

ATTACHMENT A
Milestones and Timeframes

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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.

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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	<p>Year 1 -17 Achieved Northpointe currently employs 6 PSS, an increase of 2 in the FY10</p> <p>Year 2 – 20 Year 3 – 23 Year 4 – 26 Year 5 - 30</p>
<p>1.1. Regional policies and procedures will be established for hiring PSS and supporting their professional growth.</p>		<p>1.1.a. Q4FY09 & Q1 & Q2 FY10 Q3FY10</p> <p>1.1.b. FY10 thru FY11</p> <p>1.1.c. Q1FY11 Q3FY11 ongoing FY14</p>	<p>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.</p> <p>1.1. b. PSS Learning Collaborative and HR directors will develop draft policies and job descriptions to ensure adequate training and supervision.</p> <p>1.1. c. NorthCare will monitor implementation of Personnel Policies/Procedures at each CMHSP PSS Practice Guideline and continue to address needs of PSS in the workplace.</p>
<p>11-19-09 1.1.a. At PSS Learning Collaborative, several PSS and two supervisors agreed to participate on policy workgroup.</p> <p>3-14-10 1.1.b. The first meeting of the PSS Policy workgroup will be on March 24, 2010. We have been trying to obtain information from LAMP in CA about their policies but so far we have not gotten a call back. We have distributed the RAND report on consumer provided services as well as a proposal by a Clinical Supervisor to create a Tier system of employment for PSS that would look beyond their initial credentialing as a PSS.</p> <p>6-30-10 1.1.b. Policy workgroup developed a draft for policy and for directives for implementation. Policy draft reviewed by the PSS Learning Collaborative in May. Will complete Directive review at next meeting 8-12-10.</p> <p>8-12-10 1.1.b. Directives reviewed by PSS and now to return to Policy workgroup for final draft before being submitted to the CEOs of the region. Workgroup will meet on 8-31-10.</p> <p>8/2010 Copper CMH hired 0 PSS in 2009 and 0 in 2010. We had (1) PSS from June 2007 - September 2008. The barriers to hiring PSSs for our Agency include fiscal uncertainties, especially regarding General Funds from which significant support of PSSs need to come. The Certification alone usually costs approximately \$5,000, which are the expenses related to training and testing. All services provided by the PSSs prior to Certification are not Medicaid-covered services. The Regional Collaborative is actively working to establish consistent regional policies and procedures and working to reduce barriers to recruiting, training and retaining PSS's if/when the budget will allow.</p> <p>8/2010 Northpointe currently employs 6 PSS, an increase of 2 in FY10</p> <p>08/10: Pathways posted for a PSS in Delta County to replace a person who left employment. Pathways currently has the following PSS on staff: ACT Marquette: 2 ACT Delta: 1 Delta Main Office: 1</p>			

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Alger County: 1
Luce County: 1

Q1 FY11

12-29-10 Need to update PSS for FY11

1.1.a & 1.1.b 11-28-10 The PSS policy workgroup met throughout the summer and fall. They were asked to review the draft of the PSS Best Practice Guideline and the overall Clinical Practice Guideline policy in November. No additional feedback was provided and the document will complete its review by the NorthCare COO after the NorthCare Board approves the Clinical Practice Policy in February.

1/3/2011 Copper – Have continued to participate in regional discussions. Have also collected information from other CMHs including job descriptions, policies, and are in the process of talking to other PSS supervisors in the U.P. to learn about how to recruit, train and utilize PSSs in the most effective and efficient means possible. Have not yet hired any PSSs, but will develop local policies and procedures as soon as regional policies and directives are available. Will also participate in the NorthCare Performance Improvement Project for FY 11 as required by MDCH.

1.1. 1/26/11 HBH full-time or regular part-time PSS employees are exactly that – regular employees and are, therefore, covered under Union employment contracts and any other HBH policies that relate to hiring, training and other conditions of employment. Regional efforts may be limited by these facts.

Q2 &3 FY11

7-25-11 NorthCare—The PSS Policy was adopted by the NorthCare Board on 2-02-11 and PSS Best Practice Guidelines were published on 3-16-11. They are available on the NorthCare website www.northcare-up.org In the NorthCare Practice Guidelines Manual. The use of grant funding by the CMHSPs to hire more PSS and do outreach at the Drop Ins and the Northern Lights Clubhouse is exciting and has broadened the scope of PSS activities in the region.

7/25/11 Copper employs 2 PSS who have applied to be included in the certification training in the Fall, 2011. **QUARTER 2/3: Gogebic CMHA** has hired two additional full-time PSS; they will be participating in PSS certification training in July and September 2011.

7-11 HBH - PSS are incorporated into all regular staffing activities, which include a considerable amount of training to expand general job knowledge and development of specific skills related to the populations they serve. PSS staff also receive training that is unique to delivering PSS services.

7-14-11 Northpointe--February of 2011, 7 Peer Supports Specialists employed; in June and July we lost 2 Peers due to them moving. We are currently interviewing to replace. In June a certified Peer Support was moved into fulltime.

1.2 NorthCare will provide ongoing support to PSS with the development of a regional guide for clinical supervision.

FY10 thru FY14
3-16-11 Revised to include supervision in the best practice guidelines

Supervision training plan is detailed in Section9.

3-14-10 Currently on hold til we have new COO and the Medical Director is available to lead the team.
8-27-10 NorthCare will send staff to conference to focus on supervision methods for EBP sustainability in October 2010.

Q1 FY11

1.2 12-29-10 NorthCare has a draft best practice guideline for PSS that includes a section on supervision. The guideline should be published in early February as part of the NorthCare Clinical Practice Guidelines Manual.

1/11/11 Gogebic was awarded a recovery grant from MDCH for its drop in center. The grant has recently

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been revised and submitted to MDCH to hire a peer support specialist at the drop in center. Gogebic anticipates that the request will be granted.

Q2 & 3 FY11

3-16-11 NorthCare-- Revised to include supervision in the NorthCare PSS Best Practice Guidelines.

1.3. PSS, Crisis managers and law enforcement, and NorthCare staff will implement a pilot project for PSS working with Emergency Services.

1.3.a. Q1 FY10
~~thru Q4FY10~~
Q1FY11

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. (this initial focus has been abandoned at this time.)~~

1.3.b. Q1FY11
thru Q4 FY11

1.3. b Train identified PSS and implement pilot projects in Emergency Services.

1.3.c.FY12

1.3. c Evaluate, modify and improve pilot efforts. Identify CMHSP(s) that are ready to replicate the pilot project.

1.3.d. FY12 thru
FY14

1.3. d Replicate PSS project at other CMHSPs.

3-14-10 1.1.a. Kalamazoo has been identified as a site to visit once we are able to begin this pilot. It is on hold until we complete the PSS Policy Work needed to support the CMHSP and PSS in recruitment, hiring and evaluation of PSS.

8-27-10 1.1.a. NorthCare COO and CEO will work with Pathways as they have been awarded funding for this type of project.

8/26/10 HBH Included in our grant award for FY11, HBH plans to hire an additional 1.75 FTE PSS. These additional Peers will be added into our intake process, provide support and transition assistance to consumers being discharged from inpatient settings, assist with community integration efforts, etc

8-27-10 Gogebic currently has one Peer Support Specialist.

08/10: Pathways responded to an RFP with MDCH to have liaisons with the hospital to have a PSS work with individuals who have been hospitalized for the first time. We just received notification that our RFP was accepted and funds have been awarded.

Q1 FY11

1.3.a & 1.3.b. 12-15-10 NorthCare –a meeting was held with the Directors from the four Pathways Drop Ins; the Clinical Supervisor who will be responsible for the grant and NorthCare staff. The Drop Ins were encouraged to put forward two interested individuals to receive PSS training and to begin to pilot working with Emergency services with GF consumers who are not being accepted as recipients at the CMHSP. NorthCare will continue to provide technical support as requested.

1/3/2011 Copper – will consider this as a service that a PSS can provide, depending on the need and the skills of the PSSs hired.

1.3.a. 1/26/11 HBH is now offering PSS services to individuals in inpatient settings and/or receiving emergency services that are not ongoing HBH consumers, to assist with discharge and follow-up activities including the development of WRAP planning. We have also completed intake training using a PSS, so that the recovery dialogue begins immediately

1.3. a. 1/13/11NBHS supervisors will be speaking to PSS regarding their desire to offer assistance to those in a

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crisis or post-hospitalization situation. IF they wish to be involved in this further training will need to be provided. One PSS who works on the ACT team already has experience in dealing with ACT consumers in these situations.

01/11 Pathways: Identified Drop ins to hire and then will work on training.

Q2 &3 FY11

7/25/11 Copper - No updates to report.

7/11 HBH - our efforts continue in this area, providing PSS support to all non-enrolled individuals in inpatient settings. We are expanding the pool of PSS staff who can deliver these services and are looking at expanding the number of facilities where we can provide this service.

Milestone 2

Direct care workers will create a culture of gentleness for consumers living in the residential program.

2.1. In the UP, there will be a reduction in the rate of turnover with Direct Care Workers.

Reports submitted by CMHSP for ARR 2009

2.1.a. Q1 FY10
Q2 FY10 thru FY11

2.1.b. Q1FY10 thru FY11

2.1.c. Q1FY10 thru FY11

2.1.d. FY12 thru FY14

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.

3-14-10 2.1.d. work in this area has actually begun in the Active Engagement Workgroup created in response to section 3 of the ARR. We are currently in contact with DDI at Wayne State and exploring what training is available through their institute. Also work is being done by the regional BTC workgroup to evaluate trainings that will enhance the skills of positive behavioral supports.

6-30-10 2.1.d. NorthCare will sponsor a DDI train the trainers Empowerment Training in Sept 2010. This will allow residential providers easy access to local trainers on key topics for inclusive, recovery based services

8/10 Northpointe -- Phil Hefner is already trained as a DDI Trainer through Wayne State.(approximately 5 years ago now). He will assist DDI staff with the training in September

Q1 FY11

2.1.a 12-29-10 See section 11 for updates.

2.1.b. 12-29-10 DDI trainings have been held at two CMHSPs by staff trained in September. NorthCare supports

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these activities by providing an every other month phone conference with trainers to help set up trainings and to find solutions to any barriers.

2.1.c. HBH Behavior analyst is developing a training program with a research component to test its efficacy. Trainings will be conducted in January and February and the region is very interested in the results.

1/5/2011 Copper – Three staff (two supervisors and the training coordinator) attended the “Working with People” train the trainers training offered by DDI. This training is being reviewed and incorporated into DCS training as appropriate.

01/11 Pathways—Four Staff and a family member attended the DDI Train the Trainers Empowerment Training in September. One of the managers of a contract residential home also attended.

Q2 & 3 FY11

7-25-11 NorthCare—The regional finance group has undertaken a direct care staff survey and will use the results to direct QI efforts to improve staff retention. The letter was sent out to providers on 6-22 stating the ARR workplan suggests we “analyze external direct care staff wages and benefits, in relationship to the quality of care for the region.” Our goal is to determine if there is a relationship between quality of care and high turnover of direct care staff. Please complete the enclosed worksheet for each home that you operate and return to me by July 15, 2011. Should you have any questions please call me at 906-225-7285.(Laurie Heggaton NorthCare Finance Manager). We will have results for the next reporting cycle.

7/25/11 Copper DCS turnover rate is at 5% in 2011.

7/11 HBH convened a work group to focus on direct care staff turnover. The results of our analysis indicate that the greatest turnover occurs in individual family homes. We have increased mentor support in these homes and provided additional training and supervision. Effective 10/1/11, we will be increasing the hourly rate for contract direct care staff and entering into negotiations with regular direct care staff.

<p>2.2. Training programs will be developed to support the skill set necessary to provide positive behavioral programs in residential settings.</p> <p>Modified in FY11 --2.2 Internal training programs will be used to increase the use of positive supports by direct care staff.</p>		<p>2.2.a. Q4FY09 FY11 thru FY12 FY12</p> <p>2.2.b. FY11 and FY12</p> <p>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.</p> <p>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.</p> <p>2.2. a.4. CMHSP will explore coordinating training with external providers to assure a culture of gentleness is being fostered.</p> <p>2.2. b. NorthCare will investigate and support internships, work study placement, or curriculum offerings to ensure well trained DCW.</p> <p>2.2. c, NorthCare and CMHSP will assist in getting students placed in CMHSP or SA provider systems.</p>
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3-14-10 2.2.a.1. & 2.2.a.2 & 2.2.a.3. The time frame initially projected is not attainable. Work internally will take more time than anticipated and the necessary clinical review at the direct care level is going to be slow intensive work. It is not clear that the work can begin til midyear FY11. This will need to be reviewed and prioritized by the new COO.

8-17-10 2.2.a.4. Center for Positive Supports will provide a series of trainings in the Upper Peninsula in November

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for management and direct line staff.

8/26/10 HBH staff will be attending regional training on culture of gentleness. We are also in the planning stages for training direct care staff in compassion fatigue and trauma-informed care.

08/10 Pathways-- Direct care workers will be invited to participate in the Gentle Teaching Training to be held in the fall of 2010.

Q1 FY11

2.2. 12-28-10 NorthCare --realistically in the current environment there is not sufficient time for outreach to community educational institutions. However, NorthCare and the CMHSPs are developing training resources within the CMHSPs, such as the DDI training and Pathways and HBH models for training direct care staff on positive supports. Outreach for establishing external training resources may be possible in FY12.

1/3/2011 Copper -- several staff, including our Training Coordinator, participated in training offered in the U.P. by the Center for Positive Living Supports. Board members attended a session on the Culture of Gentleness at the GLRMHA conference.

2.2 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.

01/11 Pathways: attended the training. Behavioral team continues to provide trainings on positive behavioral supports.

Q2 &3 FY11

04/11 to 07/11 NorthCare --All Boards: Residential site reviews were conducted at each Board as part of the annual NorthCare site review process. Each Board identified a residential facility serving persons with developmental disabilities for NorthCare to visit. While the visits were intended to support CMHSPs efforts described in the MDCH Improving outcomes for persons with developmental disabilities initiative, turnover rates of direct care staff were also discussed. Factors noted in increasing staff longevity included: higher wages-better benefits, stable AFC home management personnel, stable/consistent clinical support (1-2 clinicians per home) and stable resident occupancy (low placement turnover). Other factors noted were an effective staff training program, and responsive clinical and administrative support.

7/25/11 Copper has incorporated the "culture of gentleness" theories into its PCP training and is developing a Culture of Gentleness curriculum to be piloted in 2012. The Training Coordinator and a DCS Supervisor have completed the "Working with People" and "Gentle Teaching Practicum" portions of the "train the trainer" training; they plan to become "trained trainers" which includes "Mentor Training", Mentoring twice at either a Working with People or Mentor Training (3 day training session), and 3-day Train the Trainer session.

7-25-11 Northpointe—the "Introduction to Community supports training" was expanded to include the culture of gentleness concept. Training coordinator is completing final mentoring/training courses. Goal is to have completed the mandatory trainings by September 2011, and start offering culture of gentleness training to staff in October 2011