

## ATTACHMENT A Milestones and Timeframes

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### **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

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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.

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Milestones <b>Section 9</b> <b>Improving the Quality of Supports and Services</b>	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
<b>Milestone 1</b> 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.
<b>1.1. Assessment of current models of supervision and clinician satisfaction with current supervision opportunities.</b>	identify key clinical allies in the region from EBPs and promising practices to aid with assessment	1.1 Remainder of <del>FY09 and Q1, Q2, Q3</del> <b>FY10-Q2FY11</b> 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.
<p>3-14-10 1.1.a. Currently there is a small pilot of staff at Pathways and NorthCare being trained in OBM practices. This group is building on OBM mapping of clinical practice work flow done in the spring of 2009. Once the new COO of NorthCare is in place and the Medical Director is available to lead this project work will begin –we hope to meet the deadlines given below.</p> <p>6-30-10 1.1.a. NorthCare site reviews included a section on Clinical Practices and the structure of supervision and monitoring of the EBPs was reviewed. This will help with developing a regional guide.</p> <p>8-27-10 1.1.a Timeline of Q3FY10 not achieved. Reorganization of NorthCare and availability of Medical Director in Q1FY11. 1.1. b. NorthCare staff will attend EBP Conference in Ohio n October and focus on workshops directed at models of supervision.</p> <p>08/10 Pathways-- developed and implemented a "Supervision Log" for both an individual and/or group supervision. Supervisors are required to document their supervision time with staff using these documents.</p>			
<b>Q1 FY11</b>			
<p>1.1 10-14-10 NorthCare staff did attend the EBP conference but the focus of their training was on SE and Trauma focused treatment both of which have high clinical priority at this time.</p> <p>12-28-10 No specific action has been taken on this milestone to date. The OBM project itself has been put on hold due to budget constraints and having to reprioritize staff time. NorthCare ARR team will need to evaluate whether this objective should be retained and if so how to modify our regional approach.</p> <p>1/3/2011 Copper – continues to provide documented supervision formally as a part of the peer review process.</p> <p>1/26/11 HBH has begun offering several EBP's via teleconference for those areas where there is not enough interest/volume to offer groups according to fidelity requirements. We are also expanding the number of staff/consumers/PSS trained in these EPB's to expand their use.</p> <p>01/11 Pathways: Continue to use the Individual and Group Supervision logs and keep data on the compliance with those interventions.</p>			
<b>Q2 &amp;3 FY11</b>			
<p>1.1.a. 7-25-11 NorthCare: The OBM model has been abandoned and in FY12, the COO and Medical Director will determine the best approach to the task of developing regional guidelines for supervision.</p> <p>7/11 HBH --has hired more PSS staff and has provided access to EBP training to PSS staff, as well as selected</p>			

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drop-in members. The expansion of PSS staff into inpatient transition services occurs under the supervision of credentialed crisis staff.			
7-11 Pathways: 1.1. Incorporating information from the supervision logs into our credentialing process.			
1.2. Evaluate models for clinical supervision in mental health settings.		1.2. Q4FY10 Q1FY11thru fall of FY12	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.
6-30-10 1.2.b. NorthCare site reviews focused on EBP sustainability and lessons learned will be incorporated into supervision guide.			
Q1 FY11			
1.2.12-28-10 No specific action has been taken on this milestone to date. NorthCare ARR team will need to evaluate whether this objective should be retained and if so how to modify our regional approach.			
Q2&3 FY11			
1.2. 7-25-11 NorthCare: The COO and Medical Director will determine how to proceed in this workplan or to revise it to meet the current environment.			
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.
Milestone 2 Improving Outcomes Measurements for Clinical Services.			

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<p><b>2.1. Improve number of consumers participating in EBPs or promising practices.</b></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>6-30-10 2.1.a. NorthCare site reviews included documentation reviews of EBPS being offered to consumers. The referral processes at each Board for the different EBPs were reviewed. 2.1.b. The reorganization of NorthCare Committees and the PILT will include a plan for fidelity reviews in FY11. Outcomes measurement will be another focus in FY11 8/26/10 HBH is looking at creative ways to bring EBP into areas where we don't have adequate consumer numbers to form groups or otherwise provide the model as intended. As part of our grant award for FY11, we are focusing on incorporating more PSS into EBP through training and certification in the areas of WRAP, FPE, DBT, etc. 08/10 Pathways-- Discussion at monthly Clinical Supervisor Meetings to ensure that clients are being matched with the appropriate EBP per the diagnosis and offered the EBP.</p>			
<p><b>Q1 FY11</b></p>			
<p>2.1 12-28-10 Funding for fidelity reviews is available in the PILT grant for FY11. NorthCare and the PILT team in March 2011 will need to decide where to focus the fidelity reviews. Since the FPE State Coordinator is available to do FPE fidelity reviews and all the ACT teams are undergoing training for IDDT and the SE grant is paying for the fidelity reviews for SE—it may be worthwhile to review the Drop Ins and note progress since over a year has passed since they were reviewed. 1/3/2011 Copper – participating in regional planning for SE EBP and initial fidelity review was done, and IDDT initial fidelity review by MIFAST has been done. ACT staff will be participating in IDDT training. However, neither has progressed to the point of being designated as an “EBP”. Five Copper clinical staff continue training in <i>Trauma Focused Cognitive Behavioral Therapy</i> for children and adolescents. Another Copper clinician will be certified in PMTOM in the 2<sup>nd</sup> quarter FY’11. 2.1 1/4/11 Northpointe--an update was requested from PCE to have the ELMER system require that clinicians not be able to skip any EBPS/Promising Practices when completing the BPS – making it mandatory that they ask consumers if they are interested in them and are educated about them. As of this date these improvements to the BPS have not been implemented. The NBHS record review process monitors these pages in ELMER to make sure consumers are being offered and educated. The number of units of EBS from the first quarter FY10 to the 4<sup>th</sup> quarter increased by 11,707(407 hours). The number of consumers participating in EBPS only increased by 1 however. 01/11 Pathways: Discuss whether there are consumers we have to refer to EBP. Need to develop a formal way to track this as this is charted in the progress notes. Should update the BPS as appropriate if adding a service.</p>			
<p><b>Q2 &amp; 3 FY11</b></p>			
<p>2.1. 7-25-11 NorthCare: Fidelity reviews were completed for three FPE groups; four IDDT teams; and four Drop Ins during the six months of this review. Workgroup reorganization for EBPs will be in place for FY12. There are four or five groups that are now past implementation and are now focused on sustainability and outcomes.</p>			

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<p>NorthCare believes the ongoing work can be synthesized within one workgroup –Clinical Core Competencies Workgroup.</p> <p>2.2. There is a regional report that has been implemented for the Boards to capture the individuals who are receiving EBPs and it can be used to begin addressing outcomes for those practices. The reports can be used to determine what fidelity studies should be on the calendar for FY12.</p> <p><b>7/25/11 Copper – continues monitoring and submitting quarterly reports as required.</b></p> <p><b>7/11 HBH --has hired more PSS staff and has provided access to EBP training to PSS staff, as well as selected drop-in members. The expansion of PSS staff into inpatient transition services occurs under the supervision of credentialed crisis staff.</b></p> <p><b>2.2. 7-11 Northpointe-</b> continue to monitor EBP through the Quality Record Review process.</p> <p><b>2.1. 7-11 Pathways -</b> Need to find out whether or not the report is developed at the NorthCare level that will pull this data from the ELMER system. Being discussed at the PILT meeting. There is still a need to provide manual reporting on EBPs that do not have a specific CPT code or modifier.</p>			
<p><b>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.</b></p>		<p>2.2. FY10 &amp;11</p>	<p>2.2.a. Consider the NOMS report as a base and evaluate models for measuring improved quality of life.</p> <p>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.</p> <p>2.2.c. Regional reports such as increases in WRAP; Drop In participation to demonstrate gains in recovery enhancing programs.</p>
<p>6-23-10 2.2.a. NorthCare has begun preliminary conversations with Leslie Mahlmeister to develop consumer outcome measures. When new COO fulltime we will incorporate TA from Leslie with the strategic planning of the Practices Improvement Leadership Team.</p> <p>8-27-10 2.2.b. Gogebic Upon receipt in May 2010, the results of the REE were reviewed with the Gogebic Board of Directors, with the Consumer Advisory Council, and with the Board Administration staff. Copies of the results of the REE were provided to the Clinical Services Director and the Community Services Director to review with staff in their department with instruction to emphasize recovery in all service programs. It will be suggested at the next regional QI meeting to modify the regional consumer satisfaction survey to include a question(s) regarding progress of recovery. 2.2.c. One PSS works for Gogebic and was trained last fall at the NorthCare sponsored WRAP Facilitator training conducted by national WRAP trainers, Bob and Jeanne White.</p>			
<p><b>Q1 FY11</b></p>			
<p><b>2.2.a 9-30-10</b> Leslie Mahlmeister conducted a workshop on outcomes measurement for the PILT and the team recognizes we need to monitor implementation but also need to demonstrate effectiveness. Leslie stated she could assist with pilot projects such as IDDT outcomes/ ACT outcomes/ and getting support from Heidi Whale for data analysis for CAFAS and other projects.</p> <p>11-01-10/ 12-6-10 ACT team Leaders began monthly meetings for prepare for IDDT implementation and consider uniform outcomes measures for the region.</p> <p>10-28-10 Children’s system of care meeting discussed the need to utilize CAFAS data for effectiveness of treatment and will have the QI Coordinator from HBH attend a meeting in February to review how they utilize the data in their QI program.</p> <p><b>2.2.a.</b> 10-14-10 NorthCare staff attended the EBP conference in Ohio and focused on the COM-T, an outcomes measure for IDDT developed for the teams in Ohio. This material has been presented to the six ACT</p>			

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teams in the region who are working toward IDDT enhancement. The NOMS serve a base but the teams want to go further. 12- 20-10 Leslie met with ACT team leader in Marquette and they outlined an action plan for Lynn to take to his CMHSP QI Coordinator.

**2.2.b.** 10-08-10 REE results were analyzed by NorthCare and comparative analysis shared with the Boards. They were charged with examining the results and outlining a plan to address concerns raised in the REE.

NorthCare published key results in the NorthCare Newsletter and encouraged the boards to do so as well.

**2.2.c.** 12-16-10 Reports are now available in ELMER by service code to track the EBPs that have a specialized code or modifier. A report is required quarterly from the CMHSPs to be submitted to the PILT for review that summarizes EBP activity at the local site level.

1/3/2011 Copper – results of the REE were reviewed, but no work plan has been developed.

**Q2 &3 FY11**

**2.2. a. 7-25-11 NorthCare:** NorthCare staff will participate in the state workgroup for outcomes measures in treatment for co-occurring disorders. Regional UP workgroups will have workplans for FY12 that focus on specific outcome measures and reporting of outcomes of effectiveness and consumer reports of improvement. The Active Engagement workgroup is exploring a quality of life survey to measure satisfaction with activities in the community. This may serve as a model of ongoing solicitation of consumer feedback on changes in their lives that they attribute to treatment.

7/25/11 Copper providing quarterly reports as required.

7/11 HBH --Results of the REE were reviewed and presented to staff and selected stakeholders. We have been reviewing not only the results but also external literature to come up with a way to report on outcome indicators for recovery, as we do not want to implement another self-report survey for consumers to complete. It is our feeling that consumers are surveyed to death at this point and that there should be other methodologies available for determining progress/success in the recovery arena.

7-11 Northpointe- CEO participates on the State's Quality Council.

**2.3. Clinical management will allocate resources and staffing to effective treatments.**

2.3. FY11 and ongoing

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.

**Q1 FY11**

**2.3.a.** 12-28-10 NorthCare—various reports have been identified in ELMER to assist supervisors in monitoring staff caseload and SAL activity.

**Q2 &3 FY11**

**2.3.a. 7-25-11 NorthCare:** Each workgroup will have specific reports to monitor the implementation of EBPs and the staff who are offering the treatments. The PILT will be evaluating the value of a regional supervision guideline or whether each Board should be developing a local plan to match the individual clinician with appropriate training and supervision.

7/11 HBH --has developed a committee to determine value-added reports that will assist us in developing/monitoring better productivity and effectiveness of clinical staff. We are coordinating this development with the UM reporting project currently underway at NorthCare.

7-11 Northpointe- managers are looking at productivity reports to assist in staffing patterns and ensure consumer needs are being met.

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<p><b>Milestone 3</b> NorthCare will be able to demonstrate improvement in residential services.</p>			
<p><b>3.1. Regional compliance with sentinel reporting will improve.</b></p>	<p>Report of regional sentinel events in FY08 and FY09</p>	<p>3.1. FY10  3.1.b FY11  3.1.c. FY11  3.1.d. FY11 ongoing</p>	<p>3.1.a Sub comm. of the state Standards Group revising policies and reporting of sentinel &amp; critical events. NorthCare will adopt. 3.1.b. Training on reporting and review and feedback to the Boards will occur with key staff.  3.1.c. Data from FY10 will be reviewed to Identify areas of improvement. 3.1.d. Revision of procedures based on data analysis.</p>
<p>8/16/10 – 3.1.a. NorthCare had representation on The Standards Group Main Data Exchange Workgroup that assisted with the revised sentinel event and death reporting criteria. With that, new reporting requirements are targeted for 10/1/10 – at this time we do not have final directives.</p>			
<p><b>Q1 FY11</b>  <b>3.1.a.</b> 1/3/11 - NorthCare has developed a data entry screen for reporting critical events that complies with MDCH requirements. Data will be uploaded to the state's data warehouse on a weekly basis. This also provides easy access to data for local monitoring of reportable events by CMHSPs and regional monitoring by NorthCare including appropriate follow-up and remediation.  <b>3.1</b> 1/3/2011 Copper – Sentinel Events are reported as required. CCMH Risk Management Committee reviews all Sentinel Events and Root Cause Analyses.  <b>3.1.</b> 1/26/11 HBH is in compliance with new MDCH reporting for the 4 different types. Accompanying policies are being revised to reflect new DCH requirements.  <b>3.1.</b> 1/13/11 NBHS QI Manger discussed the new regulations regarding Event Reporting with Quality Improvement Team – discussed the differences in Events, Adverse Incidents, Sentinel Events and Critical Events. QI Team will bring data back to their staff so they are aware of what to report to QI Manager.  <b>Q2 &amp;3 FY11</b>  <b>3.c. 7-25-11 NorthCare:</b> To date 47 events have been reported utilizing the new electronic reporting tool to the states warehouse. All events classified as a sentinel event continues to have a thorough Root Cause Analysis completed.  <b>7/11: Gogebic—</b>Sentinel Events policy and procedure was updated and all staff were trained in 5/11.  <b>7/11 HBH</b> has had several critical events (i.e., expected deaths) this fiscal year, but no sentinel events to date.  <b>3.c. 7-11 Pathways –</b> Pathways has updated the SE Policy and will ensure compliance.</p>			
<p><b>3.2. Residential staff will be trained and supervised to assure transition to a culture of gentleness.</b></p>	<p>Reports from each CMHSP and contract providers and SA residential programs on staff turnover.</p>	<p>3.2. FY09 to FY2014</p>	<p><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></p>
<p>3-14-10 Significant work has been done by the regional BT leaders to explore new training material for staff in positive behavioral supports. This work will also dovetail with Section Three work by the Active Engagement Workgroup who are currently exploring models of training to improve residential staff's skill in providing</p>			

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community connections.  
 5-27-10 NorthCare is coordinating with DDI to conduct a Train the Trainers two day session in the Upper Peninsula in September. The goal is to train up to 20 local trainers to allow residential providers free training that is readily accessible to them.  
 8-27-10 Gogebic A residential training specialist and a consumer family member are scheduled to attend the DDI train the trainer conference.  
 08/10 Pathways—will include our contract residential providers in the Gentle Teaching training offered in the fall 2010.

**Q1 FY11**

**3.2.** 9-16 & 17 -10 DDI train the trainers on 13 basic modules for direct care workers, consumers and families to place in Marquette MI. Sixteen staff and family members participated  
 3.2 11-10 Three trainings on Gentle Teaching were held in the UP and 108 staff received two days of training in this approach to working with challenging behaviors.  
 12-28-10 three trainings based on the DDI material have occurred this fall.  
 1/3/2011 Copper – see Section 10.  
 1-11-11 Home Managers attended training and are educating residential staff on Gentle Teaching.  
**3.2** 1/26/11 HBH continues to expand its behavioral support staff and residential support staff training for positive supports. Many staff attended training on gentleness and several have completed training on new emergency intervention techniques  
**3.2** 1/11 Northpointe --Twenty Five NBHS staff including Home Managers, Assistant Home Managers, Care Managers, Behavioral Psychologist and several residential staff attended the initial 2 day training on Culture of Gentleness at the beginning of November, 2010. Language learned in the training is being added to the consumers programs as their IPOS's come up  
 01/11 Pathways; Completed November 3 and 4, 2010 and invited Pathways staff and contract providers. Board members also in September at conference and then in November for ½ a day.

**Q2&3 FY11**

**3.2. 7-20-11 NorthCare:** 14 participants attended the Culture of Gentleness Practicum training held April 27, 28 & 29 in Marquette.  
**7/11 HBH --** One HBH staff HBH is on the last requirement in order to become a Gentle Teaching Mentor. After they become a mentor, internal trainings will be scheduled. Multiple staff participated in the NC sponsored trainings.  
**7/11: Gogebic—**Two home managers received training in Gentle Teaching and are now training RTS staff.  
**7-11 Northpointe-** The Training Coordinator has been educated to be a trainer in Culture of Gentleness. He will be providing hands on training to residential staff.  
**3.2. 7-11 Pathways –** Pathways offered a Culture of Gentleness Training in April, 2011. We also had several staff from Pathways attend the “Train the Trainer” on Culture of Gentleness.

**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~~  
 Q3 FY10  
 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

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		"refreshing" community knowledge about community mental health.
<p>3-14-10 4.1.a. Due to the retirement of the NorthCare COO who was the head of the Access department, work on this milestone is not complete. This milestone will be updated when new leadership is in place. The Access has published a brochure that is available to all the CMHSPs and partners. Access staff have trained with the Jail Diversion Liaisons regarding the standard screening process for potential jail diversion candidates. MPRI staff have been trained on how to access services for SMI and DD inmates. Access staff are participating in the new regional Advisory Council for Veterans.</p> <p>8-17-10 NorthCare COO will update this milestone in Q1 FY11</p> <p><b>8-17-2010 Copper CMH lists the Centralized Access to Mental Health Services phone number in the yellow pages of the local phone book. During Children's System of Care meetings, which include leaders from DHS, ISD, and the Court system, we regularly remind participants how to contact NC Access. The Acute Services Coordinator is in the process of having info/follow-up cards that are handed out during emergency screenings (that don't result in hospitalizations) revised to include the NC Access #. Acute Services often gives out this # with instructions to call for services following emergency assessments. Currently, this is documented on ES crisis intervention plans in Elmer. Acute Services also provides this information verbally during crisis phone calls and this is documented on emergency contact sheets that are currently scanned in Elmer.</b></p>		
<p><b>Q1 FY11</b></p>		
<p><b>4.1. a &amp; 4.1.b</b> 12-29-10 NorthCare --NorthCare continues to advertize its central access program in newsletters, periodic reports and in telephone directories. Access Staff communicate regularly with community referral sources in local planning and community advisory groups and other settings. A consumer satisfaction survey is under development which will be used in the spring of 2011 to monitor customer satisfaction with access services. Affiliate CMHSPs are provided information about access activity on a regular basis and are provided data for inclusion with their annual submission to the MDCH.</p> <p><b>4.1.a.</b> 1/4/11 Northpointe Customer Service at each site transfers callers to NorthCare Access Dept when a new consumer screening is warranted. We have business cards distributed at each site with the following info printed on them: "NORTHCARE ACCESS – for a confidential phone screening for service please call: 1-888-906-9060". These are available in all of our lobbies. We also distribute a Referral Handout to local physicians and other service agencies that has the N/C screening info on it.</p>		
<p><b>Q2 &amp; 3 FY11</b></p>		
<p><b>7-26-11 NorthCare</b> -- Renewed phone book listings. Resumed regular consultations with CMHSPs and Access staff. Provided access information and utilization data to CMHSP Directors and Boards. Increased call volume by 17.5% from FY 10. Bill Slavin, COO of NorthCare was on panel for TV 13 and highlighted Access on May 4th, 2011. Bill also provided an in-service at the Alger-Marquette NAMI meeting during the winter. NorthCare Customer Service Committee reviews Access data at bi-monthly meetings. NorthCare completed an Access survey for individuals that were "approved" and also for individuals that were "denied" assessments. Results of the survey have been shared with Access staff.</p> <p><b>7-11 Northpointe-</b> Community Collaborative groups received training on NorthCare Access by County Director and Access Manager. CEO educated Early Childhood Group on accessing services and offered to attend staff meetings at various agencies.</p> <p><b>4.1. d. 7-11 Pathways:</b> Reviewed access procedures at coalition meetings such as HSCB, FCC, etc. Pathways transfers new callers to NorthCare Access Dept when a new consumer screening is requested.</p>		