



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**

Application for Renewal and Recommitment to Quality and Community
(ARR)

Michigan Public Mental Health System

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
(SCCMHA)**

Submitted to Michigan Department of Community Health
June 1, 2009

PROGRESS REPORT
August 2010

Submitted to Michigan Department of Community Health
September 1, 2010

Overall Summary of Progress

In the 15 months since the submission of the ARR, SCCMHA has made progress in over one-half (1/2) of the total goals included in the June 2009 submission to MDCH; there were a total of eighty-four (84) specific goals, covering the span of June 2009 to October 2014. At this time, 31 goals have partial completion status and 18 goals have been fully completed. At the time of the submission, SCCMHA had a well defined strategic plan; ARR goals were in addition to the current SCCMHA strategic plan stated goals, either a new goal or a renewed emphasis area. Since the submission the ARR goals have been incorporated within the current organizational strategic plan as planned, which is organized in four key areas of SCCMHA efforts and priorities. Inclusion in the strategic plan allows SCCMHA to incorporate all goals within operational priorities, oversight and monitoring.

There have been changes in the environment since the submission as well, so this update includes changes to the previous, required environmental scan. In addition, in some goal areas, either due to environmental changes or realignment of SCCMHA priorities, time frames for ARR goals may have changed. In some areas SCCMHA met or exceeded the original goal; in other areas the goal requires some revision, in some cases a revised time frame for completion or a pending of the stated goal.

This summary is organized by the eleven (11) areas of the original ARR. For ease of review and reference, the ARR goals are numbered one (1) through eighty-four (84). A preliminary conference with MDCH on the PIHP ARR submission experience was held September 14th, 2009, and an additional phone conference with the ARR Quality Improvement Plan Review Team from MDCH was held April 26th, 2010. Prior to that date a preliminary progress report was presented to the SCCMHA Board of Directors as well made available to key stakeholders. This progress report summary is being made available to all of the key stakeholders as well who were involved with SCCMHA in the environmental scan and development and submission of the ARR.

What follow by each section of the ARR is an update on goal process, as well as any revisions in goal specifics, time frames or environmental scans as relevant. The full ARR submission from June 2009 and this report is available from SCCMHA, at the organizational website at www.sccmha.org. Where a goal area has a star(s) noted by the goal number, * denotes partial goal completion, and ** denotes full goal completion.

In addition, a brief narrative on the key accomplishments and challenges are noted at the end of this report. For goals that have been pending due to resource constraints or other more urgent PIHP priorities, the goal will be reviewed at regular intervals for the SCCMHA strategic plan updates.

SPECIFIC ARR GOALS UPDATE DETAIL

ARR Section # 1

Partnering with Stakeholders in the Design, Delivery & Evaluation of the Public Mental Health System

Environmental Scan Update

SCCMHA continues to seek ways to ensure that the voice of consumers is included in numerous planning projects and ongoing leadership oversight activities, including ad hoc opportunities. SCCMHA continues to offer stipends for participation time in spite of budget challenges. Consumer Leadership & Advocates Leadership group is being reconfigured for FY 2011. Network provider education to promote understanding and develop of consumer leadership and advisory roles is occurring. Consumer representation was added to the continuing education committee as well included in several ARR goal area workgroups for specific projects. Learning Links and recipient rights training for consumers has been expanded. Annual provider manual trainings were initiated again in FY 2010.

Goals and Progress

#	Milestone Area/Goal	Baseline Data	Original Timeframe	Current Timeframe	Comments
	CONSUMER LEADERSHIP APPLICATION PROCESS & OPPORTUNITIES	65			Count of regular consumer leadership or advisory role opportunities
1.*	Develop/complete consumer application form		6/1-10/1/09	09/10	Consumer Involvement form was developed; policy revision and implementation initiated.
2.	Include leadership application in consumer orientation checklist/process and consumer handbook		1/1 – 4/1/10	10/10 – 9/11	
3.*	Review venues and add 2 additional leadership opportunities per year	65	6/1/10 – 10/1/13	same	Several new consumer leadership roles have been initiated. Method to communicate consumer leadership expectations to network provider and

					collect this data has been developed; will conduct preliminary measure by 12/10.
	ANNUAL PROVIDER APPLICATION PROCESS				
4.*	Revise/issue for FY 2010 with consumer stakeholder information collection	Unknown	6/1 – 9/1/09	9/1/09 – 12/10	Initiated in 2010; clarified and being tabulated now for early FY 2011.
5.	Require diversity ratio data and request provider stated staff diversity goal reflective of consumer service diversity.	Unknown	8/1 – 12/1/09		Pended at this time; will revisit in strategic plan review updates.
	CONSUMER CONTINUING EDUCATION SUPPORT				
6.*	Issue policy regarding consumer/family conference attendance supports		4/1 – 10/1/09	10/1/09 – 01/11	Policy drafted; funding challenges have stalled implementation.
7.	Explore fundraising or other sources to support consumer conference participation		1/1/10 – 1/1/12		Pending at this time.
8.**	Increase consumer educational offerings by 2 annually	Less than 12 annually	10/1/09 – 10/1/14	same	Additional consumer education offerings have been established; up to 24 per year currently.
9.*	Plan SCCMHA consumer conference		10/1/10 – 10/1/12	same	Block grant written and funded for FY 2011. Continuing Education Committee will provide leadership for the consumer planning group.
	PROVIDER STAKEHOLDER INPUT				
10.	Develop/issue provider satisfaction/feedback survey.		10/1/10 – 10/1/11	10/1/11 – 10/1/12	Goal time frame extended.

11.	Implement changes to enhance provider input.		10/1/11	10/1/12	Goal time frame extended.
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ARR Section # 2
Improving the Culture of Systems of Care

Environmental Scan Update

Local children’s system of Care structure and planning continues with active and updated leadership; SOC newsletters were issued Summer 2009, Winter 2010 and Summer 2010. Recovery stories publication continues. Culture of Gentleness topic and focus was included in Home Manager renewal training Fall 2009. Key SCCMHA staff members participated in Gentle Teaching training this year; SCCMHA regular monthly training curriculum on working with people includes core concepts as well. Behavior Treatment Policy has been revised in FY 10 and Trauma Policy was completed July 2009. Trauma groups were initiated, women’s in 2009 and men’s in 2010. Plans are underway for a train the trainer trauma plan. PSAs have been drafted for possible use in anti-stigma efforts.

GOALS & PROGRESS

#	Milestone Area/Goal	Baseline Data	Original Timeframe	Current Timeframe	Comment
	CULTURE OF GENTLENESS				
12.**	Review behavior incident data and training resource options		10/1/09 – 1/30/10	10/1/10 – 10/1/11	Ongoing review of behavioral incidents continues; staff are trained in revised policy and key staff have had specialized training.
13.	Develop a mentoring and train the trainer program		1/1 – 4/30/10	4/30/10 – 10/1/11	Not yet implemented.
14.	Implement through continuing education program		4/1 – 9/30/10	8/30/10 – 1/30/11	Continuing Education Committee will revisit status and update goals to formalize a current feasible plan.
15.	Review outcomes and revised plan as needed		10/1/10 – 10/1/12	same	Ongoing

	WELCOMING ENVIRONMENT				
16.	Survey providers/consumers on consumer group accommodations/needs and implement improvements		10/1/09 – 10/1/10		Goal is pended at this time.
17.	Review and update plan as needed		10/1/11 – 10/1/12	same	
	TRAUMA INFORMED PRACTICE				
18.**	Finalize trauma informed practice policy		10/1 – 12/1/09	7/09	Policy has been issued.
19.**	Expand trauma group provision in network	3 groups – men and women	6/1/09 – 12/30/10 and 10/1/10 – 10/1/11	6/10	Future additional groups will be initiated as the need is indicated
20.**	Revise assessments to include trauma in electronic medical record		6/1/09 – 12/30/10		Trauma assessment is now in EMR; also new goal of train the trainer in trauma which was funded with a FY 2011 block grant
	CHILDRENS SYSTEM OF CARE				
21.*	Develop coordination action plan with Saginaw City Schools		6/1/09 – 9/30/10	7/1/10 – 8/1/12	Outreach plan currently being implemented with new Superintendent
22.*	Expand System of Care structure for children/families with developmental disabilities		4/1/09 – 6/1/10	6/1/10 – 6/1/11	Current SOC leadership/implementation team includes several stakeholders representative of persons with developmental disabilities
23.**	Develop plans for infrastructure changes		6/1/09 –	same	New convener in FY 2010 to assist with transition from

	for leadership and continued sustainability		9/30/10		MSU contracted leadership supports by FY 2011; moving forward even as await word from SAMHSA on 12/09 grant submission
	RECOVERY				
24.	Develop and implement consumer driven recovery training module for staff and providers		12/1/10 – 9/30/11	same	Renewed goal
25.	Inclusion in mandatory training program		10/1/10 – 10/1/11	same	Renewed goal
	ANTI-STIGMA				
26.*	Issue media mailings on a quarterly basis to include local and state anti-stigma information		10/1/09 – 10/1/11	same	Renewed goal; PSAs have been drafted for potential use.

ARR Section # 3
Assuring Active Engagement

Environmental Scan Update

Quality of Life Committee continues active goal monitoring. A meaningful life workbook, “A World of Choices’ guide, was published in June 2010 and is being made available to all consumers. The third year of direct care staff recognition was completed in May 2010. Direct care enrichments have been discussed in Continuing Education and Quality of Life committees and in home manager training to date. Case management manual has been drafted; completion is pending with state CM related activities. PCP is core included focus. A health and wellness publication to support and engage consumers is also being finalized.

GOALS & PROGRESS

#	Milestone Area/Goal	Baseline Data	Original Timeframe	Current Timeframe	Comment
	MEANINGFUL ACTIVITIES				
27.	Conduct electronic medical assessments monitoring for inclusion/quality		10/1/09 – 3/30/10	3/30/10 – 1/30/11	Sample reviews were completed; plans are underway to include revisions to the EMR assessment to incorporate meaningful live activity measures when resources allow.
28.**	Convene committee to develop and publish workbook for consumer utilization		7/1/09 – 12/30/09	6/10 – 10/10	Publication completed; distribution continues over the coming months to all consumers and stakeholders
29.	Offer ongoing education tools for providers with consumer and advocates leadership and quality of life committee		6/1/09 – 12/30/10	6/1/10 – 12/30/12	Renewed goal

	consultation				
30.*	Begin to audit for meaningful activity compliance in residential and skill build provider audits		10/1/10 – 10/1/11	same	Pilot of query in Quality of Life home visits is currently occurring; plan for FY 2011 inclusion in provider audits planned
31.*	Collect and advertise available community opportunities and publish community calendar		3/1/09 – 4/30/10	6/1/10 – 12/30/12	Initiated some notices of free/available community events and resources to date; renewed goal
	DIRECT CARE STAFF ENRICHMENT				
32.*	Continuing Education and Quality of Life committees review and plan for direct care support enhancements		6/1/09 – 4/30/10	6/1/10 – 1/30/12	Discussions of issues and content have occurred; written plan is pending as a renewed goal
	PERSON-CENTERED PLANNING				
33.*	Publish specific guidance in case management manual		3/1/09 – 10/1/09	6/1/10 – 12/30/10	Manual is drafted; goal continues.
34.	Develop and implement a pilot which capitalizes on the skills of individuals who excel in the person-centered facilitation process		10/1/09 – 10/1/10		Goal is pended at this time.

ARR Section # 4
Supporting Maximum Consumer Choice & Control

Environmental Scan Update

Self-determination expansion and peer support service delivery increase efforts continue. Self determination consumers are at 40 as of April 2010. Several meetings were held to begin the peer-to-peer service delivery plan for persons with developmental disabilities. Peer support services were provided to 299 consumers in FY 2009 and this service has continued to be expanded to additional consumers served. The SCCMHA network currently has 14 PSS positions, both full and part-time.

GOALS & PROGRESS

#	Milestone Area/Goal	Baseline Data	Original Timeframe	Current Timeframe	Comment
	INDEPENDENT FACILITATION				
35.	Convene and conduct independent facilitation workgroup		8/1/09 – 5/30/10	6/1/10 – 9/30/11	Goal continues
36.	Implement plan procedure changes		10/10/09 – 4/30/10	6/1/10 – 9/30/11	Goal continues
37.	Determine measurement goal	TBD	10/1/10	6/1/10 – 9/30/11	Goal continues
38.	Review progress and make any revisions to the plan as needed		10/1/10 – 10/1/14	same	Goal continues
	PERSON-CENTERED PLANNING AND CHOICE/CONTROL				
39.	Explore reconfiguration of PCP provision as specialist role		10/1/09 – 9/30/10		Goal is pended at this time
40.	Review and establish methods to ensure		5/1/10 – 12/30/10		Goal is pended at this

	clinician choice				time
41.*	Design and implement peer-to-peer support program		3/1/09 – 9/30/10		Goal is pended at this time
42.**	Number of consumers who receive peer services will increase by 10% annually	111	10/1/10 – 10/1/14	6/1/10 – 12/12	As of July 7 th , 2010, the total number of consumers with peer service provision was at 319 YTD, so the increased service penetration continues.
43.**	Increase numbers of consumers in self-determination by 10% annually	30	10/1/10 – 10/1/12	same	As of April 2010, 40 consumers were receiving SD services, so the increased service penetration continues.

ARR Section # 5
Expanding Opportunity for Integrated Employment

Environmental Scan Update

New supervisor for Supported Employment Unit was assigned during the past year and the PIHP now have three (3) employment specialists. Local employment environment and overall economy continue to be challenging for job seekers. Some case specific coordination with Michigan Rehabilitation Services continues. A renewed MRS agreement was completed August 2009. Consumer microenterprises total was at 20 as of April 2010.

GOALS & PROGRESS

#	Milestone Area/Goal	Baseline Data	Original Timeframe	Current Timeframe	Comment
	PARTNERSHIPS				
44.**	Conduct meetings with Michigan Rehabilitation leaders and establish renewed relationship, commitment and agreement		5/1/09 – 4/30/10		A renewed collaborative agreement was executed August 2009; routine coordination occurs between MRS and SCCMHA staff.
45.**	Supported employment fidelity workgroup review track and continue plan to enhance employer and other community partners		10/1/09 – 10/1/10	10/1/10 – 10/1/11	Renewed fidelity reviews have occurred as recently as July 2010; goal is renewed with a revisit on strategic approaches given challenges.
	CONSUMER EMPLOYMENT				
46.**	Increase number of micro-enterprises by 5 each year	14	10/1/10 – 10/1/14	same	Total is 20 as of April 2010, so the penetration rate increase continues.
47.	Increase number of consumers competitively	186	10/1/10 – 10/1/14	same	Consumer employment remains flat in spite of

	employed by 10% annually				PIHP efforts.
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ARR Section # 6

Assuring Opportunity for Needed Treatment for People in the Criminal Justice System

Environmental Scan Update

SCCMHA has stepped into the Tri-County MPRI fiduciary role with MDOC and is very active in parolee related planning and communications with key community partners. MPRI submission was made August 2009, contract was awarded and effective October 2009. Contract transition plan implemented with subcontractors, administrative oversight and new local website. Funding challenges threaten the ongoing provision of on-site jail services.

GOALS & PROGRESS

#	Milestone Area/Goal	Baseline Data	Original Timeframe	Current Timeframe	Comment
	PRISONER RE-ENTRY				
48.**	Explore and submit feasible bid for MPRI fiduciary contract with MDOC for FY 10		5/1/09 – 9/30/09		Contract was awarded; currently completing first year as fiduciary.
49.**	Implement contract		10/1/09 – 9/30/10	9/30/10 – 9/30/12	Contract transition successfully implemented; renewal submission made August 2010 and continuation expected for FY 11 & 12.
	JAIL DIVERSION				
50.*	Implement jail diversion module in EMR		8/1/09 – 7/31/10	6/1/10 – 12/30/10	Plans were altered cost; current plan is to install jail diversion data in the community treatment order section of the EMR.

ARR Section # 7
Assessing Needs & Managing Demand

Environmental Scan Update

MUTT (Mobile Urgent Treatment Team) services for children and families was initiated in March 2010. SCCMHA leadership role in local housing programs continues. ACT continuing staff reviews have been conducted; adult continuing stay reviews using the LOCUS were initiated April 2010. LOCUS has been actively used to manage eligibility for services. Hospital work group and related critical planning is occurring, with a new comprehensive plan being developed to significantly impact hospitalization rates and costs. Also completed this year was a new residential rate methodology tool to negotiate rates with contractors.

GOALS & PROGRESS

#	Milestone Area/Goal	Baseline Data	Original Timeframe	Current Timeframe	Comment
	UTILIZATION MANAGEMENT				
51.*	Convene hospital work group and conduct SWOT (strengths, weaknesses, opportunities, threats) analysis; implement system changes to reduce hospitalizations		8/1/09 – 12/31/09	2/1/10 – 12/30/11	Workgroup, data and cost analysis, and discussion planning initiated. Current plans to reconfigure PIHP structures to improve effective hospitalization management include new relationship with Synergy Medical.
52.	Reduce inpatient hospitalizations by 2% each year FY 10 - 14	1196	10/1/09 – 9/30/14	same	A comprehensive plan has been developed; this is a continued, priority goal for SCCMHA at this time.
53.*	Conduct adult case management and assertive community treatment continuing stay reviews as		5/1/09 – 9/30/09	5/1/09 – 6/30/10	Continuing stay reviews for ACT and ABW consumers with a highest user of services focus were conducted by June 2010. A

	indicated				LOCUS policy was also developed.
54.	Conduct additional continuing stay reviews as indicated		10/1/09 – 9/30/14	same	This is a ongoing, continued goal area
	OUTREACH				
55.	Implement crisis residential peer support visits to inpatient consumers		5/1/09 – 9/30/09	6/1/10 – 12/30/10	Current plans are to re-evaluate location of PSS supports to hospitalized individuals with new hospital management structures.
56.	Review homeless cultural needs and implement any training if indicated		10/1/09 – 10/1/11	same	A homeless outreach policy was developed in FY 2010; future updates of housing policy during FY 11 and FY 12 will include cultural review considerations.

ARR Section # 8
Coordinating & Managing Care

Environmental Scan Update

Health and wellness publication for consumers will be published by October 2010. Long term care group coordination continues, including a schedule of ongoing educational offerings. Successful community placements for consumers from state hospital settings occurred. Agreement with Health Delivery, Inc. (FQHC) was executed December 2009 as part of the SAMHSA SOC grant submission; routine PIHP and FQHC meetings and coordination occurs. Other local primary care partner agreements have also been developed. Co-location block grant for FY 2011 was funded by MDCH, and plans are underway for start-up. SCCMHA expects to have a change in Medical Directors by the end of FY 2010; new Medical Director review of psychiatric policies and procedures will be needed, including training, credentialing and evidence-based practices.

GOALS & PROGRESS

#	Milestone Area/Goal	Baseline Data	Original Timeframe	Current Timeframe	Comment
	PRIMARY CARE INTEGRATION				
57.**	Develop and implement collaborative agreement and action plan with local federally qualified health center		4/1/09 – 3/30/10		Agreement executed December 2010.
58.**	Write block grant to support co-location project		10/1/09 – 10/1/11	8/1/10 – 09/30/12	Block grant for co-location project with HDI has been funded; start-up activities are occurring and implementation for two year project expected to begin 10/1/10.
59.	Implement disease management module in electronic medical		10/1/09 – 10/1/10		Pended goal at this time.

	record				
60.*	Develop new physician orientation checklist and implement		10/1/09 – 6/1/10	8/1/10 – 9/30/11	Current pending changes in PHIP Medical Director require revisit of drafted policy and planned procedure.
	OLDER ADULTS				
61.*	Facilitate community long-term care provider/advocate best practice meetings and provide in-kind supports, such as access to trainings		3/1/09 – 9/30/14	same	SCCMHA continues to host long term care group meetings as well as educational trainings.
	AT-RISK				
62.	Develop a plan for effective response to needs of consumers with severe autism and related behaviors	231	10/1/09 – 10/1/10		Pended at this time

ARR Section # 9
Improving the Quality of Supports & Services

Environmental Scan Update

Developmental Disabilities EBP guide was issued May 2009. Older Adult EBP guide is planned for the future. The COD/IDDT work group efforts were bifurcated in the fall of 2009. EBP five year report is planned for fall 2010. Quality oversight from various SCCMHA groups continues. IPLT oversight continues for EBP related practices. Provider education on sentinel event policy and procedure changes is currently occurring. EBP sustainability plan draft issued late 2009; being reviewed on regular basis by IPLT/administration.

GOALS & PROGRESS

#	Milestone Area/Goal	Baseline Data	Original Timeframe	Current Timeframe	Comment
	NETWORK MANAGEMENT				
63.	Add provider prevention to sentinel event summary submissions		6/1/09 – 9/30/09	9/30/09 – 10/30/11	Continued goal.
64.*	Revise provider audits to incorporate enhanced quality requirements		8/1/09 – 10/30/09	8/1/10 – 12/30/10	Provider audits will be subject to further quality standards revisions with the issuance of the FY 2011 provider network manual.
	VULNERABLE ADULTS				
65.*	Develop plan for staff and provider enhanced training for FY 2010		5/1/09 – 9/30/10	9/30/10 – 10/1/11	A series of trainings regarding vulnerable adults has been developed and promoted within the SCCMHA network, including community partners.

	EVIDENCE-BASED PRACTICES				
66.*	Issue and maintain sustainability plan incorporating discontinuation of all non evidence-based practices		4/1/09 – 9/30/09	10/1/09 – 10/1/12	The PIHP EBP sustainability plan is subject to annual review and edits with leadership by the IPLT.
67.	Review and revise sustainability plan as needed		10/1/09 – 10/1/14	same	
	OUTCOME MEASUREMENT				
68.*	Survey clinical directors and determine outcome measurement method for FY 2010		5/1/09 – 9/30/09	9/30/09 – 10/1/11	The SCCMHA Outcome Measurement Group determined a plan to use the NOMS and ORS for outcome measurement purposes within the provider network. Full implementation is planned.
69.*	Implement EBP key indicators/data report for IPLT/Quality reviews		4/1/09 – 9/30/10	6/1/10 – 12/30/10	Drafted data and indicators report has been developed.

ARR Section # 10
Developing & Maintaining A Competent Workforce

Environmental Scan Update

Secondary provider use of *sentri* (EMR) pilot is planned for FY 2011. Audit module in *sentri* implemented for FY 2010. Some *sentri*/IT projects/goals are on hold due to budget issues. Work on update of Credentialing Policy was finalized during FY 2010. Continuing education/training data needs are being developed during FY 10 to be a part of the full IS/EMR programming. Case management manual was drafted, completion is being timed with CM policy work being conducted at the state level.

GOALS & PROGRESS

#	Milestone Area/Goal	Baseline Data	Original Timeframe	Current Timeframe	Comment
	EFFECTIVE SUPERVISORS				
70.*	Research and develop a plan for an ongoing supervisory training program		1/1/09 – 9/30/10		Research was completed with Delta college; further work on this goal was pended due to resource constraints.
	STAFF/PROVIDER COMPETENCY				
71.*	Publish a comprehensive case management/supports coordination manual		4/1/09 – 10/1/09	10/1/09 – 12/30/10	CM manual has been drafted; issuance is anticipated by 12/30/10.
72.**	Issue revised training protocols manual		4/1/09 – 10/1/09	10/1/09 – 10/1/10	New SCCMHA training protocols were issued May 2009 and May 2010.
73.	Revise case management manual and training protocols as needed		10/1/10 – 10/1/14	same	
74.*	Develop a direct care		10/1/09 – 10/1/10	10/1/10 –	Preliminary discussion

	staff enrichment plan			10/1/11	for this plan has occurred in three stakeholder venues; plan will be developed during FY 2011.
75.	Incorporate changes in mandatory training in policy and annual continuing education plan		10/1/09 – 10/1/14	same	
76.	Implement peer support and recovery training module for service providers and staff		10/1/09 – 6/1/10		Goal has been pended due to other current priorities.
	VALUES				
77.**	Continued inclusion of values in meetings, publications, policies, job descriptions and performance reviews		10/1/08 -10/1/14	same	SCCMHA continues a strong and continued emphasis and reinforcement of its mission, values and key principles in all face to face and publication venues, as well as staff performance communications
	EMPLOYEE RECOGNITION				
78.*	Develop format for supervisory use to recognize/commend staff for human resource records		6/1/09 – 1/1/10		Human Resources developed a commendation format for use by supervisors.

ARR Section # 11
Achieving Administrative Efficiencies

Environmental Scan Update

Improvements in the Electronic Medical Record continue as resources permit, including scanning of appropriate documents. Automation of the management of the continuing education unit data is near completion. Development of additional training programs in alternative formats has been expanded. Work on expanding productivity standards for all SCCMHA positions has been initiated. Continual review of expansion or improvements in the use of technology occurs in leadership venues. The IPLT structure remains in need of restructuring to sustain evidence-based practices in a more resource efficient manner.

GOALS & PROGRESS

#	Milestone Area/Goal	Baseline Data	Original Timeframe	Current Timeframe	Comment
	CONTINUING EDUCATION				
79.*	Develop one out of classroom/self study and one automated educational option annually for staff and providers		10/1/09 – 10/1/14	same	Environment of Care training was developed in a electronic format in FY 2010 and Appeals and Grievance training is in progress for automated study and competency. A new cooking module for direct care staff is currently in development.
80.*	Develop and implement automated continuing education scheduling functionality		10/1/09 – 10/1/10	3/1/10 – 12/1/10	This has been developed during FY 2010 as part of the enhanced PIHP information system functions; implementation is scheduled for October 2010.

	STAFF PRODUCTIVITY				
81.*	Establish and implement productivity standards for all job classifications		10/1/09 – 10/1/04	same	Management Team members are currently working on productivity recommendations and plans for all positions. Specific meetings with direct programs on rates are scheduled at this time.
	QUALITY IMPROVEMENT PROGRAM				
82.	Streamline Improving Practices Team and workgroup structure		10/1/09 – 10/1/10	10/1/10 – 10/1/11	Goal continues with expanded time frame for completion.
	TECHNOLOGY				
83.	Develop plan for expansion of use of hand held technology in the field by staff		10/1/09 – 10/1/11		This goal has been pended at this time due to resource limitations.
	ELECTRONIC MEDICAL RECORD				
84.*	Maintain plan for ongoing refinements to meet changing needs, improve compliance and ensure service quality		6/1/09 – 10/1/14		Ongoing IT/EMR management meetings occur monthly to manage priorities based on needs and changing requirements, and in keeping with available resources.

ACCOMPLISHMENTS & CHALLENGES SUMMARY

Accomplishments

In no specific order the key SCCMHA accomplishments include: 1) sustainment of varied evidence-based practices; 2) continuation and expansion of children's system of care efforts; 3) publication of a meaningful life workbook; 4) expansion of consumer input; and 5) strategic planning.

SCCMHA continues to expand in many key areas, including self-determination, consumer micro-enterprises, peer support services, and in the provision of trauma-informed services. Coordination with community partners in the primary care arena continues to expand, including the co-location project and other related plans with the local federally qualified health center. In spite of real financial and staff resource limits, key programs and staff have been able to sustain their level of evidence-based competency. SCCMHA has a variety of practices in place for services to both adults and children and families, and is currently developing several trainers for motivational interviewing to maintain that foundational competency within the provider network. Recovery messages are prominent in SCCMHA publications and meeting settings, as well as becoming much more commonplace in practice communications.

The System of Care development that was initiated several years ago continues to move forward with the active involvement of families, parents and youth. As SCCMHA discontinues the Michigan State University consultation arrangement, the sustainability plan developed is being successfully implemented this year. SCCMHA submitted and awaits word on the SAMHSA grant, but regardless, continues to move forward to improve service for children and their families in collaboration with key local public and private partners. Private and non-profit representatives involved in community service and supports for children were fully included in the plan this past year. There continues to be a high level of enthusiasm, commitment and time dedication on the part of all coordinating representatives to continue to strive for an effective system of care for children and families in Saginaw.

The SCCMHA Quality of Life Committee has been active for over five years and has accomplished many goals since its inception. By June 2010, a quality of life workgroup which included consumer representation had developed and published a meaningful life workbook, entitled "A World of Choices." This guide is now being made available to all consumers and stakeholders in the SCCMHA system. It is intended to be a useful tool for both consumers and those working with them, to help promote an improved quality of life by offering an array of ideas and suggestions to be considered in developing consumer positive personal pursuits and community inclusion activities based on each individual's likes, desires and goals. The consumer leadership group at SCCMHA endorsed this project, and members are very enthusiastic about the enhanced impact this guide will have in the lives of persons SCCMHA serves.

SCCMHA is also proud of the continual expansion of the consumer voice in varied leadership and advisory roles. This expectation is being fully articulated and expanded to all contracted sites and programs. Feedback from consumers involved in these roles continues to be positive and the input has been very meaningful to SCCMHA in planning efforts or issue spotting on an ongoing basis.

The continued effective use of strategic planning is serving SCCMHA well, especially given the recent added challenges of limited resources, and funding cuts. The partnerships SCCMHA has forged in the community have come to bear fruit in the form of outstanding joint projects, sharing of limited resources, and the provision of needed services in the community to persons SCCMHA is unable to serve. SCCMHA works diligently to respond quickly and proactively to environmental shifts and constantly re-evaluates appropriate priorities for resource allocations. Effective use of technology, ongoing attention to prospective planning and the creative leadership of stakeholders have all been prominent in these PIHP successes.

Challenges

SCCMHA considers the greatest current challenges to be: 1) managing increasing service needs and demands with increasingly limited public funds; 2) allocating sparse staff and time resources to proper priorities; 3) improvements in the employment of consumers served; 4) continual data coding changes and issues; and 5) systematic improvements in person-centered planning.

SCCMHA is serving a community that has many unmet needs and social issues. The demand for services continues to increase, both in volume and intensity of needs for eligible persons who present at the front access door. The population served is not only growing, but also has deeper service needs than experienced in previous years.

Individuals in leadership roles at SCCMHA often wear several or more 'hats' crucial to SCCMHA priorities. There is a strong leadership commitment that frequently transcends time challenges so that accomplishments occur and goals are met; SCCMHA also works hard to make thoughtful, responsive decisions to allocate staff time and efforts in the more important goal areas to benefit consumers served, but the challenges are significant, numerous and constant for those involved.

SCCMHA has not been able to move the advancement of employment of consumers forward in any increased way in spite of a successful, early adoption of the evidence-based practice model and dedicated resource allocations to do so. Revitalized efforts will be needed to expand the number of consumers with gainful employment, especially in the impoverished economic environment of Saginaw County.

Management of data in the face of complex and changing coding for services remains a key management challenge. Vigilance is necessary whenever coding changes occur not only to communicate to impacted staff, but also to make changes in the electronic medical record system and maintain a history of data integrity for future data capture purposes, all activities that require leadership resources and planning. On a related note, the specific credential requirements attached to some services and codes seems unduly unnecessary, such as the recent requirement for professional credentials for recreational therapy not easily located or cost effective to make these supports accessible for consumers.

Finally, SCCMHA recognizes that systematic efforts to improve the person-centered planning process for consumer services continue to be needed. While there are areas of quality performance and outcomes, broad effective changes in how person-centered planning is conducted and completed continue to be indicated within the SCCMHA system.