required trainings and documentation of training.</p> <p>2.1. b. Newsletter will highlight developments in the Healthcare Home project and opportunities to be involved in wellness activities in the community.</p>
<p>3-14-10 This project is on hold until the leadership makes it a priority and assigns staff to remedy the technical difficulties in broadcasting a newsletter in our LMS system. Also staff needs to be assigned to write the updates.</p> <p>8-17-10 NorthCare is in the process of renegotiating the Learning Management System (LMS) contract and</p>			

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examining other methods for disseminating essential information to Network Providers and others. NorthCare will be engaged in strategic planning later this year and will include communications concerns in their draft plan.

Q1 FY11

2.1 Objective abandoned in Q4FY10—our focus is going to shift to empowering the individual consumers to learn how to manage their wellness with supports other than professional assistance.

<p>2.2. Increase knowledge and opportunities for consumers to participate in “wellness” programs.</p>		<p>2.2.a. Q4FY09 & ongoing 2.2.b. Q1FY09 ongoing 2.2.c. Q3 FY10 & ongoing</p>	<p>2.2. a. U.P. Consumer Conference will highlight inexpensive wellness activities. 2.2. b. Partner with Public Health Departments to avoid duplication of services. 2.2. c. Partner with Medical Care Access Coalition on wellness projects. 2.2.d. . NorthCare and volunteer regional consumer group will assess the usefulness of the program “Health Education Answers”</p>
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3-14-10 2.2.a. The FY09 Consumer Conference was very successful and Amy Long’s presentation on Shared Decision Making was well received. 2.2.b. At the Consumer Conference in May 2010, we will have PSS who are trained in PATH presenting that model. They have been working with Public Health in presentations in the UP. 2.2.c. We have not been successful in our outreach to MCAC. We believe they are busy as a primarily volunteer organization that they do not at this time have the capacity to work with us in this area. As we get better organized on specific projects, we will continue our outreach to them.

8-17-10 NorthCare--No progress to date with the Medical Care Access Coalition. IN terms of WRAP, there has been a monthly consultation group to support establishing WRAP across the region. All those consumers and PSS who were trained last fall are able to participate to support their local efforts.

8-11-10 Copper CMH out-patient RN Joe Freed facilitates a weight-wise program for consumers. Nursing students from Finlandia University assist with the group’s educational component. Two OP clinicians conduct a weekly meditation group for consumers. A walking group for consumers is active at the Rice Center coordinated by CSP. Baraga/Ontonagon Day Programs have a 2x/week wellness walk program.

8-27-10 Gogebic-- currently offering a Wellness Group that has 15 participants.

Q1 FY11

2.2.d. . 10-08-10 NorthCare began a dialogue with E Lilly to utilize the software “Health Education Answers”. This internet program can be utilized by consumers and staff to chart a daily plan for wellness based on one’s individual health profile.

2.2.d. 12-28-10 Two meetings are scheduled next week to review the software. One web meeting is with PIHP staff who would implement; the second meeting is with six consumers, PSS and Drop In Directors who will help NorthCare determine the likelihood that the program would be utilized by the consumers.

1/3/2011 Copper – programs continue as stated above.

1/10/11 Gogebic is now offering a Children's/family wellness group. First meeting was 1/3/11 with three families represented. The group will meet twice a month.

2.2 1/11 Northpointe in early spring will start walking programs in the Phoenix Center. All consumers are welcomed to walk. We have different routes they can walk some are longer and some are shorter. We run this for 2 months and the person that walks the most miles receives a pair of tennis shoes. Other consumers receive gift certificates for sub way. The nurse comes into the Phoenix Center once a week and talks about a different healthy topics. In Iron River the nurse does the same for Gathering Pointe. NBHS has encouraged healthier eating for Phoenix Center consumers and staff by offering healthier choices of snacks at their snack bar.

01/11 Pathways: WRAP programs have been presented in all four counties. WRAP has started to be developed but groups haven’t been implemented at all sites. WRAP facilitators need agency support with structural plans to get into the action phase.

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Q2 & Q3 FY11 Please update for both quarters

7-25-11 NorthCare: The regional team endorsed placing the Health Education Answers Program on the NorthCare website: www.northcare-up.org There has been training on the software at the Drop Ins and the clinical sites where NorthCare conducted site reviews. PSS are using the program in groups and there are plans to have a Train the Trainer session to provide the mentoring to new users at the CMHSPs and the Drop Ins and Activity Centers.

7/25/2011 Copper – programs continue as stated above plus **CCMH** hosts an impressive number of support groups for consumers and community members on a variety of topics. **Ontonagon Multi-Family Group**—1st Thursday of every month at the Ontonagon Center and run by **Outpatient staff**. This group supports families of people with a serious mental illness and is both an educational and a problem-solving group. **Grocery Shopping Group**—run weekly by **CSP** staff in Houghton. This group teaches its members how to shop within a budget and make appropriate food choices for their individual needs. **Errand Group**—run weekly by **CSP** staff. The purpose of this group is two-fold: help people get errands run and provide a chance for people to socialize. **Houghton & Calumet Men’s & Women’s Groups**—run weekly by **CSP** for consumers in both locations. These groups target consumers who live in the community and may be isolated. Their intent is to connect people and build relationships. The groups do various activities determined by the members; for example, going for coffee, fishing or visiting a museum. **Weight Loss Surgery Support Group**—Meets biweekly on Wednesdays at noon in the Outpatient Library at the Houghton Center for staff who have had, or are considering, weight loss surgery. **Co-occurring Disorders Group**—meets bi-weekly and is run by a member of the **ACT team** for ACT consumers. **ACT Social Integration Group**—meets weekly and run by the **ACT team**. Works with ACT consumers to help develop/improve social skills and community integration. **ACT Multi-Family Group**—meets 1st Tuesday of the month at the Clubhouse and is run by **clinical staff**. They are also educational and problem-solving and this is an evidence-based practice group. **Employment and Volunteer Group**— meets once a week for Clubhouse members and is run by a **Clubhouse staffer**. The focus is to help people recognize their strengths and skills to get ready for work and to support members who are already employed. They also focus on volunteering and making a difference in the community. Next week they have volunteered to do the spring yard work for Omega House.

2.2.d Gogebic—The wellness group is now provided at the drop in center.

7/11 HBH --has developed a walking group for their ACT consumers, staff facilitate the attendance a number of consumers at the SMH Fitness Center regularly and the Manistique Reflections group focuses on Wellness through socialization, nutrition, exercise and creative outlets.

7-14-11 Northpointe--April 2011 Certified Peer Supports held a WRAP group for 6 consumers. Northpointe provided a luncheon and a certificate of completion to all 6 consumers. Other programs continue as stated above.

7-11 Pathways – Marquette community is having a free 12 week wellness program and this was shared with our Drop In Center and some people are participating in this. NorthCare web site and wellness link was shared with Pathways staff during the annual site review. This information will be shared with our Drop In Centers during our annual site reviews with them.

2.3. Continue to explore various resources and community and program partners.

2.3.a.FY11 & ongoing

2.3. a. Develop internet tool for connecting Drop Ins and other recovery networks for consumer education and networking.

2.3.b. Q4 FY09 FY10 if funding available & ongoing

2.3. b. NorthCare and CMHSP will seek grant opportunities to support activities that encourage community connections and participation.

4-29-10 NorthCare PILT meeting we reviewed CMHSP narrative for grant applications. Four Boards submitted grant applications focused on furthering recovery based systems change.

5-4-10 NorthCare Consumer Conference—Two Drop Ins presented a workshop at the Consumer Conference. Education of consumers on the benefits and possibilities of membership were presented

8-17-10 NorthCare Plans are being made currently for the Drop In Directors to meet and discuss whether ongoing collaboration meetings would be helpful. Plan to have meeting set up by end of September.

8-12-10 Copper CMH Coordination with community partners occurs through the Baraga County RICC,

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however attendance of community group members is episodic. Baraga Center Program Manager attended a regional *Active Engagement Workgroup @ Pathways w/RICC members*.
8-24-10 Copper CMH – A series of workshops are offered to the community through the Rice Institute Community Education Schedule '09-'10

Q1 FY11

2.3. a 12-28-10 The Drop In Directors have not yet met on a regular basis but are expressing interest in a shared organizational meeting in 2011. Some of the Directors are becoming connected to PSS services by hiring PSS to work at the Drop Ins to assist with general fund consumers who have come to the CMHSP attention through emergency services. Two Boards have grant money to pursue linking the Drop Ins; PSS and emergency services. NorthCare has been asked to participate as an advisor for the Pathways project that has great promise. Also through the Active Engagement workgroup, some of the Drop Ins are more involved in social and sports activities through SAIL and SPAR. Recovery is occurring in the community.
1/3/2011 Copper Updates: The community education workshops coordinated via the CMH Institute continued through the last quarter of FY '10 and into FY '11.
01/11 Pathways: Trying to get communication increased (networking) throughout out four drop in centers and eventually throughout the region. Looking at internet access for this purpose.

Q2 & Q3 FY11 Please update for both quarters

7-25-11 NorthCare: NorthCare has partnered with E Lilly in offering the Health Education Answers program at our website. E Lilly will provide an educator to provide a "train the trainer" session on the software. The training will focus with PSS and Drop In Staff so mentors will be available across the region to assist in the expansion of the use of this powerful tool for education and action for improving one's health.
7/25/11 Copper Community Education/prevention programs still provide outreach and collaboration with area schools and other orgs. The local SOC group continues to meet, last meeting was 3/23/11. Copper Country Mental Health Services Institute recently received one of three grants from the Michigan Developmental Disabilities Council to work with Housing Continuums of Care (CoC). We will be working closely with the Baraga County RICC Year One, and expand into Ontonagon County Years Two and Three. The project is called **Developing Residential Options through Participation and Training (DROPT)**. Copper Country Mental Health Services Institute recently received one of three grants from the Michigan Developmental Disabilities Council to work with Housing Continuums of Care (CoC). We will be working closely with the Baraga County RICC Year One, and expand into Ontonagon County Years Two and Three. The project is called **Developing Residential Options through Participation and Training (DROPT)**. DROPT will work to educate the local Continuums of Care and other community leadership in the housing arena on the need to include people with disabilities in the decision-making process. We will be partnering with state and national housing policy advocates for people with disabilities and helping local people with disabilities to understand state and federal housing policy and funding sources, and advocate at the state and federal levels for meeting the housing needs of people with disabilities. Training for people with disabilities and their families will include learning the functions of CoC and the funds they oversee; identifying systemic barriers that prevent people with disabilities from getting housing; and learning effective legislative advocacy. We will also be attending conferences, seminars and institutes that will help them develop leadership skills in the housing area. DROPT will work with the Michigan Disability Housing Workgroup and other housing advocacy groups to create, prioritize, and implement housing advocacy strategies. We will be identifying and promoting aspects of vibrant, inclusive communities that the project can implement. We will also spend time meeting with legislators and other policymakers in the home district and in Lansing to educate them about the housing needs of people with disabilities. Finally, DROPT will provide presentations to a variety of community groups, elected officials and other citizens to promote affordable and accessible housing and the importance of building inclusive communities. We look forward to this exciting opportunity for Prevention and local RICCs to work together. **Collaborative Bodies** --Several collaborative bodies address children's issues; minutes are available and have been forwarded to NorthCare.
7-14-11 Northpointe -Our Prevention coordinator continues to work with the Upper Peninsula Association of

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Rural Health Services to bring mental health services to their rural health clinics; initial work has been done looking at finding qualified mental health clinicians and putting together the financial support format.
7-11Pathways – Updated all budgets for the four drop in centers to ensure there was a line item for internet connections.