



**NorthCare Network
Application for Renewal and
Recommitment**

*Community Mental Health's
continuing commitment to support individuals in
creating a whole life in our Upper Peninsula
communities.*

*This effort is dedicated to the
courageous voices of
recovery who have
informed us of our limits
and who offer their
stories to guide our
next steps.*

Artwork
By Bryanne Fountain



In 2009, the network of community mental health and substance abuse agencies from across the Upper Peninsula will join with our stakeholders¹ to revitalize the spirit of hope and safety by focusing on four critical goals:

1. NorthCare will join with the federal, state and local governments and healthcare providers across the Upper Peninsula to create person centered "HealthCare Homes" for the citizens in our region. The individuals being served will be incorporated in the planning of their healthcare home.
2. Clinical training and supervision standards will be established for staff providing direct services. Stable relationships between consumers and staff are sustained when staff have a stable and supportive learning environment with a clinical supervisor.
3. An "Active Engagement Workgroup" will be created. The group will be composed of individuals with developmental disabilities, families, guardians, educators, community members and healthcare providers. Their charge includes increasing the active participation in community activities for individuals regardless of disabilities; implementation of effective promising or proven practices; and ensuring a culture of gentleness with our most vulnerable consumers.
4. NorthCare will deepen its commitment to foster recovery where it belongs: in the day to day activities of our communities. NorthCare will increase its partnerships with educational centers, community employers, and other citizen groups to reduce stigma, increase opportunities for play, and increase opportunities for integrated employment in the community.

¹ Our use of the term stakeholder is meant to be inclusive. In its broadest sense, it refers to all the members of our communities. Recovery for individuals with mental illness, developmental disorders and co-occurring disorders requires active participation in one's community. In the ARR, we separate consumers receiving services from the public sector from the general stakeholders because they have a critical role as our primary stakeholders.

The fifteen counties of the Upper Peninsula cover a vast geographical area but its small population (335,000) is remarkably homogenous. Significantly, 10 of the 15 counties have a population of Caucasians greater than 90% with 8 of those 10 counties greater than 95%. The dominant cultural values are a strong work ethic and the personal value of taking care of one's own needs and business. This racial and cultural homogeneity allows for a strong sense of belonging and well being for a significant majority of the community. Our strongest points may also be our weakest points. This strong sense of identity in small communities may lead the individuals who are "different" to feel marginalized in a more acute manner than in a large community where an individual might find more of one's tribe. This has profound implications for recovery and stigma reduction as many citizens may not be aware of the inherent lack of tolerance within their communities. Without intending to harm, we may be guilty of the soft discrimination of low expectations of individuals with disabilities.

Another aspect of the U.P. is the sense of physical safety and security experienced by the significant majority of our citizens. This sense of security may engender a significant resentment and opposition toward the rules and regulations designed for urban populations of hundreds of thousands or millions of people. People may not reach out for help in a timely way based on the perception (and frequently the reality) that they will have to go through so many hoops to get help that it is not worth the effort. Our rural systems must find adaptive methods to meet the challenges of preserving the benefits of a small community where individuals are known and supported while balancing the demands of compliance with standards and regulation of funding streams and protecting individual rights.

1. A person centered Healthcare Home for each individual: To achieve this goal, objectives and plans for improvement will be found in Sections 1, 2, 4, 6, 7, 8, and 11. This objective must directly involve the CEOs, the Director of the NorthCare Coordinating Agency, Medical Directors and the Board Members of the Community Mental Health agencies. It is a task that will require high level of participation and commitment among providers of medical, dental and substance abuse services, hospitals, and law enforcement to outline what such a model of care would look like in the Upper Peninsula. Given our rural nature, it is most likely that several models of care will emerge to meet the different needs of our communities. Consumers need to be involved from the inception to assure the system is a trauma informed system. A single point of entry model with hope and safety at its core, and real time information available to all providers via electronic medical records will insure coordination of care among all service providers. It is essential that financial leaders at all levels work together to create or rearrange funding sources for these endeavors. Given the complexity of this objective, the NorthCare/ Pathways CEO, the NorthCare COO, and the

other four CEOs of the region who make up the Performance Management Committee (PMC) will direct the work being done toward this objective. The PMC and the NorthCare Regional Advisory Council will review regular reports on the progress of the QI plans and the barriers encountered.

2. Standards for Clinical Training and Supervision: Over the past four years, with support from MDCH, NorthCare implemented four major evidence based practices throughout its provider network: Peer Support Specialists; Family Psycho Education; Integrated Treatment for Individuals with Co-occurring Disorders and Parent Management Training, the Oregon Model. The implementation of these models required a structured approach to clinical supervision in new and effective ways. Sections 2, 3, 4, 9, and 10 will all address the tasks necessary to support staff in developing the most positive and hopeful relationship possible with the individuals they serve. Knowledgeable clinical supervisors at all levels must be active in providing support and direction to assure the clinical and personal skills necessary to survive compassion fatigue will be developed and fostered.

A key area requiring immediate attention is the supervision of Peer Support Specialists (PSS). The Regional Practices Improvement Leadership Team will have the responsibility to monitor the progress on this objective and to provide reports to the NorthCare CEO and PMC on progress and barriers.

3. The Active Engagement Workgroup: The workgroup will participate in developing and implementing QI plans from Sections 1, 3, 4, 5, 6, 7, 9, 10 and 11 as the plans relate to unmet needs of persons with developmental disabilities. The group will review models of engagement and skills training and help make informed decisions on what models will be provided in the region. The work done for future planning of individuals with developmental disabilities must be informed and directed by those living with disabilities and their families concerned about the future well being of their loved ones. Long range planning must begin for the individuals at both ends of the spectrum—the children (under 18) and the older adults (over 55). There will be an ongoing review of residential placements and needs conducted through QI plans identified in sections 10 and 11

4. Fostering Recovery in the Community: NorthCare will work with stakeholder groups in ongoing ventures to assure recovery becomes the expectation in our communities. QI Plans developed in sections 1, 2, 3, 4, 5, 6, 8, 9, & 10 will support changes in the treatments and services offered; conduct fidelity reviews and outcomes measures of current practices to assure they are effective; assure active participation in planning recovery and anti-stigma activities and in linking individuals to the community activities that are meaningful to them.

NorthCare Application for Renewal and Recommitment

NorthCare Network as the Prepaid Inpatient Health Plan for the Upper Peninsula appreciates the opportunities for change presented in the following sections of this application for renewal and recommitment. Our overall vision in submitting this application is a full commitment to expanding their sense of wholeness to all the citizens we assist in their recovery journey.

ATTACHMENT A
Milestones and Timeframes

PIHP Name: [NorthCare Network](#) E-mail of contact person: lolson@up-pathways.org

ARR Section 1 Partnering with Stakeholders in Design, Delivery and Evaluation of the Public Mental Health System

A whole life is created when hope and safety are the foundations of one's personal world. The experiences of chronic mental illness, substance use disorders or developmental disabilities can rob an individual of these two elements. It is within the context of healing relationships that hope and safety can be regained. Healing relationships are critical to end distrust and isolation. It is essential to keep this simple truth front and center to strengthen our community's response to our most vulnerable members. Including individuals and families throughout the system is tangible evidence of healing relationships.

The environmental scan included reviewing data from many sources:

- Community forums were held at five sites across the U.P. First in the fall of '08 and then spring of '09. Comments from the 10 forums were recorded and placed on the NorthCare Website, www.northcare-up.org. The forums were to introduce our need and desire to develop a 5-year plan based on the ARR and have the community identify possible improvement initiatives as well as identify specific concerns. Participants were invited to specify if they were interested in ongoing communication and work with regional groups. A new stakeholder contact list has been compiled from the Forums.
- Documentation of stakeholder involvement at the 5 CMHSP and NorthCare - Current participation of consumers and family members :
 - Copper CMH has a total of 29
 - Gogebic CMH has a total of 10
 - Hiawatha CMH has a total of 65
 - Northpointe CMH has a total of 24
 - Pathways CMH has a total of 10
 - NorthCare PIHP has a total of 332

Stakeholder involvement Strengths: NorthCare has strong partnerships with NAMI, consumer run Drop Ins and a number of faith based initiatives in various communities (such as the Room at the Inn, a homeless shelter project in Marquette). We have experienced significant gains in expressed satisfaction with the consumer conference opportunities NorthCare and MDCH have supported. We have only just begun to tap into the vast talent pool of the individuals who come to receive services and become our greatest teachers.

Stakeholder involvement Challenges: An area of weakness is the amount of participation by families of children receiving services. Barriers for involvement:

- Families in need of services are often in crisis or struggling.
- They are not interested in going public with their child’s diagnosis due to stigma and fear.
- They are also often already overwhelmed by the demands of helping their loved one when everyone is already over scheduled and overly stressed.

Another area of weakness is the limited number of individuals with developmental disabilities and families involved in community mental health stakeholder opportunities. This is addressed in Section 3 by creating an Active Engagement Workgroup.

Stakeholder involvement Opportunities for improvement: NorthCare will deepen its commitment to foster recovery² where it belongs – in the day to day activities of our communities throughout the Upper Peninsula:

- Will build more bridges for activities for our consumers—Drop In evaluations are discussed in Section 2.
- NorthCare will seek new partnerships and relationships with our educational centers, community employers, and other citizen groups to reduce stigma and increase opportunities for play and work in the community.
- Increased involvement of stakeholders will be secured not only through committees, boards, and conferences, but also through future public forums, regional workgroups, and the regional customer services committee.

² The opportunity for recovery exists for all individuals with disabilities. When we use the term in this application, it applies to all the individuals we serve: children and adults who live with serious mental disorders, developmental disabilities, and co-occurring disorders.

NorthCare Application for Renewal and Recommitment

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Section 1 Partnering with Stakeholders in Design, Delivery & Evaluation of the Public Mental Health System			
Milestone 1 The Upper Peninsula Consumer Conference will become a consumer driven activity			This will be a five year plan and the outcomes will be determined by future funding and ongoing consumer interest in this event.
1.1. Increase active consumer participation and planning for the annual U.P. Conference:	16 consumers on 2008 planning committee	1.1. Q4FY09 increase by 20 % FY10 increase by 20%	1.1. a. Representation will be from across the region. 1.1. b. NorthCare will accommodate by phone cards and mileage for consumers to participate in planning.
1.2. Increase # of consumer led workshops at the conference	Two consumers led workshops at the '08 conference.	1.2.Q4FY09	1.2. a. Minimum of three consumer led workshops for 2009 conference. 1.2. b. Consumers may participate by lending technical support if they do not want to lead a session.
1.3. Encourage consumers to take more leadership positions on the planning committee.		1.3.a. FY10 1.3.b. Q3 FY10 1.3.c. Q4 FY10	1.3. a. Have a consumer co-chair for the committee 1.3.b. write grant with stipend for Consumer Chair 1.3.c. Hire a Consumer chairperson for the Conference
1.4. Increase Consumer Conference attendance by 10%	130 attendees	1.4.a.Q4 FY 09 ongoing 1.4.b. Q1 FY10	1.4 .a. Goal is to increase attendance each year by 10%. 1.4. b. Have a consumer present data to NorthCare Board on number of consumers returning to the event and new registrants.
Milestone 2 Explore innovative methods to involve more consumers in recovery and advocacy activities			
2.1 Promote the existence & use of the NorthCare website as a resource tool	17,710 hits to the NorthCare website 4/09	2.1.a. Q4FY09 to Q2 FY10 2.1.b.initiate multi media campaign in Q3 FY10 and FY11	2.1. a. Redesign the website to be more user friendly and interesting. 2.1.b. Use Newsletter and committees to Increase 'hits' to NorthCare website by 2% each year.
2.2 Post activities from schools and prevention networks as a resource guide on the NorthCare & CMHSP websites		2.2.a. Q4 FY09	2.2. a NorthCare & CMHSPs will work with Upper Peninsula Intermediate School Districts and Prevention Networks to obtain information.

NorthCare Application for Renewal and Recommitment

		2.2.b. Q4FY09	2.2. b. Partner with Superior Alliance for Independent Living and promote activities for Individuals with developmental disabilities.
2.3. Establish a 'menu' of activities and committees requiring consumer involvement.		2.3. Q4FY09 – 2010	2.3. NorthCare and CMHSPs will maintain a current calendar accentuating low cost or no cost events.
2.4. Actively promote participation of Drop-In Centers in grant writing opportunities.		2.4. Q3FY10 and ongoing as funding allows	2.4. a .Host a training workshop on grant writing Q3FY10. 2.4. b. Offer TA as needed to consumer operated enterprises.
Milestone 3 Establish regional Active Engagement Workgroup, who will report to the NorthCare QI Steering Team.		Q4 FY09 ongoing	<i>This plan is outlined in Section 3 – Assuring Active Engagement</i>

**ATTACHMENT B
Stakeholder Characteristics**

PIHP Name: [NORTHCARE NETWORK](#) E-mail of contact person: lolson@up-pathways.org

ARR Section Number 1

Stakeholder Category	# Per Population Type*	Type of diversity represented**,	County(ies) Represented	Involvement***
Individuals receiving services	SMI = 2 SED = DD= SUD =		Dickinson	ES/QIP
Family members	SMI = SED = DD= SUD =			
Advocates	SMI = SED = DD= SUD =			
Contract providers (list organization names):				
WRAP Facilitators/Trainers	2 Independent Contractors			ES/QIP
Community representatives (list organization names)				
Community participation at Public Forums		<u>Copper Country</u> <u>Gogebic</u> <u>Hiawatha</u> <u>Northpointe</u> <u>Pathways</u>	<u>Fall '08- 6; Spring '09 - 24</u> <u>Fall '08- 2; Spring '09 - 13</u> <u>Fall '08- 4; Spring '09 - 12</u> <u>Fall '08-11; Spring '09 - 5</u> <u>Fall '08- 9; Spring '09 - 7</u>	
PIHP/CMHSP Staff:				
Sally Olson (Team Lead)	All		All UP Counties	ES/QIP/IP

*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

**Diversity: note any racial, ethnic or cultural diversity that is represented

*** Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

ATTACHMENT A
Milestones and Timeframes

PIHP Name: [NorthCare Network](#) E-mail of contact person: lolson@up-pathways.org

ARR Section 2 Improving the Culture of Systems of Care

Without a systematic commitment to hope and safety, the individual good work of a certain staff or program remains just that. In a trauma informed system, each person in the agency is encouraged to consider their work from the perspective of the individual requesting assistance. Each clinical or administrative routine is evaluated from the perspective of a trauma survivor—fear and disbelief. To assume initial trust on the part of an individual who has experienced multiple traumas is irrational on the systems part. NorthCare and the providers in our network will work to create a welcoming system that engenders trust from the first contact through the entire time an individual receives services.

NorthCare and CMHSP staff were responsible for gathering the information for the environmental scan. The environmental scan included reviewing data from many sources by a ten person team composed of staff and stakeholders:

- Welcoming has not been measured by the consumers yet. The results of the Recovery Enhancing Environment measure will be used to inform the separate boards and their programs of the areas where they have strengths and areas requiring improvement. The team suggested viewing welcoming as a key contributor to a culture of gentleness. It needs to occur throughout the process of treatment and change. Example- when transitioning to a new staff or program, welcoming would be demonstrated by a joint session where the consumer was introduced to the new clinician.
- The model of a culture of gentleness is just being introduced and the recent trainings by Dr. Steve Onken were cited by team members as a fine introduction. NorthCare will follow the initiatives by MDCH closely. A project in Section 10 focused on residential staff will be critical in fostering the use of more positive interventions.
- The Adverse Childhood Experiences Report was reviewed as a baseline for planning for a trauma informed system.
- Program Planning Guidelines (PPGs) and plans for improving the system of care for children and families were reviewed. The Wraparound Coordinator and two parents of SED children were specific in their concerns about the need for better placement planning for children in terms of residential placement and schooling. It was noted the plans attached to the PPGs would need to be revised to be more specific in their objectives and action steps.
- Recovery and anti stigma activity data was gathered from each Board. Many activities across the region support the reduction of stigma and increased involvement in the community. However, there is a lack of cohesiveness or a consistent methodology in the activities. It is hard to measure their impact. The

activities tend to stay focused among the providers and families—those who are already part of the solution.

NorthCare Application for Renewal and Recommitment

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Section 2 Improving the Culture of Systems of Care			
Milestone 1 STRENGTHEN RELATIONSHIPS IN THE COMMUNITIES 1.1 Mental Health First Aid (MHFA)³ will be offered to educators, law enforcement and other community partners across the Upper Peninsula in the next three years. Target audiences for 12 hour training including but not limited to: <ul style="list-style-type: none"> o Educators o Law enforcement o PSS o Health care providers o Mental health providers o SA providers o Community Colleges and NMU staff and possible inclusion in curriculums, i.e., nursing, criminal justice, social work, etc. o Public Health o Primary Health o Dispatchers o Ambulance/First Responders o Fire Dept/First Responders o Critical Incident Teams 	Number of Participants and their roles who attend introductory trainings in FY10	1.1.a.Q4 FY09 thru FY10 1.1.b. Winter FY10 1.1.c.Summer FY10 1.1.d.Q1FY11 1.1.e. Q1 & Q2 FY11 1.1.f. Q3FY11 1.1.g. Q4FY11 Throughout FY12	1.1.a. Identify members of workgroup. Identify people to attend 12 hr training; identify people to be certified as trainers; Trainers to develop training plan for region & Identify core group to expand and perhaps create local chapters for training. 1.1.b. MHFA will be presented to law enforcement as a possible training tool. 1.1.c. Core trainers will offer course at NMU through School of Education 1.1.d. expand number of trainers and training sites 1.1.e. Train freshman at NMU 1.1.f MHFA training at two other campuses in the UP 1.1.g. Identify community entity(ies) to sustain MHFA training. MHFA becomes anchored in the mission of a group in the community. CMHSP and NorthCare support community program by continuing to assist with trainings and providing some trainers.
1.2 Suicide Awareness Efforts will be coordinated across the U.P.	1.2 Number of Suicide Awareness projects in FY09 for the Five Boards and SA Providers	1.2. a. Q1FY10 Plans already initiated in FY09 will be continued	1.2.a Assessment of current Suicide awareness activities—such as the “Out of the Shadows” Walk sponsored by the American Foundation for Suicide Prevention Projects will be reviewed and prioritized in terms of not duplicating efforts. Plans already initiated in FY09 will be continued.

³ The Mental Health First Aid Plan is offered as a model of a program that could be adopted. After review by the regional team another model to adopt but the plan requirements would be essentially the same.

NorthCare Application for Renewal and Recommitment

		<p>1.2.b.Q3FY10</p> <p>1.2.c. FY11</p> <p>1.2. d. Q1FY11.</p> <p>1.2.e. Q4FY11</p> <p>1.2.f. FY12</p>	<p>1.2.b. Project(s) to support in FY 11 will be chosen</p> <p>1.2. c. Local efforts will be supported with publicity by NorthCare. Data on participants in Suicide Awareness will be collected for the region.</p> <p>1.2. d. Regional plan for outreach in the five CMHSPs and to include prevention effort with CDR and SA providers.</p> <p>1.2. e. Increase Suicide Prevention activities by 25%.</p> <p>1.2. f. NorthCare and partners will consider conducting specific outreach to high target groups in FY12.</p>
<p>1.3. Strengthen system of Care for Children</p> <p>As outlined by Director Mike Head, improvement of complex children’s services needs to occur on a local level due to the variance between DHS; probate courts; juvenile probation departments and school districts.</p>	<p>1.3. PPG Data for 2008 and 2009</p>	<p>1.3.a Q2FY10</p> <p>1.3.b. Q4FY10 & Q1 FY11</p> <p>1.3.c. FY11</p> <p>1.3.d. Q1FY12</p> <p>1.3.e. Q4FY12</p>	<p>1.3. a. 1.CMHSP will have complete plans for improving care in each county identified as needing the greatest improvement.</p> <p>1.3. a.2. NorthCare QI Steering Committee will monitor progress through FY10 and provide technical assistance as needed.</p> <p>1.3. b. NorthCare and CMHSPs will establish outcomes measures to monitor for children’s services.</p> <p>1.3.c. Reports will be available through the EMR system for assessing improved clinical status As reports are available and we begin prospective analysis of trends, we expect to explore the need for any regional resources children.</p> <p>1.3. d. Coordinate efforts with team reviewing residential placements and assess any unmet need for children.</p> <p>1.3. e. Establish regional taskforce to develop any resources for regional needs identified.</p>

NorthCare Application for Renewal and Recommitment

		FY13 & FY14	Year 4 and 5 will be spent on regional system of care with the development of Healthcare homes for children as well as adults.
<p>Milestone 2 FOSTER RECOVERY IN COMMUNITIES 2.1 Continue Consumer Conferences in the Upper Peninsula</p>	2.1 This plan is fully outlined in Section 1		These activities are dependent on financial support from MDCH and the federal government. Their continuance is contingent on sufficient funding through grants and Medicaid dollars
<p>2.2. Evaluation of U.P. Consumer operated Drop Ins</p> <p>Given the Drop Ins are member run, the negotiations for conducting the reviews will be done Board by Board and may differ in approach depending on Board input. PILT reviewers will rely on Dr Mobray's work in determining best practices at Drop Ins.</p>	2.2. Summer & Fall FY09 Baseline will be established by the first evaluations	<p>2.2.a Q2FY10</p> <p>2.2.b. Q4FY10</p> <p>2.2.c. Q3FY11</p> <p>2.2.d. FY11 & FY12</p> <p>2.2.e. FY13 & FY14</p>	<p>2.2. a. Reports will be given to the PILT for review and development of strategic response to assist Consumer Drop Ins.</p> <p>2.2. b. Strategic plan for each Board developed by members of review team; PILT members and Drop In members and CMHSP liaison staff.</p> <p>2.2. c. NorthCare and CMSHP Support Drop Ins grant writing training and expanding the activities.</p> <p>2.2. d. PILT assists the Drop Ins to improve Board training and may create a regional group to support Drop In further development and cohesiveness.</p> <p>2.2. e. Plans will be developed based on progress in three years. Plans cannot be further developed without the active engagement of the Drop In members and Boards. A possible direction for the Drop Ins is the development of Micro enterprises and consumer crafted goods. This could overlap with supported employment endeavors.</p>

NorthCare Application for Renewal and Recommitment

<p>Milestone 3 DEVELOP A TRAUMA INFORMED SYSTEM OF CARE 3.1. System change to develop safety for individuals who have experienced trauma</p> <p>MDCH is expected to provide the leadership in training opportunities. NorthCare will not endorse a specific model of care and encourages the CMSHPs to investigate current models with an emphasis on consumers with COD. Integrating training with SA providers is critical.</p>	<p>3.1. Baseline data of existing policies; screenings and assessments and treatment groups in the region. Include SA providers</p>	<p>3.1.a.1. by 1-10</p> <p>3.1.a.2 & 3.1.a.3 FY10 thru FY13</p> <p>3.1.b. Q4FY10</p> <p>3.1.c. Q4 FY11</p> <p>3.1.d FY11</p> <p>3.1.e. FY11</p> <p>3.1.f. Q4FY12,</p>	<p>3.1. a.1. Clinical ELMER team will submit a report to QI team on Clinical documents in the EMR; Board Policies; and trainings already in place. NorthCare CDR will report re: SA providers.</p> <p>3.1. a.2. All clinicians will be trained in trauma informed care. 3.1.a.3. Ongoing collaboration & education with SA providers for residential treatment if residential placement is indicated to provide safety for trauma care.</p> <p>3.1. b. Board of Directors and Senior Management will direct necessary policy changes to be made to achieve trauma informed agencies</p> <p>3.1.c. incorporate trauma groups at the five selected sites where champions have been identified.</p> <p>3.1.d. Focus on specific training with COD and SA consumers to connect trauma history and relapse</p> <p>3.1.e. Data to provided baseline-- Increase access to treatment for trauma and SA with COD consumers</p> <p>3.1. f. Increase #of COD consumers receiving trauma informed services 15%. MDCH will need to provide guidance on how to code these groups and to measure # of services.</p>
<p>Milestone 4 THERE WILL BE ASSISTANCE FOR ANY CONSUMER SEEKING MEANINGFUL WORK IN THE COMMUNITY.</p>			<p><i>This plan is outlined in Section 5- Expanding Opportunities for Integrated Employment.</i></p>

ATTACHMENT B
Stakeholder Characteristics

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ARR Section Number 2

Stakeholder Category	# Per Population Type*	Type of diversity represented**,	County(ies) Represented	Involvement***
Individuals receiving services	SMI = 2 SED = DD= SUD =		Chippewa / Houghton	ES/QIP
Family members	SMI = SED = 2 DD= 1 SUD =		Iron / Dickinson & Luce	ES/QIP
Advocates	SMI = SED = DD= SUD =			
Contract providers (list organization names):				
Independent SA Consultant	SA Youth and Families		All	ES/QIP
Phoenix House	SA Adults		Dickinson / Houghton	ES/QIP
Community representatives (list organization names)				
PIHP/CMHSP Staff:				
Lucy Olson (Team Lead)	All		All UP Counties	ES/QIP/IP
Bryanne Fountain	SED CSM		Menominee	ES/QIP/IP
Greg Takala	All		Iron	ES/QIP/IP
Ginny Freeborn	All		Gogebic	ES/QIP/IP

*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

**Diversity: note any racial, ethnic or cultural diversity that is represented

*** Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

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Milestones and Timeframes

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ARR Section 3 Assuring Active Engagement

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 parents of adults with developmental disabilities, consumers utilizing the Self-Determination process, consumers not utilizing the Self-Determination process, and CMHSP staff. Additional data for the environmental scan was collected through the PPG process.

Our environmental scan indicates that the average percent of adults with a developmental disability engaged in meaningful activities of their choice outside their homes each week are as follows:

- 5.4% - none
- 19.4% - average of 1 activity
- 45% - average of 2 to 4 activities
- 30.2% - average of 5 or more activities

Barriers to engagement in meaningful day activities outside the home include:

- Medical conditions that prevent participation
- Participation becomes extremely limited as a result of weather conditions and their physical health status
- Cost of activities
- Transportation
- Behavioral concerns and the presence of mental illness with developmental disability limit people from becoming more independent and participatory.
- Behavioral programming for adult children still living in their family home is limited.

As our understanding of recovery is expanding, so is our understanding that person centered planning helps chart the recovery map for the individual. All staff have received person centered planning training but our trainings must be enlivened and brought up to date with the action steps of recovery –greater choice and participation. There are also inconsistencies in how required trainings are provided and the content of the trainings. Some contract agency provider staff are required to attend the same trainings as CMH staff whereas another CMH does not currently have specific requirements for contract agency provider staff.

Barriers that exist with respect to the individuals' or families' interest, attitude and willingness to engage in activities outside the home include:

- Cost of activities/Limited income
- Lack of opportunities
- Lack of available staff
- Stigma
- Increased medical issues
- Increased aging population
- Transportation and
- Caregiver burnout or exhaustion can limit the ability of the caregiver in getting adult children connected with friends and out in the community

Other identified needs/concerns:

- Education for adults w/developmental disabilities relating to human development
- Life time care for people living at home and being cared for by aging parents

Overall Goal:

NorthCare will establish a regional "Active Engagement Workgroup" composed of individuals with developmental disabilities, their families, guardians, educators, healthcare providers, community members and community mental health providers who will develop a plan that will address:

- Increasing the number of adults with developmental disabilities who engage in meaningful activities outside their home and to increase the number of activities they participate in according to their individual preferences.
- Services and unmet needs for people with developmental disabilities.

Ongoing involvement of individuals receiving services, their family members, advocates and providers will be secured through future public forums, regional workgroups, and the regional customer services committee.

NorthCare Application for Renewal and Recommitment

Milestones Section 3 Active Engagement	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
<p>Milestone 1 Consumers, families and guardians will guide the activities for achieving community participation</p> <p>1.1. Develop an Active Engagement Workgroup, who will report to the NorthCare QI Steering Team.</p>	NA	1.1. Q4FY09	1.1. Representation from across the region including, but not limited to: Consumers/Guardians/Family Members, Staff, Advocates.
<p>1.2 Establish a five year plan to encourage active engagement in the community Possible activities:</p> <ul style="list-style-type: none"> • Ensuring a safe and meaningful living environment for adults' w/DD when family constellation changes, e.g. "After I'm Gone". • Training for adults' w/DD regarding human development and sexuality. • Community education. • Evaluate and make recommendations to enhance or add training for CMH and contract provider staff. 	NA	<p>2.1.a. Q1&Q2 FY10</p> <p>2.1.b.Q1FY10 ongoing</p> <p>2.1.c.Q3&Q4FY10</p> <p>2.1.d.Q3 FY10</p> <p>2.1.e.Q1&Q2 FY11</p> <p>2.1.f. Q4FY10 and ongoing to 2014</p>	<p>2.1. a. Explore promising practice models to increase community involvement for individuals' w/DD. Such as: After I am Gone & Community Connections.</p> <p>2.1. b. CMHSPs will educate consumers and their families as to the importance of engaging in activities meaningful to the individual that assist them in being productive and independent at the highest level of personal capacity and interest.</p> <p>2.1. c. Workgroups will research the feasibility of implementing the Community Connections program to enhance meaningful day activities outside the home across the region.</p> <p>2.1. d. Bring the Work plan to the Performance Management Committee and PILT for feedback and revision.</p> <p>2.1. e. Pilot 2 programs at CMHSPs.</p> <p>2.1.f Workgroup submits final Plan to the NorthCare QI Steering Team and reports regularly to the QI Team</p>

ATTACHMENT B
Stakeholder Characteristics

PIHP Name: [NORTHCARE NETWORK](#) E-mail of contact person: lolson@up-pathways.org

ARR Section Number 3

Stakeholder Category	# Per Population Type*	Type of diversity represented**,	County(ies) Represented	Involvement***
Individuals receiving services	SMI = SED = DD= 1 SUD =		Baraga	ES/QIP
Family members	SMI = SED = DD= 3 SUD =		Gogebic / Delta / Marquette	ES/QIP
Advocates	SMI = SED = DD= SUD =			
Contract providers (list organization names):				
Community representatives (list organization names)				
PIHP/CMHSP Staff:				
Diane Bennett (Team Lead)	All		All UP Counties	ES/QIP/IP
Sharon Niebauer	All		Delta	ES/QIP/IP
Laurie Whear	DD		Northpointe Counties	ES/QIP/IP
Mick Sheridan	DD		Copper Country CMH Counties	ES/QIP/IP
Sally Olson	All		All UP Counties	ES/QIP/IP

*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

**Diversity: note any racial, ethnic or cultural diversity that is represented

*** Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

ATTACHMENT A
Milestones and Timeframes

PIHP Name: [NorthCare Network](#) E-mail of contact person: lolson@up-pathways.org

ARR Section 4 Supporting Maximum Consumer Choice and Control

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. Public forums were held first in the fall of '08 and then spring of '09. In addition, NorthCare held a meeting with interested stakeholders that represented parents of adults with developmental disabilities, consumers utilizing the Self-Determination process, consumers not utilizing the Self-Determination process, and CMHSP staff. Additional data for the environmental scan was collected through the Program Planning Guidelines (PPG).

Our environmental scan shows that all CMHSPs have access to a list of trained Independent Facilitators for the region and offer Independent Facilitation. However, it was felt by some that having trained Independent Facilitators in their local counties would be more beneficial. Each CMHSP has a Fiscal Intermediary on contract. In regards to Self-Determination, we find that many consumers are reluctant to take on the responsibility of recruiting, hiring and training their own staff, even with CMH assistance. The Upper Peninsula also lacks qualified providers for consumers and families to hire. The need for additional training for staff regarding the Self-Determination process is also evident.

It is difficult to identify concrete methods used to assess how well person-centered planning is practiced from the consumer's perspective. A CMHSP supervisor shared one perspective that we are an upside down organization and the person centered plan is written for the people in the building and not the people in the community. A consistent theme from consumers in the region is dislike of all the paperwork required. Whether that burden interferes with the therapeutic relationship and developing a dynamic recovery plan has not yet been assessed. Annual satisfaction surveys and assessing ongoing satisfaction throughout the course of treatment are conducted but this is not specific to the person-centered planning process.

Overall Goal:

To implement a plan that will ensure that all recipients of behavioral health services from the NorthCare Network are provided maximum choice and control through a person-centered process. This plan includes strategies for increasing the numbers of people who engage in Self Determination arrangements and the use of independent facilitation for Individual Plans of Service.

NorthCare Application for Renewal and Recommitment

Milestones Section 4 Supporting Maximum Consumer Choice and Control	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Milestone 1 Increase Consumer awareness and use of independent Facilitators			
1.1. Increase the availability of local Independent Facilitators.	Currently work with three U.P. Mediation Centers	1.1. Q3FY09 thru Q3FY10	1.1. a. NorthCare will establish relationships with additional U.P. Mediation Centers. 1.1. b. NorthCare will assist CMHSPs with ongoing recruitment and training of Independent Facilitators. 1.1. c. NorthCare will delegate Independent Facilitation to the local CMHSPs per consumer feedback. 1.1.d. Each CMHSP will identify an Independent Facilitation Coordinator. 1.1.e. Centralized Access will educate consumers about PCP which includes IF option.
1.2. Increase the number of Individual Plans of Service facilitated by Independent Facilitators	Plans w/IF in FY08: PPG data indicate a total of 14 plans being facilitated in FY08.	1.2. FY10 # of IF included in planning will increase by 20% FY11 by additional 20%	1.2. a. All CMHSPs have access to: <ul style="list-style-type: none"> • NorthCare’s list of ten trained Independent Facilitators • Western U.P. Mediation Center • Eastern U.P. Community Dispute • Marquette Alger Resolution Center 1.2.b. CMHSP will develop an awareness campaign to support the choice of an IF.
Milestone 2 Self Determination will be a well understood process for all staff, consumers, families and guardians in the Upper Peninsula			
2.1. Ensure all adult recipients with SMI and adult recipients with a DD chose the level of control per Resource Control Scale for Self-determination.		2.1.a. Q1 &Q2 FY10	2.1. a.1. Electronic learning management system; staff newsletter and NorthCare Newsletter will highlight Self Determination and the many options for control possible 2.1. a. 2. The regional EMR will have the Resource Control Scale as a required field in the IPOS documentation.

NorthCare Application for Renewal and Recommitment

		2.1.c.Q4FY10 2.1.d. FY11	2.1. c. Data at the end of FY10 will achieve an 80% documentation of the Resource Scale 2.1. d. By FY11 -- 100% completion will be achieved of the Resource Scale
2.2. Increase the number of Self-determination arrangements where the individual has control over their individual budget.	41 adults w/SD arrangements & control over their budget	FY10 thru FY14	Target increase of 10 adults each year of this 5-year plan.
Milestone 3 Consumers will report a sense of ownership in the person centered planning process			
3.1. Revise regional Consumer Satisfaction Survey tool and process to adequately assess persons' experience with the PCP process.		3.1. Q2 &Q3 FY10 3.1.b Q4FY10 3.1.c.FY11	3.1. a. NorthCare Customer Services Committee will study survey models and consult with experts in the field to elicit consumer feedback and input. Review REE questionnaire and process to ensure no duplicate efforts. 3.1. b. A new measure of satisfaction with treatment planning will be developed. 3.1. c. A pilot will be administered and the measure will be revised based on feedback.
3.2. Identify and develop appropriate training and education to help CMH staff better engage consumers with SD arrangements and Independent Facilitation.		3.2.a. begin in Q4FY09 & complete by Q1FY10 3.2.b. Q3 FY10	3.2. a. Explore feasibility of hiring training team to provide on-site PCP training. 3.2. b. Develop dynamic "core" module for PCP training via regional e-learning system.

ATTACHMENT B
Stakeholder Characteristics

PIHP Name: [NORTHCARE NETWORK](#) E-mail of contact person: lolson@up-pathways.org

ARR Section Number 4

Stakeholder Category	# Per Population Type*	Type of diversity represented**,	County(ies) Represented	Involvement***
Individuals receiving services	SMI = SED = DD= 1 SUD =		Baraga	ES/QIP
Family members	SMI = SED = DD= 3 SUD =		Gogebic / Delta / Marquette	ES/QIP
Advocates	SMI = SED = DD= SUD =			
Contract providers (list organization names):				
Community representatives (list organization names)				
PIHP/CMHSP Staff:				
Diane Bennett (Team Lead)	All		All UP Counties	ES/QIP/IP
Sharon Niebauer	All		Delta	ES/QIP/IP
Sally Olson	All – IF/PCP		All UP Counties	ES/QIP/IP
Luanne Guiliani	MIA-DDA		NP Counties	ES/QIP/IP
Mick Sheridan	DD		Copper Country Counties	ES/QIP/IP

*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

**Diversity: note any racial, ethnic or cultural diversity that is represented

*** Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

ATTACHMENT A
Milestones and Timeframes

PIHP Name: [NorthCare Network](#) E-mail of contact person: lolson@up-pathways.org

ARR Section 5 Expanding Opportunity for Integrated Employment

The environmental scan: The environmental scan indicates that we are already committed to the concepts of supported employment in the community. In the spring of 2008 a regional Supported Employment (SE) group of staff and contractual SE agencies was formed. They submitted an MDCH block grant proposal that was approved. Data from each Board was examined reviewing back to 2002. To gather consumer input, five public forums were held in the fall of 2008 and again in the spring of 2009. An important theme at the forums for many consumers was the concern that they will lose their social security benefits if they are employed.

Current numbers of consumers seeking assistance from CMHSP for employment:

CMHSP	# Community Employers	# Consumers Employed Full-Time	# Consumers Employed Part Time
Copper	10	0	16
Gogebic	12	1	11
Hiawatha	10	2	122
Northpointe	2	0	72 -includes enclave
Pathways	18	5	64

Challenges:

- In these economic times, it will be a challenge to maintain current jobs. Finding new jobs maybe very difficult. Numerous employers have already had layoffs, closures and in some cases (example: Stone Container in Ontonagon County) have filed for bankruptcy.
- The Upper Peninsula has the highest rate of unemployment within the entire State of Michigan. Chippewa County tops the unemployment rate at 28% with Baraga County coming in second at 25.3%.
- Stigma.
- Lack of training of CMHSP staff on the Evidence Based Practice of Supported Employment.
- Securing the funding to implement the Supported Employment Evidence Based Practice which requires training and hiring job coaches within the CMHSP

system. Currently most of these responsibilities are procured through contracts with agencies such as Goodwill Industries.

- Discontinuing traditional work models such as enclaves and sheltered workshops and move toward competitive employment positions.
- Criminal Background checks must be conducted and may limit employment opportunities.

Opportunities for improvement

- If the grant funding approved but not utilized in FY09 is available in FY10 and FY11, it will support the first two years of the QI plan in this section.
- Peer Support Specialists are interested in being trained to counsel their peers about social security benefits.
- Including employers in the regional supported employment committee would strengthen the team.
- Increase the number of employers currently employing consumers.
- Increase partnerships with agencies such as Intermediate School Districts to plan for transition students.
- Provide anti-stigma education program such as Mental Health First Aid.
- Offer workshops at the Annual Consumer Conference on benefits and how working impacts social security benefits.

NorthCare Application for Renewal and Recommitment

Milestones Section 5 Expanding the Opportunity for Integrated Employment	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Milestone 1 Implement the Supported Employment Evidence Based Practice			
1.1 Use the SE Grant funding to increase community employment	FY08 & 09 Employment Data from state demographic reporting	1.1.a. FY10 1.1.b.FY10 ongoing FY14 1.1.c.FY11	1.1.a. Training for first year – primarily education for all levels of staff and community partners on the Supported Employment Evidence Based Practice. 1.1.b. Recruit two community employers to the regional SE Committee. Increase by 10% for following four years. 1.1.c. Regional coordinator will focus on training and support of local job coaches and development of local employment opportunities.
Milestone 2 Increase # of consumers actively seeking paid employment.			
2.1. Peer Support Specialists will become experts on social security benefits and employment services.	Currently no PSS trained in SS benefits	2.1. a.Q4 FY09 2.1.b. 9-09 2.1.c. FY10 to FY12 2.1.d. FY10 ongoing	2.1.a. NorthCare will support three PSS to attend training on Social Security benefits including use of SOAR in 6-09. 2.1.b. PSS will provide panel at the Consumer Conference 9-09. 2.1.c. If successful pilot—will increase trained PSS to develop local expertise at each county. 2.1.d. PSS are integrated into employment programs to counsel consumers in contemplation about paid employment.
Milestone 3 Employers and their employees will be supported in their efforts to hire individuals with disabilities			
3.1 Mental Health First Aid (MHFA) Training (or similar anti stigma/ education program) will be offered to Employers hiring consumers.		3.1. Q3FY10	3.1.a. NorthCare will develop materials for education and outreach to employers re: MHFA to do outreach to employers.

NorthCare Application for Renewal and Recommitment

<p><i>Mental Health First Aid training plan is located in Section 1.</i></p> <p>3.1 Mental Health First Aid (MHFA) Training will be offered to Employers hiring consumers.</p>		<p>3.1.b. Q4FY10 ongoing</p> <p>3.1.c FY11-FY14</p>	<p>3.1.b. Employers who currently hire consumers will be invited to participate in MHFA training.</p> <p>3.1.c Employers become partners in sustaining MHFA-- Minimum of two individuals from community employers trained each year for three years.</p>
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ATTACHMENT B
Stakeholder Characteristics

PIHP Name: [NORTHCARE NETWORK](#) E-mail of contact person: lolson@up-pathways.org

ARR Section Number 5

Stakeholder Category	# Per Population Type*	Type of diversity represented**,	County(ies) Represented	Involvement***
Individuals receiving services	SMI = SED = DD= 1 SUD =		Schoolcraft	ES/QIP
Family members	SMI = SED = DD= SUD =			
Advocates	SMI = SED = DD= SUD =			
Contract providers (list organization names):				
Community representatives (list organization names)				
PIHP/CMHSP Staff:				
Sally Olson (Team Lead)	All		All UP Counties	ES/QIP/IP
Mark Dahmen	SE – Both populations		Schoolcraft	ES/QIP/IP
Rod Desjardin			PW – Alger	ES/QIP/IP
Luanne Guiliani	All		NP Counties	ES/QIP/IP
Tom Ammerman	DD/SMI		Copper Counties	ES/QIP/IP
Tracy Jaehnig	DD/SMI		Copper Counties	ES/QIP/IP
Mark Pajula	SMI		PW-Marquette	ES/QIP/IP
Angie Pope	SMI		Gogebic	ES/QIP/IP

*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

**Diversity: note any racial, ethnic or cultural diversity that is represented

*** Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

ATTACHMENT A
Milestones and Timeframes

PIHP Name: [NorthCare Network](#) E-mail of contact person: lolson@up-pathways.org

ARR Section 6 Assuring Opportunity for Needed Treatment for People in the Criminal Justice System

NorthCare and CMHSP staff were responsible for gathering the information for the environmental scan. The environmental scan included 3 meetings to review the data from many sources by a nine person team composed of staff and stakeholders:

- Jail diversion summary data for the PIHP FY05 through FY08
- Jail Booking forms from all the jails in the Upper Peninsula
- Report on the medical providers at all the jails in the Upper Peninsula
- MDOC and MDCH Mental Health Workgroup Final Report 2-24-09
- Reports on services provided by CMHSP to jail inmates FY07 -- FY09
- Information obtained at the 10 public forums held between October 2008 and April 2009

Five of the members of the team were the CMHSP jail diversion liaison staff and are familiar with the requirements of jail diversion. Two law enforcement officers added a critical voice to the team. It is evident training for law enforcement is increasingly important at a time of ongoing budget cuts. The desire to improve the contact between law enforcement and the individual needing treatment and the Emergency Room staff and the CMHSP staff was shared by all the partners at the table. The use of Peer support specialists during emergency services was suggested by PSS as well as a number of consumers who shared their experiences during emergency screenings and involuntary admissions to a hospital. A workgroup will explore options such as PSS assisting during the transport; meeting consumers at the Emergency Room for support; or meeting with individuals after inpatient care. There is interest in extending the use of Drug Courts in our region. There are a few successful Drug Courts in the region and it may be possible to collaborate to develop others where the judges are supportive.

Unfortunately there are serious problems confounding our ability to provide necessary mental health and substance abuse services. Section 6 goes far beyond the Michigan Mental Health Code and far beyond the funding stream of Medicaid dollars that NorthCare provides. The reality of the PIHP's funding stream and the limits of our authority within the legal system impacts what we can accomplish. It is well beyond our scope to **assure** any improvements in the criminal justice system. Our approach in the QI plans listed here is to focus our energy in our scope of control. We can be available for cross trainings; for coordination of care for open consumers in our county jails; and to assist with the individuals with serious mental illnesses who are released from prisons. Our ability to provide treatment for returning prisoners with serious mental illnesses is unfortunately linked to whether or not they have Medicaid benefits. Efforts

to improve jail diversion opportunities do fall within our scope and the objectives to improve in that area were more easily identified.

NorthCare Application for Renewal and Recommitment

Milestones Section 6 Assuring Opportunity for Needed Treatment for People in the Criminal Justice System	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Milestone 1 The CMHSPs assure the opportunity for screening jail diversion for individuals with serious mental illness and developmental disorder and co-occurring disorders			
1. 1. A single point of entry will be established for law enforcement officers seeking assistance with an individual suggesting mental health difficulties.	Jail Diversion data from FY0-5 thruFY08	1.1.a.Q1 & Q2 FY10 1.1.b..Q4 FY09 ongoing 1.1.c. Q4 FY10 1.1.d. FY11 1.1.e. FY12	1.1. a. Crisis managers; the Medical Director and Jail Diversion Liaison staff will determine a single point of access. 1.1. b. NorthCare will coordinate care with the Michigan Prisoner Reentry Program. 1.1. c. The Electronic Medical Record (ELMER) will be developed to capture the necessary data points for the data collection necessary to track requests for jail diversion and the feedback from CMHSP. 1.1. d. Law enforcement partners will be surveyed as to the effectiveness of the system and revisions will be made as indicated. 1.1. e. A methodology for surveying individuals who received treatment in the regional jails will be developed by NorthCare.
1.2 Cross training with Law enforcement; Court staff; CMHSP including PSS and consumers will reduce the stigma and trauma of law enforcement involvement with individuals with mental health difficulties.	MICOLES training sponsored by NMU Public Safety and grant funding in March 2009	1.2.a. Q4 FY09 and Q1 & Q3 FY10 1.2.b. FY10	1.2. a. NorthCare and Public Safety at NMU will collaborate in an assessment of training models and will offer training in two sites in the spring of FY10. 1.2. b. The plan for this QI effort is located in Section 1- NorthCare will develop training in "Mental Health First Aid" This option for training will be offered to the legal system staff including law enforcement in FY10 and ongoing

NorthCare Application for Renewal and Recommitment

		1.2.c. FY11 & FY12	1.2. c A menu of training options will be developed through the pilots. This will include training conducted by law enforcement and legal experts on the MMHC and involuntary treatment. The local CMHSP will help law enforcement assess what trainings may best fit their needs.
1.3. Law Enforcement representatives, PSS and consumers and CMSHP staff will begin discussions about integrating PSS in emergency services.			<i>This plan is outlined in Section 10-developing and maintaining a competent workforce.</i>
1.4. NorthCare will provide technical assistance to the judicial systems seeking to establish drug courts.	Three counties in the UP have drug courts	1.4.a.Q4 FY09	1.4. a. NorthCare will ask for the data on the existing drug courts and evaluate the efficacy of the model in the U.P.
		1.4.b. FY10	1.4. b. Outreach to the Probate Courts and Circuit Courts will be initiated by the NorthCare to assess interest to increase drug courts.
		1.4.c. FY10 and FY11	1.4. c Strategies for obtaining funding and sharing staff and resources will be designed if the court expresses interest in proceeding with creating a drug court.
		1.4.d. FY11 & FY12	1.4. d. Create drug courts in at least two counties and analyze the data for recidivism. Support ongoing program if pilots are successful.

ATTACHMENT B
Stakeholder Characteristics

PIHP Name: [NORTHCARE NETWORK](#) E-mail of contact person: lolson@up-pathways.org

ARR Section Number 6

Stakeholder Category	# Per Population Type*	Type of diversity represented**,	County(ies) Represented	Involvement***
Individuals receiving services	SMI = SED = DD= SUD =			
Family members	SMI = SED = DD= SUD =			
Advocates	SMI = SED = DD= SUD =			
Contract providers (list organization names):				
Community representatives (list organization names)				
Dickinson County Sheriff's Office			Dickinson	ES/QIP
NMU Public Safety			Marquette	ES/QIP
PIHP/CMHSP Staff:				
Lucy Olson (Team Lead)	All		All UP Counties	ES/QIP/IP
Don Wendrick	All		PW – Marquette	ES/QIP/IP
Jason Dougherty	All (patrol officer before CMH staff)		HBH – Schoolcraft	ES/QIP/IP
Brian Rendel	All		Copper Counties	ES/QIP/IP
Tom Kerr	All		HBH Counties	ES/QIP/IP
Tara Miller	All		Gogebic	ES/QIP/IP
Jill Doll	All		NP Counties	ES/QIP/IP

*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

**Diversity: note any racial, ethnic or cultural diversity that is represented

*** Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

ATTACHMENT A
Milestones and Timeframes

PIHP Name: [NorthCare Network](#) E-mail of contact person: lolson@up-pathways.org

ARR Section 7 Assessing Needs and Managing Demand

NorthCare monitoring and analytic staff were responsible for compiling and analyzing the data for the environmental scan. Concerns from citizens and consumers were solicited through ten public forums held in the fall of 2008 and spring of 2009. The scan included:

- 2008 & 2009 Program Planning Guidelines (PPGs) from the five CMHSPs
- Annual Reports from NorthCare and the five CMHSPs
- Performance Indicator data and consumer satisfaction data for the region
- Service Data on EBPs across the region
- Regional data compiled from the Data Warehouse on the subpopulations reported in the PPGs
- Preliminary analysis of children with developmental disabilities who do not have Medicaid
- Current financial information from the federal and state and local level
- Evaluation feedback and comments from the forums

NorthCare Strengths: According to the 2008 PPGs, the providers are meeting the service needs for Medicaid members who meet priority population. Medicaid consumer data of the sub populations in the 2008 PPGs indicates services are being provided to all populations. The centralized access system has been operational for all 15 counties since 10-08. Access' no wrong door policy assists citizens to get referrals to the appropriate provider. As of October 2008, all emergency services are documented in the NorthCare electronic medical record. This streamlines access to care at the CMHSP if indicated after inpatient hospitalization. Service data supports an increasing number of consumers are receiving Family Psycho Education treatment and integrated care for co-occurring disorders.

NorthCare Challenges: The PPG format for assessing community needs does not create a consistent report. The Boards responded differently in assessing under served or unserved populations. A separate report was created by NorthCare and preliminary data demonstrates serious financial expenses for children with developmental disabilities who are general fund. Downward trends in service provision were seen for consumers funded by general fund dollars. This crisis is going to be further compounded by the release of many prisoners with serious mental illnesses who will require treatment in our communities but may not have funding. There was no current information from NorthCare Coordinating Agency as their annual report request was issued later than the PPGs and was not available at the time of this writing.

NorthCare Opportunities: Movement toward integrated health care is essential at this time. Section 8 outlines the plan for working with regional partners to begin creating a healthcare home for our citizens. This is our primary intervention for managing demand externally. Internally, NorthCare and the five CMHSPs have to develop the assessment tools to accurately project the individuals who will require our most intensive services in the next five years. Section 10 and Section 11 have parts of this assessment in their focus on residential staff and training. We need to look at the other probable groups with increasing need: children with developmental disabilities that have a strong behavioral component; individuals with criminal involvement who have serious mental illness or developmental disorders or co-occurring disorders; and aging individuals who have been managed in family homes and now their parents are unable to care for them.

NorthCare's overall goal is to provide the right treatment at the right time for the individual who makes an informed choice to participate in the treatment. This requires consistent services and treatments being offered across the fifteen counties. We recognize the size of our communities and the significant distances between communities impacts our ability to attain this goal. That being given, this is still a goal to seek to approximate.

NorthCare Application for Renewal and Recommitment

Milestones Section 7 Assessing Needs and Managing Demand	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Milestone 1 NorthCare will complete its transition to a data driven division of Pathways.			
1.1. NorthCare will restructure its committees to align with the goals of the ARR, its regional goals and business goals.	NA	1.1.a. Q4FY09 & Q1FY10 1.1. b.1. Q2FY10 1.1.b. 2.Q2 ongoing 1.1.c. Q2FY10	1.1. a. New organizational alignment plan will be brought to the NorthCare Board by December 2009. 1.1. b.1. NorthCare Utilization Management will be restructured and focused on analytics based in the regional EMR. 1.1. b.2. NorthCare UM Coordinator and Substance Abuse service providers will work with CFO and Section 11 team including SA on residential placement analysis for trending future needs. 1.1. c. Customer Services will develop tools to better assess consumer participation in PCP and satisfaction with services.
Milestone 2 An Assessment of regional needs will be developed and implemented over the next five years.	2008 & 2009 PPG data and annual reports		
1.1. A. standard community needs assessment will be developed.		FY10	1.1. a. Work with MDCH and review existing measures to assess community need including substance abuse services. 1.1. b. Work with stakeholders (ISD, Health Plans, etc.) who may have data relevant to not yet served individuals who may require services in next five years. 1.1. c. Regional resources need to be reviewed to avoid duplication of services.
1.2. The Community Needs Assessment will be implemented by all Boards.		1.2.a.Q4 FY10	1.2. a.1. The Community needs assessment– before compiling PPG data, CMHSP will create common definitions so regional summary can be prepared.

NorthCare Application for Renewal and Recommitment

		1.2.b.FY11	1.2. b. All five Boards will conduct assessment using standard tool(s) and assessment will be revised based on experience.
		1.2.c.FY12	1.2. c. Baseline data will be obtained for the region. Adjustments in current programming to accommodate changes in need.
		1.2.d. FY13 and 14	1.2. d. Analysis of data may lead to new program development. This is working in conjunction with the efforts in Section 8 toward pilots for person centered HealthCare Homes.

ATTACHMENT B
Stakeholder Characteristics

PIHP Name: [NORTHCARE NETWORK](#) E-mail of contact person: lolson@up-pathways.org

ARR Section Number 7

Stakeholder Category	# Per Population Type*	Type of diversity represented**,	County(ies) Represented	Involvement***
Individuals receiving services	SMI = SED = DD= SUD =			
Family members	SMI = SED = DD= SUD =			
Advocates	SMI = SED = DD= SUD =			
Contract providers (list organization names):				
Community representatives (list organization names)				
PIHP/CMHSP Staff:				
Lucy Olson (Team Lead)	All		All UP Counties	ES/QIP/IP
Cyndi Shaffer	All		All UP Counties	ES/QIP/IP
Jean Pavlov	All		All UP Counties	ES/QIP/IP
Darcy Burton	All		All UP Counties	ES/QIP/IP
Deb Smith	All		All UP Counties	ES/QIP/IP
Julie Hautala	All		Gogebic	ES/QIP/IP
Vicki Mikkola	All		Copper Counties	ES/QIP/IP
Donna Kitrick	All		PW Counties	ES/QIP/IP
Luanne Guiliani	All		NP Counties	ES/QIP/IP
Lisa Hinkson	All		HBH Counties	ES/QIP/IP

*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

**Diversity: note any racial, ethnic or cultural diversity that is represented

*** Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

ATTACHMENT A
Milestones and Timeframes

PIHP Name: [NorthCare Network](#) E-mail of contact person: lolson@up-pathways.org

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.

NorthCare Application for Renewal and Recommitment

Milestones Section 8 Coordinating and Managing Care	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
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.		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.
1.1 Senior management will approach key partners to begin a dialogue.		1.1. Q4FY09 thru Q3FY10	1.1.a. Possibly secure NorthCare representation on Physicians Group Incentive Program (PGIP) 1.1. b.1. Partner with other health care providers in our region including the Upper Peninsula Health Plan and BC/BS. 1.1. b.2 Develop mental health benefit for uninsured with Medical Care Access Coalition. 1.1. c. Outreach to the current Federally Qualified Health Centers. 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. 1.1. e. Involve Consumers community members (NAMI) and Peer Support Specialists in integration of care efforts.
1.2. Evaluate various person-centered “HealthCare Home” models.		1.2. FY10 thru FY12	1.2. a. Establish electronic information sharing tools (ex:community.networkofcare.org) 1.2. b. Develop workgroups and processes to allow for a comprehensive analysis of models including funding streams and electronic medical information transfer. 1.2.c. Evaluate models of care given our rural, remote declining population. 1.2.d. Propose pilots to assess models of care.
1.3. Develop a regional project plan.		1.3.FY12 through FY14	1.3. a. Educate consumers, family members, and community at large regarding efforts to integrate mental health, primary health, and substance abuse services. 1.3. b. Begin pilots and community education about the pilot programs

NorthCare Application for Renewal and Recommitment

			<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>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.</p>		<p>2.1 First edition by 10/1/09 & 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>2.2. Increase knowledge and opportunities for consumers to participate in "wellness" programs.</p>		<p>2.2.a. Q4FY09 & ongoing</p> <p>2.2.b. Q1FY09 ongoing</p> <p>2.2.c.Q3 FY10 & ongoing</p>	<p>2.2. a. U.P. Consumer Conference will highlight inexpensive wellness activities.</p> <p>2.2. b. Partner with Public Health Departments to avoid duplication of services.</p> <p>2.2. c. Partner with Medical Care Access Coalition on wellness projects.</p>
<p>2.3. Continue to explore various resources and community and program partners.</p>		<p>2.3.a.FY11 & ongoing</p> <p>2.3.b. Q4 FY09 if funding available & ongoing</p>	<p>2.3. a. Develop internet tool for connecting Drop Ins and other recovery networks for consumer education and networking.</p> <p>2.3. b. NorthCare and CMHSP will seek grant opportunities to support activities that encourage community connections and participation.</p>

ATTACHMENT B
Stakeholder Characteristics

PIHP Name: [NORTHCARE NETWORK](#) E-mail of contact person: lolson@up-pathways.org

ARR Section Number 8

Stakeholder Category	# Per Population Type*	Type of diversity represented**,	County(ies) Represented	Involvement***
Individuals receiving services	SMI = SED = DD= SUD =			
Family members	SMI = SED = DD= 1 SUD =		Houghton	ES/QIP
Advocates	SMI = SED = DD= SUD =			
Contract providers (list organization names):				
UPHP	MHP Provider		All	ES/QIP
AFC Provider			Houghton	ES/QIP
Community representatives (list organization names)				
PIHP/CMHSP Staff:				
Diane Bennett (Team Lead)	All		All UP Counties	ES/QIP/IP
Theresa Harvey	All		NP Counties	ES/QIP/IP
Mark Krist	All		PW Marquette	ES/QIP/IP
Michelle Rexses	All		NP Counties	ES/QIP/IP
Cari Raboin	All		Copper Counties	ES/QIP/IP
Vicki Mikkola	All		Copper Counties	ES/QIP/IP

*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

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ATTACHMENT A
Milestones and Timeframes

PIHP Name: [NorthCare Network](#) E-mail of contact person: lolson@up-pathways.org

ARR Section 9 Improving the Quality of Supports and Services

Previously, supports and services were provided in the context of the medical model with staff the experts defining treatment. Change theory has helped us redefine the context of care by recognizing individuals are more likely to participate in a change process when it has meaning to them and they have been given the skills and opportunities to be successful in co-creating the change. It follows that the context in which we provide care will have to change and incorporate more shared decision making and shared risk taking. Staff need support to create a more welcoming, positive and hopeful culture.

Environmental Scan: NorthCare and CMHSP staff were responsible for gathering the information for the environmental scan. The environmental scan included reviewing data from many sources by a ten person team composed of staff and consumers and stakeholders:

- Reports from the regional data warehouse on FPE, PSS and COD services
- Reports from each Board with the array of EBPs provided at their agency and the specific site where offered.
- Comments from the ten public forums held in the UP between October 2008 to April 2009
- Data from documentation reviews conducted by NorthCare

Feed back from the team members highlighted the need to include Substance Abuse Service Providers in the plans for this section. They are doing good programming at the residential homes for substance abuse treatment. A particular model, "Life Skills" training was discussed. It is also hoped that the lessons learned in developing PSS services in the mental health arena will aid in the development of that model in the Substance Abuse services world.

Challenges: Improving the care for our most vulnerable consumers will require efforts in a number of areas. The major changes necessary to develop and maintain a competent workforce in our residential settings is covered in comprehensive plans in sections 10 and 11. The double burden of an increasing number of individuals requiring mental health support and an increasing regulatory burden for documentation and outcomes measurement has the unintended consequence of disrupting the therapeutic alliances that are at the heart of our work. Therefore, regional efforts will focus on improving clinical practice so that clinicians may provide the hope and safety essential for recovery. During the implementation process of PMTO and FPE,

much was learned of effective supervision models. Sustaining EBPs and incorporating promising practices will require continuing strong clinical supervision.

Two other QI areas addressed are the need for better measurements to assess outcomes as well as the need to develop more timely and coordinated reporting of sentinel and critical events.

NorthCare Application for Renewal and Recommitment

Milestones Section 9 Improving the Quality of Supports and Services	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Milestone 1 Quality Care requires strong clinical supervision. By year 5 NorthCare will have implemented a regional guide for clinical supervision. The regional guide will include supervision to ensure cultural competency of clinicians.			This objective overlaps with activities in Sections 10 and in section 11 focused with PSS. Defining PSS supervision will require policy development and HR assistance and clinical staff participation.
1.1. Assessment of current models of supervision and clinician satisfaction with current supervision opportunities.	Identify key clinical allies in the region from EBPs and promising practices to aid with assessment	1.1 Remainder of FY09 and Q1, Q2, Q3 FY10 to obtain baseline data	1.1. a. Possible use of Organizational Behavioral Management to gather baseline data. This would build on the work already done on Clinical process. 1.1. b. Development of measures to assess ongoing improvements in supervision.
1.2. Evaluate models for clinical supervision in mental health settings.		1.2. Q4FY10 thru FY11	1.2 a. Include supervision of SA staff in study. Determine what is required and what is desired. 1.2. b Develop the mechanisms to sustain specific supervision groups to maintain fidelity for EBPs. 1.2. c. Include Supervision of PSS in supervision model development. Work with the PSS learning Collaborative and PSS liaisons. 1.2. d. With Medical Directors determine menu of supervision options and initiate two or three pilot sites in the region.
1.3 Implementation		1.3.a. FY12 1.3.b.F12 &F13	1. 3.a - Training and implementation - staggered implementation depending on county site readiness. 1.3. b. Ongoing implementation and evaluation of effectiveness.
1. 4 Publication of formal NorthCare Clinical Supervision guide.		1.4.a. FY14	1.4. a Training will be developed in the Learning Management System to help orient staff to menu of supervision options. 1.4. b. Staff evaluations and performance objectives will tie directly to supervision guidelines.

NorthCare Application for Renewal and Recommitment

<p>Milestone 2 Improving Outcomes Measurements for Clinical Services.</p>			
<p>2.1. Improve number of consumers participating in EBPs or promising practices.</p>	<p>Reports for FY07,08,09 exist in the Data Warehouse for all EBPs that have unique coding</p>	<p>2.1. FY10 –As Data Warehouse sunsets- develop reports in new EMR that will allow for trend analysis from previous years. 2.1.c. Ongoing</p>	<p>2.1. a. NorthCare monitors evidence in chart documentation of EBPs being discussed and offered as appropriate. 2.1. b. A schedule for fidelity reviews of EBPS will be developed. The PILT will provide leadership and training for these reviews. 2.1. c. Increase or sustain the number of providers needed to meet the demand for treatment.</p>
<p>2.2. Work with state groups and local QI staff to develop outcome measures that go beyond customer satisfaction and link to success in the community.</p>		<p>2.2. FY10 &11</p>	<p>2.2.a. Consider the NOMS report as a base and evaluate models for measuring improved quality of life. 2.2. b. Analyze the results of the REE and incorporate feedback in ongoing QI planning.(this is dependent on MDCH support of this initiative. 2.2.c. Regional reports such as increases in WRAP; Drop In participation to demonstrate gains in recovery enhancing programs.</p>
<p>2.3. Clinical management will allocate resources and staffing to effective treatments.</p>		<p>2.1. FY11 and ongoing</p>	<p>2.3. a Managers will have fingertip reports to evaluate the efficacy and efficiency of specific practices. 2.3. b. Staff will be assigned to trainings according to need based on data analysis.</p>
<p>Milestone 3 NorthCare will be able to demonstrate improvement in residential services.</p>			
<p>3.1. Regional compliance with sentinel reporting will improve.</p>	<p>Report of regional sentinel events in FY08 and FY09</p>	<p>3.1.a FY10 3.1.b FY11</p>	<p>3.1. a Sub comm. of the state Standards Group revising policies and reporting of sentinel & critical events. NorthCare will adopt. 3.1. b. Training on reporting and review and feedback to the Boards will occur with key staff.</p>

NorthCare Application for Renewal and Recommitment

		3.1.c. FY11 3.1.d. FY11 ongoing	3.1. c. Data from FY10 will be reviewed to Identify areas of improvement. 3.1. d. Revision of procedures based on data analysis.
3.2. Residential staff will be trained and supervised to assure transition to a culture of gentleness.	Reports from each CMHSP and contract providers and SA residential programs on staff turnover.	3.2. FY09 to FY2014	<i>This plan is fully developed in Section 10 as this area has been identified in the forums and environmental scans as critical to improving the quality of care for our most vulnerable citizens.</i>
Milestone 4 Educate the community regarding Centralized Access to Care.			
4.1 Develop a multi level publicity plan for Centralized Access to Mental Health Services.	Review current brochures and information distributed by the CMHSPs	4.1.a. Q4FY09 & Q1 & Q2FY10 4.1.b. FY10 4.1.c Q3 FY10 & FY11 4.1.d. FY12	4.1. a. Work with NorthCare Access and develop strategy for regional outreach. 4.1. b. Use focus groups with consumers and families to pilot materials. 4.1. c. Create multi media materials for Access and begin community outreach. 4.1. d. Develop a plan for “refreshing” community knowledge about community mental health.

ATTACHMENT B
Stakeholder Characteristics

PIHP Name: [NORTHCARE NETWORK](#) E-mail of contact person: lolson@up-pathways.org

ARR Section Number 9

Stakeholder Category	# Per Population Type*	Type of diversity represented**,	County(ies) Represented	Involvement***
Individuals receiving services	SMI = 2 SED = DD= SUD =		Chippewa / Luce	ES/QIP
Family members	SMI = SED = 3 DD= 1 SUD =		Dickinson / Iron /Luce	ES/QIP
Advocates	SMI = SED = DD= SUD =			
Contract providers (list organization names):				
Independent SA Consultant	SA Youth and Families		All	ES/QIP
Phoenix House	SA Adults		Dickinson / Houghton	ES/QIP
Community representatives (list organization names)				
PIHP/CMHSP Staff:				
Lucy Olson (Team Lead)	All		All UP Counties	ES/QIP/IP
Greg Takala	All		Northpointe -- Iron	ES/QIP/IP
Ginny Freeborn	All		Gogebic	ES/QIP/IP

*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

Diversity: note any racial, ethnic or cultural diversity that is represented * Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

ATTACHMENT A
Milestones and Timeframes

PIHP Name: [NorthCare Network](#) E-mail of contact person: lolson@up-pathways.org

ARR Section 10 Developing and Maintaining a Competent Workforce

NorthCare solicited assistance from community agencies/providers, consumers, family members, peer support specialists, CMHSP staff, and other stakeholders to assess the system of care. A team of 17 people reviewed data gathered by the NorthCare staff.

The environmental scan included:

- Detailed information about staff hiring practices and retention rates from each CMHSP including direct care staff.
- Similar data from the NorthCare Coordinating Agency.
- Information on supervision practices for all county sites.
- Data from other sections pertaining to PSS services provided and number of PSS employed.
- Information obtained from Human Resources staff regarding policies, hiring practices, supervision, turnover, and numbers of employees by groups.
- Comments from the citizens who participated in the ten public forums held during the fall of 2008 and the spring of 2009.

The review of the information gathered and a review of other sections brought three areas into focus:

- Peer Support Specialists are recognized as an under utilized asset. Several significant ideas about how to engage PSS in more meaningful work were brought to the teams' attention. As this is a new staff role in community mental health, there is the need to more clearly define the role of the PSS and the various programs where they may effectively be employed.
- The most significant relationships in many of our most vulnerable consumers' lives are with the residential staff in the homes where they reside. The high turnover rates among the direct care staff must be addressed to assure the safety and well being of the consumers they serve. To create a positive and trauma free environment will require a new vision of how direct care workers are trained, supervised, supported and paid.
- The need to create a system to support the clinicians in developing and sustaining excellent clinical skills is also critical for maintaining a competent workforce. The decision was made to develop the plan for a regional guide for supervision in Section 9 that focuses on evidence based practices.

The first two areas will be the focus of Section 10.

NorthCare Application for Renewal and Recommitment

Milestones Section 10: Developing and Maintaining a Competent Workforce	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
<p>Milestone 1 Each year NorthCare will increase the number of certified peer support specialists by 15%.</p>	15	10/1/2009 – 9/30/2014	Year 1 – 17 Year 2 – 20 Year 3 – 23 Year 4 – 26 Year 5 - 30
<p>1.1. Regional policies and procedures will be established for hiring PSS and supporting their professional growth.</p>		1.1.a. Q4FY09 & Q1 & Q2 FY10 1.1.b. FY10 thru FY11 1.1.c. Q1FY11 ongoing FY14	1.1. a. PSS will develop a “white paper” with a vision of supervision for their work and service areas where they could utilize their unique skills. 1.1. b. PSS Learning Collaborative and HR directors will develop draft policies and job descriptions to ensure adequate training and supervision. 1.1. c. NorthCare will monitor implementation of Personnel Policies/Procedures at each CMHSP and continue to address needs of PSS in the workplace.
<p>1.2 NorthCare will provide ongoing support to PSS with the development of a regional guide for clinical supervision.</p>		FY10 thru FY14	<p><i>Supervision training plan is detailed in Section9.</i></p>
<p>1.3. PSS, Crisis managers and law enforcement, and NorthCare staff will implement a pilot project for PSS working with Emergency Services.</p>		1.3.a.Q1 FY10 thru Q4FY10 1.3.b. Q1FY11 thru Q4 FY11 1.3.c.FY12 1.3.d. FY12 thru FY14	1.3. a. Research and identify interested PSS and continue discussions. Initial plan is PSS to work with and/or travel with consumers who are petitioned into the hospital. 1.3. b Train identified PSS and implement pilot projects in Emergency Services. 1.3. c Evaluate, modify and improve pilot efforts. Identify CMHSP(s) that are ready to replicate the pilot project. 1.3. d Replicate PSS project at other CMHSPs.

NorthCare Application for Renewal and Recommitment

<p>Milestone 2 Direct care workers will create a culture of gentleness for consumers living in the residential program.</p>			
<p>2.1. In the UP, there will be a reduction in the rate of turnover with Direct Care Workers.</p>	<p>Reports submitted by CMHSP for ARR 2009</p>	<p>2.1.a. Q1 FY10 thru FY11 2.1.b. Q1FY10 thru FY11 2.1.c. Q1FY10 thru FY11 2.1.d. FY12 thru FY14</p>	<p>2.1. a. NorthCare will convene a Residential Homes review to address maintaining a strong, competent workforce. (Will align with section 11- Administrative Efficiencies.) 2.1. b. Through CMHSP/Provider partnerships systems/homes that are working effectively to reduce turnover rates will be studied. Best practices will be reviewed. (Will align with Section 3 -Active Engagement,) 2.1. c. Research will include other effective programs to maintain a strong competent workforce throughout the state. 2.1. d. NorthCare will implement best provider practices found through the regional residential review.</p>
<p>2.2. Training programs will be developed to support the skill set necessary to provide positive behavioral programs in residential settings.</p>		<p>2.2.a. Q4FY09 thru FY12 2.2.b. FY11 and FY12 2.2.c. FY11 ongoing</p>	<p>2.2. a.1 NorthCare will meet with local universities and junior colleges to identify course curriculum for DCW. 2.2. a.2. Negotiations with schools with support from MDCH regarding credentialing of PSS and DCW. 2.2.a.3. Pilot will be conducted at one or two schools and plans revised accordingly. 2.2. a.4. CMHSP will explore coordinating training with external providers to assure a culture of gentleness is being fostered. 2.2. b. NorthCare will investigate and support internships, work study placement, or curriculum offerings to ensure well trained DCW. 2.2. c, NorthCare and CMHSP will assist in getting students placed in CMHSP or SA provider systems.</p>

ATTACHMENT B
Stakeholder Characteristics

PIHP Name: [NORTHCARE NETWORK](#) E-mail of contact person: lolson@up-pathways.org

ARR Section Number 10

Stakeholder Category	# Per Population Type*	Type of diversity represented**,	County(ies) Represented	Involvement***
Individuals receiving services	SMI = 4 SED = DD= SUD =		Gogebic / Luce / Schoolcraft	ES/QIP
Family members	SMI = SED = DD= SUD =			
Advocates	SMI = SED = DD= SUD =			
Contract providers (list organization names):				
Phoenix House	SA Adults		Dickinson / Houghton	ES/QIP
Residential Provider			UP Counties	ES/QIP
Community representatives (list organization names)				
NAMI			Alger-Marquette	ES/QIP
NMU			Marquette	ES/QIP
PIHP/CMHSP Staff:				
Cyndi Shaffer (Team Lead)	All		All UP Counties	ES/QIP/IP
John Lindholm	All		All UP Counties	ES/QIP
Donna Kitrick	All / SA		All UP Counties	ES/QIP/IP
Shelly Sundstrom	All		PW Counties	ES/QIP/IP
Teri Wendt	All		NP Counties	ES/QIP/IP
Lora Bulleit	All		Copper Counties	ES/QIP/IP

*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

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ATTACHMENT A
Milestones and Timeframes

PIHP Name: [NorthCare Network](#) E-mail of contact person: lolson@up-pathways.org

ARR Section 11 Achieving Administrative Efficiencies

Section 11 is the most technical section of the ARR. NorthCare actively sought diverse members and had a team with finance staff from all CMHSPs, two board members, and a parent of a consumer. NAMI was invited to participate but was unable to find a representative. A series of meetings took place during the spring of 2009 which were held in Marquette. Participants could attend in person; telephone or video conferencing. A final work session in April produced the QI plan for this section.

The environmental scan included:

- Review of the implementation of the electronic medical record(ELMER)
- Current reports of the MUNCR and summary views
- Financial costs associated with training staff and the consumer costs of high turnover rates of staff so new staff constantly need to be trained.
- Discussions regarding communication processes between NorthCare, the CMHSPs and the Coordinating agencies and Substance Abuse Service Providers

Challenges:

- The powerful effect of the lack of regular communication and / or poor communication between NorthCare and the CMHSPs was identified through public meetings and by the team members. It was discussed how administrative efficiencies within the region could be developed and implemented more effectively with clear communication strategies between NorthCare and the individual boards. A similar need was recognized with the Substance Abuse Coordinating Agencies in the U.P. Providers may have to deal with both the NorthCare CA and the Western CA and their different practices when dealing with the same consumer. Improving communication is the first QI effort as future successes hinge on good communication.
- In the review of the MUNCR, the team studied the variances in service costs. Several team members are involved in state-wide activities related to alignment of these service costs. Reducing variance is a major focus of the state and it would be worthwhile for the Upper Peninsula to work on the same initiative.
- There is serious concern about consistency of care for the consumers when there is a high turnover rate among direct care staff.
- The EMR (ELMER) will be in place for the region October 2009. Many different opportunities for regional efficiencies will be available. Without careful analysis and prioritizing on a regional basis, the region could get lost in a plethora of projects without adequate staffing to accomplish any of them.
- Training opportunities can be very expensive involving unproductive travel days

to Lower Michigan. Staff are required to be away from home for longer periods and driving conditions can lengthen a trip further.

NorthCare Application for Renewal and Recommitment

Milestones Section 11 Achieving Administrative Efficiencies	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
Milestone 1 Communication processes will facilitate better fiscal decision making for the PIHP and the CMHSPs.			
1.1 Develop a system to inform partners of business decisions that affect the region.	09 Original Budget & FTE Allocation Report	1.1.a Q1 FY10 & ongoing	1.1. a. Monthly revisions of Financial Report of the NorthCare Revenues and Expenses will be presented to the CFO, CEOs, and CMHSP Boards. 1.1. b. Amendments to the NorthCare Budget will be presented to NorthCare Finance Committee and the PMC to review efficiencies. 1.1. c. Succession planning with the CMHSPs.
1.2. Administrative staff may be reduced by ELMER implementation.	10/1 Administrative FTE Allocation Report for each board FY = Start up	1.2. Q1FY11 & ongoing 1.2.b. Q2 & Q3 FY10	1.2.1. NorthCare Finance Committee will review Administrative FTE Allocation Reports against the baseline data annually for 3 years following start-up. 1.2. b. NorthCare Finance Committee will present the PMC a process for evaluating the consolidation of administrative functions.
Milestone 2 NorthCare PIHP will achieve reasonable uniformity in costing of Medicaid services.			
2.1. Clinical and finance staff will have consistent definitions of individual service codes across the region.	08 MUNCR	2.1.a. Q4 FY09 2.1.b. Q1FY10 2.1.c. Q1FY11	2.1.a. Identify 10 codes with largest variance for review 2.1.b. Obtain service definition of each code from all boards 2.1.c. implement consistent services/codes @ all boards.
Milestone 3 Direct care workers will create a culture of gentleness for consumers living in the residential program.			

NorthCare Application for Renewal and Recommitment

<p>3.1. Analyze internal direct care staff wages and benefits, in relationship to quality of care for the region.</p> <p>Direct Care Staff analysis: Wage & Benefits, training, recruitment, and turnover rates</p>	<p>FY 07-FY 09 HR Records from CMHSP</p>	<p>3.1. FY10</p>	<p>3.1. a. Pilot analysis CMHSP staff turnover rate for 0-1 yrs and 1-5 yrs of employment</p> <p>3.1.b. Using results, review costs of recruitment, HR, Training, Orientation</p> <p>3.1.c. Work with NorthCare team to assess the impact of staff changes on consumers/families and guardians</p>
<p>3.2 .Analyze external direct care staff wages and benefits, in relationship to quality of care for the region.</p>		<p>3.2.a. Q3FY10</p> <p>3.2.b.Q4 FY10</p> <p>3.2.c.Q1 & Q2 FY11</p> <p>3.2.d. Q4FY11</p> <p>3.2.e. FY12</p>	<p>3.2. a. Request input from Direct Care Contractors</p> <p>3.2. b Collect data from contract providers regarding staffing, training, and turnover.(Pathways may provide model.)</p> <p>3.2. c. Work with NorthCare team to assess the impact of staff changes on consumers/families and guardians.</p> <p>3.2. d. Analyze data for any differences between the two systems.</p> <p>3.2. e. Coordinate with H.R. and training dept regarding findings and indications for training and wage modification.</p>
<p>Milestone 4 Develop efficient service delivery system for substance abuse services.</p>			
<p>4.1. The Eastern and Western Coordinating Agencies will effectively manage the multiple funding streams for substance abuse services.</p> <p>4.1. The Eastern and Western Coordinating Agencies will effectively manage the multiple funding streams for substance abuse services.</p>	<p>08 Legislative Report</p>	<p>4.1.a. Q1 FY10</p> <p>4.1.b. Q3FY10</p> <p>4.1.c.Q1 FY12</p> <p>4.1.d. 3/01/11</p>	<p>4.1.a. NorthCare CA will initiate a conversation with the Western UP CA</p> <p>4.1. b. Identification of efficiencies.</p> <p>4.1.c.Legislative Discussion with affected boards/commissions (funding sources).</p> <p>4.1. d. Develop Action Plan to implement Efficiencies.</p>

NorthCare Application for Renewal and Recommitment

<p>Milestone 5 Regional Trainings will be provided for CMHSP and SA staff when possible.</p>			
<p>5.1. Staff Training</p>		<p>5.1.a Q3FY10 5.1.b. 9/1/10 5.1.c.Q2FY11</p>	<p>5.1. a. Coordinate activities across the CMHSP and SA providers and develop regional training opportunities. 5.1. b. Publish regional clinical training opportunities for next 12 months. 5.1.c. Publish regional administrative training opportunities.</p>

ATTACHMENT B
Stakeholder Characteristics

PIHP Name: [NORTHCARE NETWORK](#) E-mail of contact person: lolson@up-pathways.org

ARR Section Number 11

Stakeholder Category	# Per Population Type*	Type of diversity represented**,	County(ies) Represented	Involvement***
Individuals receiving services	SMI = SED = DD= SUD =			
Family members	SMI = SED = DD= 1 SUD =		Delta	ES/QIP
Advocates	SMI = SED = DD= SUD =			
Contract providers (list organization names):	Gogebic Community Mental Health Board Member			ES/QIP
Community representatives (list organization names)				ES/QIP
PIHP/CMHSP Staff:				
John Basse (Team Lead)	All		All UP Counties	ES/QIP
Judi Brugman	NorthCare SA		All UP Counties	ES/QIP
Bill Adrian	All		NP Counties	ES/QIP
Julie Hautala	All		Gogebic	ES/QIP
Patti Crawford	All		HBH Counties	ES/QIP
Susan Serafini	All		Copper Counties	ES/QIP
Laurie Heggaton	All		PW Counties	ES/QIP
Karen Thekan	All		NP Counties	ES/QIP

*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

**Diversity: note any racial, ethnic or cultural diversity that is represented

*** Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan