

**Michigan Department of Community Mental Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period 10-1-05 to 12-31-05

PIHP Community Mental Health for Central Michigan

Program Title Family Psychoeducation

Executive Director Linda Kaufmann

Address 301 S. Crapo St. Mt. Pleasant MI 48858

Contact Person Kim Boulier or Linda Kaufmann

Phone 989-772-5938

PCA# 20702

Contract # 20061238

Federal ID 38-3599944

- A. System Transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT) have consisted of the following. The membership was completed. IPLT worked on the agency strategic plan goal to adopt Evidence Based Practices. We began a review of the IPLT application to the provider network, and initiated a regular schedule for reporting to the Board of Directors and the Performance Improvement Committee. In addition, implementation of the Co-Occurring Practice continued and a grid was developed to outline the status. Both Family Psychoeducation and Parent Management Training Oregon model block grant requests were funded. The IPLT monitors progress of Evidence Based Practices, works to resolve any barriers, assists in consensus building and monitors the status of the grants.
- B. The Systems Change process and the impact of the Evidence Based Practice have continued to develop. Evidence-Based Practice (EBP) is becoming increasingly more prevalent in the day-to-day practice of clinicians, committees, and administration. To implement a new methodology for treatment it is required to be reviewed in the literature and brought before the IPLT for review prior to implementation in clinical practice. Family Psychoeducation and other EBP models are becoming more understood by clinicians, consumers and the community.
- C. Consensus building and collaborative service efforts with other systems and agencies began the 4th quarter last year and continued to take place the first quarter of this fiscal year. Information on Family Psychoeducation was presented at Community Collaborative meetings. As well as with judges and court staff, private mental health and substance abuse agencies, clubhouses, drop-in centers, local psychiatrists, and NAMI. .

- D. Progress toward achieving the project outcomes of Family Psychoeducation continued the first quarter. In Isabella County a new NAMI group was started. Some of the NAMI members have also expressed interest in participation in FPE. Information from the SAMHSA tool kit was disseminated in some clubhouses and drop-in centers throughout the 6 county agency and will continue into the next quarters. Thirteen staff representing all six CMHCM counties attended the 3-day training by Dr. McFarlane and colleagues in November 2005. These 13 staff, including the program coordinator started the CMHCM learning collaborative. The training plan for the agency was completed and at least 8 staff will attend the next training. Members of the learning collaborative are active in educating other staff, consumers and families about the program. Contact with the University of Michigan to ensure Fidelity began, and documentation was reviewed. Contact with the National trainer, Tom Jewell, also began this quarter. The FPE coordinator has attended the MDCH Sub-committee on Family Psychoeducation on a regular basis. Six of the trainees attended the MDCH learning Collaborative. Video equipment for supervision was purchased.
- E. Staff training and technical assistance began this quarter. Thirteen staff attended the 3-day training by Dr. McFarlane and colleagues. Since training occurred in November 2005 there has been regular contact for supervision, technical assistance and support by the trainer assigned to CMHCM, Tom Jewell from Rochester NY. Tom has been very helpful at providing materials, offering suggestions, and supporting our efforts. Mary Ruffolo from the University of Michigan has also provided support and feedback regarding outcome measurement and fidelity measures, as well as providing written materials and forms. Six staff attended the learning collaborative in Lansing in December 2005 where clinical and technical issues were discussed and a videoconference with Dr. McFarlane occurred.
- F. During this quarter challenges and issues that occurred tended to be around selection of enough consumers with a diagnosis of Schizophrenia in each county to begin a group. Some of the rural counties do not have the adequate population of individuals with Schizophrenia. We consulted with Mary Ruffolo from the University of Michigan regarding this. Mary informed us we could mix diagnoses in a group to include Schizoaffective and Bi-Polar with psychotic features. Tom Jewell our national FPE supervisor agreed. Staff began expanding the diagnosis and identified other consumers and families. Since the program is new there has been a great deal of education needed for staff. Another issue was how to deal with only 2 trained staff per county, but several other staff had appropriate consumers and families. Those staff are targeted to attend the next training in June. We will be conducting extra joining sessions with individuals and family of untrained staff's caseload.

- G. Data collection has been put in place, although no direct contacts for FPE were planned until January or February 06. The activity codes were identified and the agency set up our system to capture the data. Fidelity monitoring and outcome measurement data will be collected manually on the forms from University of Michigan and will be done in addition to CMHCM documentation. Data will be collected from the 6 counties, evaluated, and sent to the University of Michigan for analysis when sessions begin.
- H. There was no formal activity or sessions with consumers or families this quarter. Formal service activity is planned to begin in January or February 2006.
- I. CMHCM has committed staff resources as well as supplies and materials to support for FPE. The coordinator was assigned 30% time devoted to FPE. Direct staff was assigned 5-10% to FPE, with support/clerical staff duties assigned as needed. Additional travel around the board area as well as training was not included in the grant and is being absorbed by CMHCM. The board and administration have been extremely supportive and have allocated what is needed above and beyond the grant, both in staff time and financial support. At this time the allocated resources are adequate and FPE is being implemented according to the planned timeline. There is no amendment needed at this time.
- J. The second quarter will focus on beginning actual joining sessions with consumers and families. Four counties will begin in February with the other two expected to begin shortly thereafter. Data collection and outcome measurement will begin and will be analyzed and submitted to the University of Michigan. Fidelity measures and performance data will be monitored and used for decision-making. The CMHCM learning collaborative will continue to meet monthly and trained staff will attend the MDCH learning collaborative. The FPE coordinator will continue to attend the MDCH FPE sub-committee. SAMHSA toolkit packets will continue to be disseminated, as will presentations to agency staff, consumers, and the community. A process to obtain continuous feedback from consumers, family and the community will be pursued. There is a NAMI group in an East county, a Middle county, and one will be pursued in a Western county.

FINANCIAL STATUS REPORT
Michigan Department of Community Health

BPO Number	Contract Number 20061238	Page 1	Of 1
Local Agency Name Community Mental Health for Central MI	Program Family Psychoeducation	Code	
Street Address 3611 N Saginaw Road	Report Period 10/1/2005 Thru 12/31/2005 <input type="checkbox"/> Final	Date Prepared 1/30/2006	
City, State, ZIP Code Midland MI 48640	Agreement Period 10/1/2005 Thru 9/30/2006	FE ID Number 38-3599944	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages	-	-	-	-
2. Fringe Benefits	-	-	-	-
3. Travel	-	-	-	-
4. Supplies and Materials	8,073.96	8,073.96	38,000.00	29,926.04
5. Contractual (Sub-Contracts)	-	-	12,000.00	12,000.00
6. Equipment	-	-	-	-
7. Other Expenses	-	-	-	-
Training	10,851.35	10,851.35	29,034.00	18,182.65
		-		-
		-		-
8. TOTAL DIRECT	18,925.31	18,925.31	79,034.00	60,108.69
9. Indirect Costs: Rate %		-	-	-
10. Other Cost Distributions		-	-	-
11. TOTAL EXPENDITURES	18,925.31	18,925.31	79,034.00	60,108.69
SOURCE OF FUNDS:				
12. State Agreement	18,925.31	18,925.31	79,034.00	60,108.69
13. Local	-	-	-	-
14. Federal				-
15. Other				-
16. Fees & Collections				-
17. TOTAL FUNDING	18,925.31	18,925.31	79,034.00	60,108.69

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature	Date 1/30/2006	Title Contract Billing Specialist
Contact Person Name Kimberly Kay Spence	Telephone Number (989) 633-3244	

FOR STATE OFFICE USE ONLY

	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message:

Authority: P.A. 368 of 1978 Completion: is a condition of Reimbursement	The Department of Community Health is an equal opportunity, employer, services, and programs provider.
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Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report
FY 2005-2006

Report Period: October 1, 2005 through December 31, 2005
PIHP: Detroit-Wayne County Community Mental Health Agency
Program Title: Family Psychoeducation Project
Executive Director: Richard Visingardi, Ph.D., Transitional Executive Director
Address: 640 Temple, Detroit, MI 48201
Contact Person: Michele Reid, MD
Phone: 313/833-2410 Fax: 313/833-3670
E-mail: mreid@co.wayne.mi.us
PCA # Contract # 20061239 Federal ID 38-6004895

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team

The Improving Practices Leadership Team is scheduled to meet February 24, 2006. Internal work has been ongoing to realign our committee structure to ensure coordination of activities and consistent communication as well as to enhance our implementation efforts.

date

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The goal of consensus building within the provider organizations recruited for the FPE pilot guided initial activities in the change process. Multiple meetings were held with administrators, clinical supervisors and practitioners to address concerns and questions and to solicit their involvement. Continued education and a comprehensive review of McFarlane's book and training material facilitate integration of the model into clinical thinking and beginning activities. The SAMSHA toolkit workbook, McFarlane's power point, five publications on multifamily work and on family education for serious mental illness, and a flow chart template have been distributed to all supervisors and practitioners. The flow chart is being reviewed in meetings with facilitators. A resource library with articles and additional books is available to each pilot site. In December, the FPE program coordinator met twice with Jeff Capobianco and Liz Dorda for guidance and answers to questions and concerns of the providers. The coordinator also met with Mary Ruffolo on December 2, 2005 to learn more about the fidelity and outcome measures, to address specific questions on this aspect of the pilot.

Clinical supervisors and practitioners need to understand how this model will fit into their system, benefit their consumers, eventually ease their enormous workloads, and lead to a more integrated and responsive system. We are developing a flow chart, initial timeline and map for implementation. We have reviewed the fidelity and outcomes measures and the supervision and training plans to answer questions and concerns about additional work or performance evaluation. Gradually attitudes are shifting and there is greater understanding and agreement regarding the implementation of the Family Psychoeducation program. Facilitators have needed considerable support and education to move forward. Several major concerns for implementing this program have emerged as initial barriers. These include questions regarding the financing of the program, which will be addressed later, and the concern about the model's efficacy for consumers served by the pilot groups, namely consumers from urban settings with a very high incidence of co-occurring diagnoses, homelessness, chronicity of illness, and long absent families. With attitudinal change we have framed this question as an opportunity to provide additional data from practice on important modifications for the model in specific populations. The coordinator is also arranging opportunities for the facilitators to observe FPE groups in Washtenaw County in early January where the program has successfully been implemented in a residential setting.

Both provider organizations have each identified four practitioners for implementation of two groups at each site. Both providers are planning groups for residential programs and are discussing the involvement of staff as well as family as the support person for the consumer in the multi-family groups. Two group leaders from Detroit Central City (DCC) have begun identification of consumers from their caseload for the group. Community Care Services (CCS) is also reviewing practitioner caseloads. However, there is some delay in planning at CCS due to the absence of the clinical supervisor designated as agency coordinator, who was out on medical leave until late December 2005. The FPE coordinator met with the supervisor on December 21 for several hours to provide education about the program, and review training materials. We have scheduled meetings on January 4th and January 6th, 2006. The FPE program coordinator is arranging a meeting for this supervisor and facilitators with Jeff Capobianco and Liz Dorda for continued education and application of the model to their clinical services.

The practitioners are increasingly enthusiastic about starting the groups and are ready to plan consensus building in their organization and the community at large. Both provider organizations have met with their entire agency staff to provide information and education about the Family Psychoeducation program. In December, Community Care Services invited their Advisory Board, NAMI, Gateway MCPN and other recovery groups to meeting on January 9, 2006 to learn more about Family Psychoeducation. Detroit Central City scheduled their meeting with the Advisory Group, Club House members and other recovery group representatives for January 11, 2006.

- C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Consensus building began with the administrators, supervisors and practitioners who had volunteered for the pilot program, but had continued reservations. Once most of their clinical concerns regarding the efficacy of the model were answered, meetings were planned with Advisory Boards, NAMI, Club House and other community programs for early January. DCC's meeting is scheduled for January 9, 2006 and CCS's meeting is scheduled for January 11, 2006. FPE facilitators will continue to attend these monthly meetings. On January 30, 2006 two practitioners and a clinical supervisor will join WSU and Agency staff in a presentation on FPE at the education forum on "Improving Practices and Block Grant Transformation in Community Mental Health."

- D. Briefly describe the progress toward achieving each of the FPE outcomes planned for this quarter.

1. The Program Coordinator was hired and began work on November 2, 2005.
2. The Community Planning Council was established and an inaugural meeting and introduction to the Wayne County community was held at Wayne County Community College eastside campus on Dec. 5, 2005.
3. The coordinator and eight practitioners from the two pilot providers attended the McFarlane FPE training November 8 – 10, 2005. For practitioners who attended the three-day McFarlane training, review and consultation has been ongoing. For new practitioners, the coordinator has provided education on the model, and a three-hour workshop with Jeff Capobianco and Liz Dorda has been scheduled for January 27, 2006. All agency supervisors and practitioners have received the toolkit workbook, multiple journal articles, and the McFarlane book on multifamily group work.
4. A flow chart template for program implementation has been reviewed by each pilot site and is being used to draft work flow charts for each planned group. Drafts are being revised as issues arise. Weekly implementation meetings are scheduled with staff to review work plan and the timeline. Additional meetings with administrators and supervisors are held as needed, as well as consultation for practitioners who have clinical questions.
5. All fidelity and outcome measures have been reviewed with supervisors and practitioners. The program coordinator has asked administrators and facilitators to collect additional data on indirect costs and reimbursement.
6. Project coordinator from WSU Project Care attends the FPE Subcommittee meetings and consults regularly with Jeff Capobianco and Liz Dorda. One pilot provider administrator/practitioner has attended the Learning Collaborative, and it is planned that additional supervisors and practitioners will attend the March Learning Collaborative.
7. Project coordinator and pilot facilitators will meet regularly with provider Advisory Boards beginning with the January, 2006 scheduled meetings.
8. Additional staff is being identified to attend the next three-day training with Dr. McFarlane.

- E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

The FPE Project Coordinator and eight practitioners, one of whom was also an agency deputy director, attended the three-day training on the FPE model with McFarlane, November 8 – 10, 2005. Following this training, follow-up meetings were held at each pilot site to review the training material and begin application of this model to their current practice. Additional literature and the SAMSHA toolkit workbook were provided. The coordinator sought continuous consultation from designated supervisors/trainers, Jeff Capobianco and Liz Dorda, and has arranged a training session in late January for facilitators. These trainings have broadened the practitioners' perspective on intervention to include families, involved staff and friends, and complimentary recovery programs in a collaborative way. Practitioners are concerned about continuous care, consumer and family isolation and social networking, all critical issues addressed in the multi-family program.

- F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

The Agency and WSU Project Care have identified issues relative to costing and data reporting that will be addressed by the Agency regarding incentives to participate in evidence based practices. The current reimbursement structure through the Managers of Comprehensive Provider Networks does not allow for the flexibility of documentation and reimbursement to capture increased direct and indirect costs for FPE.

The Agency is working to respond to the issues raised by providing clarification to MCPNs regarding:

1. How do they capture the direct, indirect and administrative costs for the program including: training and supervision for new practices, process and outcome monitoring, group preparation time, supplies and transportation for consumers, and staff and service replacement costs for which they are not being reimbursed as resources are diverted for program development.
2. Consideration of a uniform methodology and guidelines for determining unit costs. Including capturing direct, indirect and administrative services including training and technical assistance for provider and MCPN organizations on this methodology.

- G Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

Coordinator and facilitators have reviewed the data collection protocol and will begin collection and process monitoring when the program begins with the joining phase.

H. Describe the target population /program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

Target population is currently being identified

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

Please see F. for a statement on financial issues. All provider organizations have donated staff time for training and meetings as well as copying costs. An amendment may be initiated to cover interim transportation costs until the costing issues are resolved.

J. Describe the activities planned to address the project's goals and objectives the next quarter?

1. Meet with Improving Practices Leadership Team on a regular basis
2. Disseminate the FPE toolkit to team members
3. Meet with pilot providers' Advisory Councils, NAMI, Clubhouse and WRAP Members on a regular basis.
4. Send facilitators to the Learning Collaborative in March
5. Coordinator will attend the FPE subcommittee meetings
6. Continue development and revisions of work flow plan and timeline
7. Complete joining phase and conduct Educational workshop for one group at each pilot site.
8. Finalize training plans.
9. Identify consumers for 2nd group at each pilot site and begin joining phase
10. Provide technical support and supervision for group facilitators
11. Begin fidelity and outcome collection
12. Continue to address financial barriers

Signature: M. Reid, M.D.

Submitted by: M. Reid, MD, Medical Director Detroit-Wayne Community Mental Health Agency 1/27/06

D-WCCMHA ONLY

This report has been reviewed and approved by:

Elaine R. Thomas, D-WCCMHA Contract Manager

Date: January 27, 2006

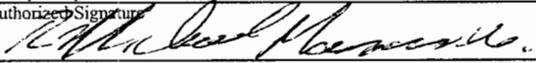
FINANCIAL STATUS REPORT
Michigan Department of Community Health

Grant

BPO Number	Contract Number 20061239	Page 1	Of 1
Local Agency Name Detroit-Wayne County Community Mental Health Agency	Program Family Psychoeducation	Code PCA#	
Street Address 640 Temple	Report Period 1-Oct-05 Thru 31-Oct	Date Prepared 1/24/2006	
City, State, ZIP Code Detroit, MI 48201	Agreement Period 10/1/05 Thru 09/31/06	FE ID Number	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages				-
2. Fringe Benefits				-
3. Travel				-
4. Supplies and Materials				-
5. Contractual (Sub-Contracts)	-	-	61,900.00	61,900.00
6. Equipment				-
7. Other Expenses				-
Training	-	-	6,039.00	6,039.00
Travel for Trainers	-	-	3,280.00	3,280.00
				-
8. TOTAL DIRECT	-	-	71,219.00	71,219.00
9. Indirect Costs: Rate %				-
10. Other Cost Distributions				-
				-
				-
11. TOTAL EXPENDITURES	-	-	71,219.00	71,219.00
SOURCE OF FUNDS:				
12. State Agreement			71,219.00	71,219.00
13. Local				-
14. Federal				-
15. Other				-
16. Fees & Collections				-
17. TOTAL FUNDING	-	-	71,219.00	71,219.00

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature 	Date 1-25-06	Title Executive Director, WSU Project CARE
Contact Person Name R. Michael Massanari, MD, MS	Telephone Number 313/833-3558	

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	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message:					
Authority: P.A. 368 of 1978 Completion: is a condition of Reimbursement			The Department of Community Health is an equal opportunity, employer, services, and programs provider.		

DCH-0384(E) (Rev. 4/01) (Excel) Previous Edition Obsolete

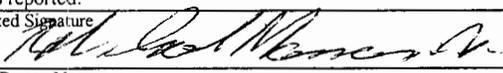
FINANCIAL STATUS REPORT
Michigan Department of Community Health

Grant

BPO Number	Contract Number 20061239	Page 1	Of 1
Local Agency Name Detroit-Wayne County Community Mental Health Agency	Program Family Psychoeducation	Code PCA#	
Street Address 640 Temple	Report Period 1-Nov-05 Thru 30-Nov	Date Prepared 1/24/2006	
City, State, ZIP Code Detroit, MI 48201	Agreement Period 10/1/05 Thru 09/31/06	FE ID Number	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages				-
2. Fringe Benefits				-
3. Travel				-
4. Supplies and Materials				-
5. Contractual (Sub-Contracts)	5,046.50	5,046.50	61,900.00	56,853.50
6. Equipment				-
7. Other Expenses				-
Training	4,986.00	4,986.00	6,039.00	1,053.00
Travel for Trainers			3,280.00	3,280.00
				-
8. TOTAL DIRECT	-	-	71,219.00	61,186.50
9. Indirect Costs: Rate %				-
10. Other Cost Distributions				-
				-
				-
11. TOTAL EXPENDITURES	-	-	71,219.00	61,186.50
SOURCE OF FUNDS:				
12. State Agreement			71,219.00	71,219.00
13. Local				-
14. Federal				-
15. Other				-
16. Fees & Collections				-
17. TOTAL FUNDING	-	-	71,219.00	71,219.00

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature 	Date 1-25-06	Title Executive Director, WSU Project CARE
Contact Person Name R. Michael Massanari, MD, MS	Telephone Number 313/833-3558	

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Michigan Department of Community Health

Grant

BPO Number		Contract Number 20061239		Page 1	Of 1
Local Agency Name Detroit-Wayne County Community Mental Health Agency		Program Family Psychoeducation		Code PCA#	
Street Address 640 Temple		Report Period 1-Dec-05 Thru 31-Dec		Date Prepared 1/24/2006	
City, State, ZIP Code Detroit, MI 48201		Agreement Period 10/1/05 Thru 09/31/06		FE ID Number	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages				-
2. Fringe Benefits				-
3. Travel				-
4. Supplies and Materials				-
5. Contractual (Sub-Contracts)	10,092.60	10,092.60	61,900.00	51,807.40
6. Equipment				-
7. Other Expenses				-
Training	-	4,986.00	6,039.00	1,053.00
Travel for Trainers	-	-	3,280.00	3,280.00
				-
8. TOTAL DIRECT	-	-	71,219.00	56,140.40
9. Indirect Costs: Rate %				-
10. Other Cost Distributions				-
				-
				-
11. TOTAL EXPENDITURES	-	-	71,219.00	56,140.40
SOURCE OF FUNDS:				
12. State Agreement			71,219.00	71,219.00
13. Local				-
14. Federal				-
15. Other				-
16. Fees & Collections				-
17. TOTAL FUNDING	-	-	71,219.00	71,219.00

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature <i>R. Michael Massanari</i>	Date <i>1-25-06</i>	Title Executive Director, WSU Project CARE
Contact Person Name R. Michael Massanari, MD, MS	Telephone Number 313/833-3558	

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Advance Outstanding					
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**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period 10/1/05 - 12/31/05
 PIHP Genesee
 Program Title _____
 Executive Dan Russell
 Director _____
 Address 420 W Fifth Ave
 Contact Tracey Malin
 Person _____
 Phone: (810) 760 5240 Fax _____ E-mail tmalin@gencmh.org
 PCA# _____ Contract # 20061240 Federal ID 38-6004849

- A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team:
The IPLC committee has met twice, discussing the particulars of implementing FPE and will oversee the efforts of the PIHP makes regarding implementation. The committee has also discussed efforts the PIHP has made into MST implementation, maintaining ACT model fidelity within the network, and exploring the medication algorithm. The committee has discussed methods of communicating the PIHP's intention of implementing EBP during the current waiver period.
- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change:
All presentations to stakeholders, GCCMH board, and consumers have resulted in positive feedback from the community.
- C. Briefly summarize consensus building and collaborative service efforts with the other systems and agencies that have taken place during this quarter:
One presentation and awareness raising session was held with the GCCMH board, and one awareness raising workshop was held with key community stakeholders during the first quarter. The PIHP has uncovered no barriers to the process of implementing EBP during the first quarter. Board members and community stakeholders agree that implementation of EBP is a positive and critical step.
- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter:
Key individuals to provide the PIHP's first MFG attended McFarland conference.

GCCMH board and stakeholders were educated on EBP and advised of FPE implementation.

GCCMH board will hear reports from the PIHP during the fiscal year to highlight implementation steps and offer opportunity for continuous feedback on the process.

Another stakeholder meeting will be held in March to update stakeholders on implementation efforts and secure a venue for feedback.

FPE toolkits and DVD's were distributed to board members and stakeholders during the first quarter.

- E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project:

PIHP and CMHSP staff have attended the November McFarland conference, state subcommittees on EBP implementation, and learning collaborative sessions. One staff from the PIHP's training team attended the conference, as well as 3 individuals from the CMHSP. The PIHP's first Multi-family groups will begin in March. The individual with the PIHP's training team will be responsible for training future providers as well as conducting MFG's.

- F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

Genesee PIHP attempted to contract with a provider to provide FPE which was met with difficulty. The decision was made to conduct initial groups within the directly-operated provider to improve monitoring of the implementation process before offering the service network-wide.

- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

Currently awaiting contact from UM regarding the process.

- H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

MFG's are not currently being provided at GCCMH.

- I. Describe PHIP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

An amendment has been initiated.

- J. Describe the activities planned to address the project's goals and objectives for the next quarter.

A PIHP training plan will be completed by the end of Feb 2006.

An initial MFG will start in March of 2006.

The PIHP will press forward with all other activities as indicated in the implementation guidelines for that quarter.

FINANCIAL STATUS REPORT
Michigan Department of Community Health

BPO Number	Contract Number	Page 1	Of 1
Local Agency Name GENESEE COUNTY CMHSP	Program Family Psycho-Education	Code 06-27508	
Street Address 725 Mason Street	Report Period 10/01/2005 Thru 12/31/2005	Date Prepared 01/25/2006	
City, State, ZIP Code FLINT, MI 48503	Agreement Period 10/01/2005 Thru 09/30/2006	FE ID Number 38-6004849	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages	-	-	-	-
2. Fringe Benefits	-	-	-	-
3. Travel	-	-	-	-
4. Supplies and Materials	-	-	3,000.00	3,000.00
5. Contractual (Sub-Contracts)	30.00	30.00	46,672.00	46,642.00
6. Equipment	-	-	-	-
7. Other Expenses	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-
8. TOTAL DIRECT	30.00	30.00	49,672.00	49,642.00
9. Indirect Costs: Rate %	-	-	-	-
10. Other Cost Distributions	-	-	-	-
	-	-	-	-
	-	-	-	-
11. TOTAL EXPENDITURES	30.00	30.00	49,672.00	49,642.00
SOURCE OF FUNDS:				
12. State Agreement	30.00	30.00	49,672.00	49,642.00
13. Local	-	-	-	-
14. Federal	-	-	-	-
15. Other	-	-	-	-
16. Fees & Collections	-	-	-	-
17. TOTAL FUNDING	30.00	30.00	49,672.00	49,642.00

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature <i>Cynthia Burns</i>	Date 01/24/2005	Title Accountant
Contact Person Name Cynthia Burns	Telephone Number 810-257-3736 Ext. 4123	

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	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message:

Authority: P.A. 368 of 1978 Completion: is a condition of Reimbursement	The Department of Community Health is an equal opportunity, employer, services, and programs provider.
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**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period: 10-01-05 to 12-31-05
PIHP: Lakeshore Behavioral Health Affiliation
Program Title: Family Psychoeducation
Executive Director: James Elwell
Address: 376 E. Apple Avenue, Muskegon, MI 49442
Contact Person: Glenn Eaton, Assistant Director
Phone: (231) 724-1106 FAX: (231) 724-1300
E-mail: eatong@cmhs.co.muskegon,mi.us
PCA# 20709 Contract # 20061244 Federal ID: 38-6006063

- A. Briefly summarize the Systems transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Lakeshore Behavioral Health Alliance's Improving Practices Leadership Team (IPLT) met once each month during the reporting period. The primary focus of the IPLT was education of its membership and PIHP leadership regarding the vision, values, and recommendations of the Governor's Mental Health Commission and the Department of Community Health's efforts to transform the public mental health system. Also addressed were issues and challenges involved in implementing Evidence Based Practices. IPLT members were given an extensive orientation regarding Family Psycho-Education, Parent Management Training, Integrated Dual Disorders Treatment, and Recovery/WRAP Evidence Based Practice models. Discussion took place regarding the creation of an organizational culture that supports Evidence Based Practice based on the material and concepts presented by Brad Zimmerman at the CMH Board Association Post-Conference Institute in October 2005. Further discussion got underway regarding the adoption of a vision for a transformed mental health affiliation. In December 2005 EBP implementation team leaders began monthly reporting to the IPLT regarding project goals/objectives achieved, barriers encountered, and implementation plans for the next one to two months.

- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

Case Managers' case loads have been adjusted to accommodate the time demands of Family Psychoeducation responsibilities.

Good!

A Clinical Services Supervisor from Muskegon County has been designated as FPE Coordinator.

- C. Briefly summarize consensus building and collaborative services efforts with other systems and agencies that have taken place during this quarter.

Clinical Supervisor has attended Learning Collaborative meetings in Lansing, as well as networking with personnel from other agencies implementing FPE. We will establish contact with our consultant from Maine as soon as one is assigned.

Summit

- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

Implementation team receives 3 day training in FPE – *Attended training 11/8/05 through 11/10/05.*

Implementation teams receive ongoing consultation, supervision and coaching. *Cynthia Hakes attending all Learning Collaborative Meetings in Lansing; Ongoing contact with Jeff Capobianco, from Washtenaw County CMH until we are assigned a permanent consultant. We maintain regular ongoing contact with Ottawa County CMH implementation team leader.*

Educate PIHP Board members and Executive Directors. Educate and train Agency staff. *We have invited clinical supervisors to attend FPE staff meetings, have scheduled brief presentations with case management teams, and have offered to give presentations for NAMI. We will plan to give presentations to Board members and other agency staff.*

Develop and implement data collection, integration into local QI process and knowledge information system and analysis. *We met together with QI staff, Sue Savoie, Deb Fiedler, Cynthia Hakes, all from Muskegon County, and Rick Hunter and Greg Hoffman from Ottawa County, to discuss outcome data collection. Cynthia Hakes contacted Mary Ruffalo from the University of Michigan, who will implement data collection for the FPE program. We are currently in the process of scheduling a meeting to plan how data will be collected, interpreted and analyzed.*

Lakeshore Behavioral Health services will report progress on a quarterly basis. FPE Subcommittee will test initial fidelity and outcome measures. *We will be working with Mary Ruffalo from the University of Michigan (See above). Implementation team leaders have begun providing monthly progress updates to the affiliation Improving Practices Leadership Team.*

- E. Briefly describe staff training and technical assistance obtained during this

quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

Staff attended the FPE training conference held at the Amway Grand Plaza, in Grand Rapids, 11/08/05 through 11/10/05. Training and assistance from conference trainers were utilized for implementation of FPE program. Staff who received training were as follows: Paul Hyink and Dave Parnin (began the implementation process, but limited involvement at this point); Karin Watson, CSM (group facilitator); Ann Judson (group facilitator); Lisa Joslyn (undetermined role); Deborah Smith (group facilitator); Valerie Vines (group facilitator); Cynthia Hakes (FPE Coordinator); Rick Hunter (Ottawa CMH Implementation Team Leader); Bruce Jones, Jane Longstreet, Bob Matyas, Kelly Sall, (group facilitators).

- F. Briefly identify any challenges or issues encountered in implementation during this quarter, and the action taken to address them.

We are still waiting for a final determination on who will be assigned as our Consultant for Muskegon County CMH. We will continue to push for assignment of a FPE Consultant.

Muskegon case managers have experienced some difficulty recruiting consumers to participate in the FPE program. We will analyze the cause of this issue and will take appropriate steps.

- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

We met together with QI staff, Sue Savole, Deb Fiedler, Cynthia Hakes, all from Muskegon County, and Rick Hunter and Greg Hoffman from Ottawa County, to discuss outcome data collection. Cynthia Hakes contacted Mary Ruffalo from the University of Michigan, who will implement data collection for fidelity for the FPE program. We are currently in the process of scheduling a Meeting to plan how data will be collected, interpreted and analyzed.

- H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

This project focuses on persons with a diagnosis of Schizophrenia, and their family members and significant others.

- I. Describe PIHP financial and in-kind support utilized to support this project

and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

There have not been any identified problems with implementation relative to allocated resources; no amendment is necessary at this time. It is anticipated that this project will be self-sustaining at the end of 2 years.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

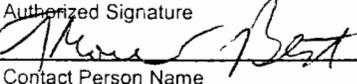
- Ottawa County CMH plans to hold the Educational Workshop on February 28, 2006.**
- Muskegon County CMH plans to hold the Educational Workshop on March 4, 2006.**
- Both Muskegon and Ottawa will plan to begin Multi-Family Groups in March of 2006.**
- FPE staff meetings are being held on a regular basis for both counties.**
- Consultation will occur at least once per month.**

FINANCIAL STATUS REPORT
Michigan Department of Community Health

		Contract Number 20061244	Page 1	Of 1
Local Agency Name CMH Services of Muskegon County		Program Family Psychoeducation		Code
Street Address 376 Apple Avenue		Report Period 10/1/2005 Thru 12/31/05	Date Prepared 1/25/2006	
City, State, ZIP Code Muskegon, MI 49442		Agreement Period 10/1/2005 Thru 9/30/2006	FE ID Number 38-6006063	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages				-
2. Fringe Benefits				-
3. Travel				-
4. Supplies and Materials	-	-	4,150.00	4,150.00
5. Contractual (Sub-Contracts)	-	-	10,808.00	10,808.00
6. Equipment				-
7. Other Expenses				-
Staff costs for 3-day Train	8,202.45	8,202.45	7,270.00	(932.45)
Family Group Meetings	-	-	3,200.00	3,200.00
Family Seminars	-	-	300.00	300.00
8. TOTAL DIRECT	8,202.45	8,202.45	25,728.00	17,525.55
9a. Indirect Costs Rate #1:_%				-
9b. Indirect Costs Rate #2:_%				-
				-
				-
10. TOTAL EXPENDITURES	8,202.45	8,202.45	25,728.00	17,525.55
SOURCE OF FUNDS:				
11. State Agreement	8,202.45	8,202.45	25,728.00	17,525.55
12. Local				-
13. Federal				-
14. Other				-
15. Fees & Collections				-
16. TOTAL FUNDING	8,202.45	8,202.45	25,728.00	17,525.55

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature 	Date 1/26/06	Title Finance Supervisor
Contact Person Name Thomas A. Best, Finance Supervisor	Telephone Number (231) 724-1103	

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	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message:

<p>Authority: P.A. 368 of 1978 Completion: is a condition of Reimbursement</p>	<p>The Department of Community Health is an equal opportunity, employer, services, and programs provider.</p>
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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION
IMPROVING PRACTICES INFRASTRUCTURE DEVELOPMENT BLOCK GRANT
FAMILY PSYCHOEDUCATION
PROGRAM NARRATIVE
QUARTERLY REPORT

Report Period: 10/1/2005 - 12/31/2005

PIHP: LifeWays

Program Title: Family Psychoeducation Training and Service Project

Executive Director: Nancy Miller

Address: 1200 North West Avenue, Jackson, MI 49202

Contact Person: Annette Friday

Phone: (517) 780-3353 Fax: (517) 789-1276 E-mail: Annette.Friday@lifewaysmco.com

PCA#: 05B1CMHS-03 Contract #: 2006242 Federal ID: 38-2056235

A. SYSTEMS TRANSFORMATION EFFORTS & IMPLEMENTATION ACTIVITIES OF THE IMPROVING PRACTICES LEADERSHIP TEAM (IPLT):

The IPLT has been identified with the exception of representation by a parent of a child. During the first quarter, the focus of the IPLT has been on learning about Family Psychoeducation and beginning planning for implementation. Now that the IPLT has its first evidence-based practice implementation started, the group can begin to focus on structural planning related to the implementation of any evidence-based practices identified for network delivery. This shift in focus should result in improved ability to recruit the parent of a child to participate as the groups efforts will not be solely focused on adult practices. A contract Evidence-Based Practice Coordinator (Vicky Petty) has been hired and added to the IPLT.

B. SYSTEMS CHANGE PROCESS ACTIVITIES DURING THIS QUARTER AND THE IMPACT OF THIS EVIDENCE-BASED PRACTICE PROCESS ON CREATING SYSTEMS CHANGE:

The focus, during this quarter, has largely been on education and consensus building of the IPLT and consumer/family member stakeholder group. The IPLT will begin focusing on systems processes over the next quarter.

C. CONSENSUS BUILDING AND COLLABORATIVE SERVICE EFFORTS WITH OTHER SYSTEMS AND AGENCIES THAT HAVE TAKEN PLACE THIS QUARTER: None.

D. PROGRESS TOWARD ACHIEVING EACH OF THE FAMILY PSYCHOEDUCATION PROJECT OUTCOMES PLANNED FOR THIS QUARTER:

Phase I (Consensus Building: Awareness): Most outcomes have been achieved. A process & plan for obtaining ongoing input from consumers, families and other stakeholders still needs to be developed, and this will occur in the next quarter.

Phase I (Consensus Building: Education): LifeWays entered into a contract with an Evidence-Based Practice Coordinator 12/2005. An RFP for pilot sites was issued 1/2006. Stakeholder buy-in and knowledge has been increased through the sharing of information and discussion with the IPLT and consumer/family member stakeholder group. The SAMHSA toolkit information and EBP toolkit implementation strategies were disseminated to the IPLT. The EBP Coordinator has begun education and discussions with LifeWays' Quality Management Team regarding integration of the FPE program into the Quality Improvement

process. A member of the Quality management Team has been identified as the LifeWays contact to work with the University of Michigan regarding data collection and analysis.

- E. STAFF TRAINING AND TECHNICAL ASSISTANCE OBTAINED DURING THIS QUARTER: None
HOW UTILIZED FOR PROGRAM DEVELOPMENT AND IMPROVING FIDELITY: None
UNDUPLICATED NUMBER OF STAFF TRAINED: 0
ROLES OF TRAINED STAFF IN THE FPE PROJECT: N/A

L. E. Peterson

F. CHALLENGES/ISSUES

CHALLENGES/ISSUES ENCOUNTERED IN THE IMPLEMENTATION OF THIS QUARTER: Because LifeWays had not yet identified pilot providers, we were unable to bring all clinicians to the Fall 2005 McFarlane Training. Our implementation plan was based on the availability of training Winter 2006. However, we must wait until the next available training, now scheduled for June 2006. As a result, planned milestone dates are being modified for selecting pilot sites, issuing contracts for pilot sites and beginning groups.

ACTION TAKEN TO ADDRESS CHALLENGES/ISSUES: An RFP was issued January 2006 for pilot providers. A Contract Evidence-Based Practice Coordinator (Vicky Petty) was hired 12/2005, and she will be primarily focused on completing any project activities that were not completed during the first quarter, making adjustment to milestone dates and moving forward with project implementation over the course of the grant.

- G. PIHP ACTION RELATED TO DATA COLLECTION, FIDELITY AND PROCESS MONITORING ACTIVITIES TO ACCOMPLISH PROJECT GOAL: LifeWays included funds in its grant proposal to participate in data collection/monitoring activities through the University of Michigan. According to U of M, data collection tools are in the process of being finalized and are expected to be approved February 2006.

H. TARGET POPULATION/PROGRAM SERVED DURING THIS QUARTER:

Unduplicated Individuals this Quarter: 0
Unduplicated individuals this fiscal year: 0
Demographic and Diagnostic Data: N/A

- I. LIFEWAYS' FINANCIAL AND IN-KIND SUPPORT UTILIZED TO SUPPORT THIS PROJECT: Nothing to report.

STATUS OF SUSTAINABILITY PLANNING: Nothing to report.

PROBLEMS WITH IMPLEMENTATION/CONTINUATION WITH ALL THE ALLOCATED RESOURCES: None noted.

SHOULD AN AMENDMENT BE INITIATED? No.

J. ACTIVITIES PLANNED TO ADDRESS PROJECT GOALS AND OBJECTS FOR THE NEXT QUARTER:

- A written process and plan will be established for obtaining ongoing input from consumers, family members and other stakeholders.
- Educational materials will be developed and disseminated.
- Provider pilot sites will be selected.
- A written training plan for providers and consumers/family members will be developed.

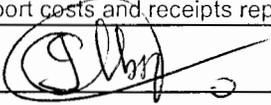
- An informational meeting regarding Family Psychoeducation will be held for providers, family members and consumers.

FINANCIAL STATUS REPORT
Michigan Department of Community Health

BFO Number	Contract Number 20061242	Page 1	Of 1
Local Agency Name LifeWays	Program Evidence Based Practice	Code	
Street Address 1200 N. West Ave.	Report Period 10/1/2005 Thru 12/31/2005 <input type="checkbox"/> Final	Date Prepared 1/17/2005	
City, State, ZIP Code Jackson, MI 49202	Agreement Period 10/1/2005 Thru 9/30/2006	FE ID Number 38-2056235	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages	-	-	-	-
2. Fringe Benefits	-	-	-	-
3. Travel	-	-	-	-
4. Supplies and Materials	-	-	-	-
5. Contractual (Sub-Contracts)	4,387.10	4,387.10	57,200.00	52,812.90
6. Equipment	-	-	-	-
7. Other Expenses	-	-	-	-
Training	60.00	60.00	9,290.00	9,230.00
	-	-	-	-
	-	-	-	-
8. TOTAL DIRECT	4,447.10	4,447.10	66,490.00	62,042.90
9. Indirect Costs: Rate %		-		-
10. Other Cost Distributions		-		-
		-		-
		-		-
11. TOTAL EXPENDITURES	4,447.10	4,447.10	66,490.00	62,042.90
SOURCE OF FUNDS:				
12. State Agreement	4,447.10	4,447.10	66,490.00	62,042.90
13. Local				-
14. Federal				-
15. Other				-
16. Fees & Collections				-
17. TOTAL FUNDING	4,447.10	4,447.10	66,490.00	62,042.90

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature 	Date 1/17/2005	Title Dir. Of Finance
Contact Person Name Vicki L. Reynolds	Telephone Number 517-789-1236	

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	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message:					
Authority: P.A. 368 of 1978 Completion: is a condition of Reimbursement	The Department of Community Health is an equal opportunity, employer, services, and programs provider.				

**ATTACHMENT C – FAMILY PSYCHOEDUCATION
NARRATIVE REPORTING REQUIREMENTS**

A program narrative report must be submitted quarterly. Reports are due 30 days following the end of each quarter. (For the first three quarters, reports are due January 31, April 30, and July 31, 2006. The **final report*** must address the entire fiscal year and is due October 31, 2006). The format shown below should be used for all narrative reports.

* **FINAL REPORT:** Include a clear description of the actual project outcomes, the specific changes that occurred, and the impact that the project has had on the intended recipients as a result of the intervention. Did the project accomplish the intended goal? Briefly describe the results.

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period: 10-01-05 to 12-31-05

PIHP: NorthCare Network

Program Title: Family PsychoEducation Groups

Executive Director: Doug Morton

Address: 200 W. Spring St Marquette MI 49855

Contact Person: Lucy Olson

Phone: 906-225-7235 Fax : 906-225-5149 E-mail: lolson@up-pathways.org

PCA # _____ Contract # 20061249 Federal ID 38-3378350

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

NorthCare chose to change the Team leadership (from the QI coordinator to the UM coordinator) to ensure a stronger clinical component and two new members were added to increase clinical perspective to the committee. The Team has met twice and is planning to meet quarterly with smaller meetings monthly for the consumers on the team. We have 4 consumers who are interested in these additional meetings to help bring them up to date with the research and fidelity scale reviews. The next six to nine months are going to be spent assessing current best practices and conducting fidelity studies of the regional ACT teams and the supported employment programs. Recommendations will then be made as to the next steps to take to foster further improvements in clinical practice. The Practices Improving Leadership Team (PILT) will be receiving regular updates from the three regional EBP project teams for PMTO, FPE, and Integrated Co-occurring Treatment. See Attachment C.1, Work plan of the NorthCare Practices Improvement Leadership Team (PILT).

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change. In this past quarter, sixteen staff were trained by Dr. McFarlane in FPE. They began monthly supervision with Dr McFarlane's group in January 2006. Two staff have begun the extensive PMTO training and three staff attended the training in December held on treatment for individuals with co-occurring disorders. The clinical directors and supervisors across the Upper Peninsula actively support the PILT and are interested in the feedback that can be gained from the assessment being done by the team.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter. Outreach has been made to the NAMI chapters across the UP and Lucy Olson presented in November to the Marquette Chapter. The Member Services regional committee was updated on the progress of implementation for the FPE treatment at their December 15, 2006. Preliminary discussions have begun within NorthCare as to how to integrate FPE with our regional hospital that has the only psychiatric inpatient unit in the UP. The Director of the Pathways Coordinating Agency is a member of the Co-occurring project team and is the ongoing liaison between the substance abuse providers and the CMHSPs implementing co-occurring treatment.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter. The FPE project team has focused on several areas. It was critical to arrange with Maine the ongoing supervision for the group leaders who had begun implementation of FPE groups in FY 04/05. Training for 16 clinicians new to the model occurred in November, 2005. These two groups have been combined into 2 regional supervision groups and Maine provides supervision for both groups on a monthly basis. NorthCare began an assessment of equipment needs in December and will purchase needed equipment by the end of the second quarter. The group leaders participated in video conference training with Mary Ruffalo from the University of Michigan on December 16, 2005. The group leaders are ready to implement the outcome measures required and are currently waiting for the state approved consent form to begin implementation. See the attached updated FPE work plan for further details.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

Sixteen staff new staff were trained in November, 2005. A complete staff listing is given in Attachment C.2, The Updated FPE work plan. All the staff trained are going to be direct service providers. Lucy Olson at NorthCare is acting as the regional coordinator for arranging supervision for the group leaders and for coordinating with U of M for the outcomes studies.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

A change in leadership of the PILT was necessary to provide sufficient clinical focus for the team. Of course an ongoing challenge for implementation is the freeing up of clinical staff time to do the initial joining with consumers. Ideas as to how to manage this challenge continue to be discussed. Implementation at several sites has been slow due to this challenge. The logistical difficulties of participating in statewide

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meetings for the Recovery Council, the FPE Learning Collaborative and the PILT meetings continue. We believe the solutions to those logistical problems may in part be the establishment of our own local Recovery Council and Learning Collaborative. We plan to discuss these issues at the February meeting of the statewide Practices Improvement Leadership Teams.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

NorthCare is using our regional Data Warehouse to collect data on the implementation of FPE groups. A report was submitted to the 6 existing groups in November asking them to verify the data. As there was confusion in 04-05 about coding it does appear that some CMHSPs confused the joining code with the group code but the number of clients remains consistent. NorthCare has conducted 2 fidelity site reviews and anticipates completing the reviews of the original six groups by the end of March. All supervision sessions are arranged by NorthCare and a supervision log is kept with a list of all attendees. Notes are usually taken of the supervision session and shared with the entire team of clinicians engaged in learning this process.

H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

See attached reports on consumers served in 04-05 and consumers served in first quarter 06 at the 5 CMHSPs across the region. Note that our Data Warehouse does not have information on the number of family members participating and only on the specific consumers. There is a stable number of consumers (35) participating in FPE groups across the UP. Only a handful of those consumers have a diagnosis other than schizophrenia.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

NorthCare has supported this project by providing the coordinator functions using existing PIHP staff. NorthCare has provided the technical support to arrange the video conferencing across the UP and to Maine for the supervision of the group leaders. Our primary concerns are the expenses of the Practices Improvement Team and the Recovery Council that were not indicated in the original grant application. A grant amendment will be submitted next quarter to transfer some of the funds from equipment expenses that the CMHSPs are absorbing to training and travel expenses for staff and consumers. We are also concerned that our inability to access funds to provide per diems to consumers may limit their participation in the assessment and review process of current clinical practices in the UP.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

In February 2006, 4 members of the PILT will attend the statewide meeting in Lansing. Also the 4 consumer members of the PILT will meet with the regional

Member Services Committee and begin a conversation about creating a regional recovery council. Hiawatha Behavioral Health has a leadership role in this endeavor in that the Wellness Recovery Action Plan (WRAP) treatment that they are piloting in our region promotes the development of a Recovery Council. Consumers will also continue to have the opportunity for training sessions to gain background knowledge about EBPs so they may more fully participate in the PILT projects. At our quarterly meeting in March, there will be presentations by staff who are working with PMTO and by the peer specialist working with WRAP. At that meeting, we will also assign small work groups to study and train on the CMS toolkit fidelity scales for supported employment and ACT. These workgroups will then conduct the fidelity reviews in the summer.

The 3 regional project teams will continue to work according to their specific work plans and will report to the quarterly PILT meetings about their successes and the obstacles and make any requests for assistance from the team. The team is enthusiastic and energized and believes we can improve staff and consumer satisfaction through our combined efforts.

Submitted by Lucy Olson, MS, MST, LLP
NorthCare Utilization Management Coordinator

DRAFT--NorthCare Improving Practices Leadership Work Plan 1-11-06

Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Phase I: Consensus Building A. Awareness</p>	<ol style="list-style-type: none"> 1. Create list of all partners to be included in the development & consensus building phase 2. Encourage and collaborate with key stakeholders 3. Identify and use a network from local government, stakeholders, advocacy groups (such as the Depression & Bipolar Support Alliance (DBSA), NAMI, Clubhouses, Drop-in Centers, Mental Health Association), local advisory councils and groups, individual advocates, CMH/NorthCare Board Members, NorthCare staff 4. Develop a process for obtaining continuous feedback from consumers, families, local NAMI advocates, Clubhouses, drop-in centers, the community and staff 	<p>A.1. Begun with identification of project teams for FPE, PMTO and Co-occurring in spring 2005. Ongoing as the Leadership Team (LT) continues its assessment.</p> <p>A.2. Ongoing since spring 2005</p> <p>A.3. Begun in the Spring of 2005 and ongoing</p> <p>A.4. Begun in spring 2005 and ongoing</p>	<p>NorthCare and CMHSPs</p> <p>A.2. Team members and NorthCare staff</p> <p>A.3. LT and members of the individual project teams for the EBP's being implemented. Assistance from Member Services for ongoing outreach.</p> <p>A.4. Local CMHSPs and NorthCare staff and consumer advisory councils.</p>	<p>A.1. Correspondence with partners will indicate an increasing number of people involved in this process.</p> <p>A.2. Newsletters, brochures, emails and trainings will be available to all interested parties.</p> <p>A.3. Leadership Team (LT) includes consumers. Drop ins will be a focus for distributing information and for outcomes information</p> <p>A.4 NorthCare will use its website and consumer complaint process to seek feedback. Forums and satisfaction surveys will be used by CMHSPs.</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Phase I: Consensus Building B. Education</p>	<ol style="list-style-type: none"> 1. Develop local information using SAMHSA toolkit info 2. Develop and disseminate program documents resulting from stakeholders discussing materials, using member newsletters and existing member service functions 3. Regional Assessment of current EBPs and promising and emerging practices practices 4. Develop training plan 5. Produce introductory materials 6. Discussion of stakeholders concerns regarding the model and implementation 7. Provide support and training to regional partners. 8. Disseminate SAMHSA toolkit information & EBP toolkit implementation strategies 	<p>B.1. Done in the spring of 2005 and ongoing as new EBPs are studied and implemented</p> <p>B.2. Ongoing since spring 2005</p> <p>B.3. Summer 2006</p> <p>B.4. Ongoing since spring of 2005.</p> <p>B.5&6&7 &8 Ongoing since 2005</p>	<p>B.1. NorthCare and local CMHSP staff</p> <p>B.2. NorthCare and local CMHSP staff</p> <p>B.3. LT and NorthCare staff and local CMHSP staff</p> <p>B.4. NorthCare staff, the LT and local CMHSP staff</p> <p>B.5&6&7 &8 NorthCare staff, the LT and local CMHSP staff</p>	<p>B.1. Consistency in educational materials used in local implementation of FPE</p> <p>B.2. Increase stakeholder buy-in and knowledge.</p> <p>B.3. The LT will conduct an assessment of existing clinical practices to guide decision making about further training and implementation of other EBPs and promising practices. The findings will be reported to the Performance Management Committee of NorthCare Network.</p> <p>B. 4. Training plan is in place for FPE and PMTO. The regional Performance Improvement Project for 06 and 07 will focus on Co-occurring. These individual plans include education of staff and stakeholders.</p> <p>B.5&6&7 &8 Toolkit materials are available to all CMHSPs. Local CMHSPs are producing some of their own material. LT and NorthCare will function as a resource center for material through the NorthCare website. CMHSPs will disseminate information through their member services meetings and forums and newsletters.</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Phase I: Consensus Building C. Structural & Clinical Improvements</p>	<ol style="list-style-type: none"> 1. Develop, revise and implement work flow and other administrative processes 2. Identify information systems requirements 3. Educate Board members and Executive Directors 4. Educate and train staff 	<p>C.1. Ongoing since Spring 2005</p> <p>C.2. Ongoing since Spring 2005</p> <p>C.3. Ongoing since 2005</p> <p>C.4. Ongoing since 2005</p>	<p>C.1. Regional & Local CMHSP project teams</p> <p>C.2. Lucy Olson and Sally Olson maintain communication with IS staff and project teams across the region</p> <p>C.3. DCH, MACMHB, NorthCare staff and local CMHSP staff</p> <p>C.4. MACMHB, DCH, NorthCare, CMHSPs</p>	<p>I. Consistent information systems design to support data collection, aggregation and reporting of data/results</p> <p>C.2 Reports may be requested from NorthCare on consolidated data from the Data Warehouse.</p> <p>C.3. DCH and MACMHB and NorthCare will provide ongoing training at the Board Association meetings. PIHP staff presented to the regional meeting of the 5 CMHSP Boards 9-7-05. NorthCare will continue to send semi annual Member newsletter to the CMHSP to distribute to their Board members. A primary focus of the newsletters is improving clinical practices.</p> <p>C. 4. The statewide Practices Improvement Committee, MDCH, and the NorthCare and LT will continue to develop and provide training and supervision of CMHSP regional staff. These plans will be updated quarterly in this work plan.</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Phase I: Consensus Building D. Adaptation & Evaluation</p>	<p>1. Develop and implement data collection, integration into local QI process and knowledge information system and analysis</p> <p>2. Review Practice Improvement work plan--propose changes to reflect Plan – do –check –Act model of implementation of EBPs and promising practices.</p> <p>3. Support the individual project teams in attaining their goals</p>	<p>D.1. FPE fidelity studies winter of 2006; Fidelity studies of Supported employment and ACT spring of 2006</p> <p>D.2. Winter 2006 –LT team educated on fidelity studies Spring 2006 Fidelity studies done regionally.</p> <p>D.3. Ongoing quarterly project team meetings and quarterly LT meetings to review progress and create action steps to be taken over the next quarter.</p>	<p>D.1. Lucy Olson for FPE and the local clinicians and U of M; Supported employment and ACT studies will be conducted by LT members</p> <p>D.2. LT and NorthCare staff</p> <p>D.3. LT and Project teams</p>	<p>1. Consistent implementation of data collection procedures for fidelity measures. Project teams and regional QI and UM and coding committees will review data for these practices on at their meetings.</p> <p>D.2. EBP fidelity evaluated and modifications made and retraining offered as needed. Each CMHSP will participate by reporting necessary modifications to the models they are implementing and educating stakeholders about those modifications.</p> <p>D.3. Consistent implementation of the model through fidelity monitoring</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
Phase II: Enacting A. Awareness	<ol style="list-style-type: none"> 1. Complete work plan for continuous feedback on progress in the region 2. Implement process for obtaining continuous feedback from consumers, family, local NAMI advocates, Clubhouses, Drop-in Centers, the community and staff 	<p>A.1. March 2006 meeting of the LT</p> <p>A.2. Summer/early fall of 2006</p>	<p>A.1. NorthCare staff and the LT</p> <p>A.2. Consumers on LT and Regional Member services staff and U of M staff.</p>	<p>A.1. Continuous plan for feedback on model & service developed and implemented</p> <p>A.2. A survey of the effectiveness/satisfaction with Drop ins will be conducted. Results will inform LT as to how to obtain ongoing feedback from consumers regarding clinical practices. Also, FPE clinicians will conduct ongoing satisfaction survey with assistance of U of M.</p>
Phase II: Enacting B. Structural & Clinical Improvement	<ol style="list-style-type: none"> 1. Implement process to collect and analyze data and identify opportunities for improvement 2. Develop defined competencies for clinical staff 	<p>B. 1 2nd FY quarter 06 through FY 07</p> <p>B. 2 2nd FY quarter 06 through FY 07</p>	<p>B.1. U of M, DCH, NorthCare , Local CMHSPs, LT</p> <p>B.2. DCH, NorthCare , Local CMHSPs, LT</p>	<p>B. 1. For the FPE project- NorthCare reports begin in the spring of 06 and will guide implementation. Fidelity studies will be done for other EBPs in the summer of 06. LT will report to NorthCare Board and other CMHSP Boards on the results of clinical reviews in Fall of 2006.</p> <p>B.2. For the clinical practices that are to be improved a core set of clinical competencies are identified and training developed to support clinical & administrative improvements.</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Phase II: Enacting C. Continual Improvement & Support</p>	<ol style="list-style-type: none"> 1. Use performance data to inform all decision-making 2. Enhancements in training needs defined and developed 3. Local implementation of additional EBPs, promising practices and emerging practices. 	<p>C.1. Quarterly reporting beginning March 2006</p> <p>C.2 Quarterly throughout FY 07 beginning in summer of 2006.</p> <p>C.3 Fall of 2006 then ongoing</p>	<p>C.1. NorthCare Staff and local project teams.</p> <p>C.2 MDCH, MACMHB, NorthCare, CMHSPs, Consumer groups</p> <p>C. 3. NorthCare and the local CMHSPs</p>	<p>I. LT and NorthCare use reports from the regional data warehouse to inform decision-making to improve internal processes</p> <p>C.2 A regional Learning Collaborative will be developed and supervision and training provided driven by clinician and consumer request and need. Meetings will be held quarterly starting summer 2006. Clinicians will also attend the statewide Learning Collaborative as possible. The consumer members of the LT and the Member Services Committee will help determine consumer needs for education and training.</p> <p>C.3. The assessment conducted by the LT will outline how and where the layering of EBPs could best be implemented. Each CMHSP will be given feedback on areas where practice improvement is indicated and where they are excelling and could provide leadership to the region. There will be recommendations for collaborating with partners so there is no wrong door for access for services.</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Phase II: Enacting D. Adaptation & Evaluation</p>	<ol style="list-style-type: none"> 1. Continue to analyze fidelity measures and other performance data to make ongoing monitoring and funding decisions 2. Discuss planning for continuation of clinical Practice Improvement 	<p>D .1 Spring 2006 through the end of FY 07.</p> <p>D. 2 By the summer of FY 07</p>	<p>D.1. NorthCare , MDCH site review teams, consumers</p> <p>D.2 LT and regional staff and stakeholders</p>	<p>D.1. Information on Outcomes data will be gathered from a number of sources.-Consumer satisfaction -Staff satisfaction -Improvement in quality of life for consumers as measured by: reduced hospitalization rates; reduced consumer contacts with the criminal justice system; meaningful involvement in the community; increased consumer compliance with medications; improved participation in treatment process; improved consumer perception of recovery; improvement in meaningful family relationships; increase in number of consumers in supported employment; improved physical health status</p> <p>D.2. The ongoing plan for improving clinical practices will include increased efforts to collaborate with our stakeholders—Dept of Human Services, the local hospitals and schools and courts. Co-occurring treatment and FPE will be provided in collaboration with the courts, the community (NAMI) and the regional hospital.</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Phase III: Sustaining: A. Awareness</p>	<p>A. 1. NorthCare will develop mechanism to track referrals into the FPE groups from the community, consumers and other local stakeholder groups</p> <p>A.2. Promising practices and emerging practices will be explored through informational opportunities for staff and consumers and the community.</p>	<p>A.1. By the spring of 2006, reports on referrals will be available for FPE groups</p> <p>A.2. The LT and the Learning Collaborative will provide regional opportunities throughout 06 and 07</p>	<p>A.1. U of M and NorthCare and regional Clinical group leaders.</p> <p>A.2. NorthCare staff, LT and regional partners</p>	<p>A.1. By FY 07 there will be a process in place for NorthCare to count the number of referrals coming from community & consumers for the FPE practice.</p> <p>A.2. Newsletters, websites and forums will provide ongoing dissemination of information about promising clinical practices. Trainings and informational forums on Best Practices will be offered across the Upper Peninsula. These opportunities will be documented in the work plan ongoing.</p>
<p>Phase III: Sustaining: B. Education</p>	<p>B.1. With key stakeholders, provide educational forums to legislative, advocacy and local community groups</p>	<p>B.1.FY 07 Develop the regional Recovery Council</p>	<p>B.1.NorthCare and CMHSP leaders and consumers</p>	<p>B.1.a.Increased understanding of mental illness by consumers, families and policy makers</p> <p>B.1.b.Improvement of local communities' understanding of mental illness and EBPs</p> <p>B.1.c.Involvement of NAMI, consumers and families in EBPs</p>
<p>Phase III: Sustaining: C. Structural and Clinical Improvement</p>	<p>C.1. New clinical practices will be implemented by local sites as the need for and efficacies of specific treatments are established.</p>	<p>C.1. By the end of FY 07 , an Ongoing, continuous improvement process for clinical practices will be in place.</p>	<p>C.1. NorthCare, LT , CMHSP staff and consumers</p>	<p>C.1. The Practices Improvement Team working with the clinical directors and administrators will develop a plan for continuous clinical improvement.</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
Phase III: Sustaining: D. Adaptation & Evaluation	1. Create a local level evaluative capacity to monitor performance against outcomes 2. Identify and document local innovations	D.1. Ongoing from 12-05 D.2. Quarterly reports ongoing from March 2006	D.1. NorthCare Practices Improvement Team, Local CMHSPs Clinical Directors D.2. NorthCare staff and project teams	D.1. The NorthCare Annual Report will share results and outcomes with consumers, community and other interested stakeholders regarding improvements in the delivery of clinical services. 2. Local innovations documented and shared with State committees and MDCH D.2. The local project teams will update the implementation of EBPs and report to the regional teams. As innovations are identified, training using the Learning Collaborative structure occurs to implement effective care.

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Phase I: Consensus Building A. Awareness</p>	<ol style="list-style-type: none"> 1. Create list of all partners to be included in the development & consensus building phase 2. Encourage and collaborate with key stakeholders 3. Identify and use a network from local government, stakeholders, advocacy groups (such as the Depression & Bipolar Support Alliance (DBSA), NAMI, Clubhouses, Drop-in Centers, Mental Health Association), local advisory councils and groups, individual advocates, CMH/PIHP Board Members, PIHP staff. 	<ol style="list-style-type: none"> 1. In March 2004, NorthCare committed to implementing the FPE model in the Upper Peninsula. In the spring of 2005 the decision was made to seek the grant funds to continue implementation of this treatment. 2. From 12 -03 through May 2005 – 3. Fall of 2005 active outreach to community and consumers and stakeholders. 	<ol style="list-style-type: none"> 1. NorthCare and the 5 CMHSPs 2. Project Team Leaders: NorthCare: Lucy Olson, LLP Copper: Virginia Kangas Gogebic: Denece Draper HBH: Patti LeBel Pathways: Jim Dunn Northpointe: David Block 3. NorthCare- LucyOlson,LLP Gogebic- Denece Draper- Northpointe—Mary Beth Hoavisto Pathways- Jim Dunn Copper –Virginia Kangas 	<ol style="list-style-type: none"> 1. NorthCare selected the FPE model to fund with MDCH Practice Improvement grant for 06 and 07. 2. The CEOs of the five Boards and the Board of Directors have been educated about FPE. Presentations have been given at NAMI meetings and at the Consumer Advisory meetings. There is support for continuing the project and leaders have been identified at each Board. Update 11-02-05 NAMI Marquette will put an article in their Newsletter in Nov 2005. NP short presentation to Np Board 9-22-05 & an article in the Monthly Newsletter Sept 2005 Update 1-25-06 Lucy Olson presented to the Marquette NAMI chapter on 11-28-05 on FPE 3. NorthCare will actively recruit community members to participate in the regional project team. It is anticipated these will be quarterly meetings and we would like several community members. Bv

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
	<p>4. Develop a process for obtaining continuous feedback from consumers, families, local NAMI advocates, Clubhouses, drop-in centers, the community and staff</p>	<p>4. Fall of 2005 ongoing through 2007</p>	<p>4. NorthCare-- Lucy Olson</p> <p>4. Gogebic—Denece Draper</p> <p>4. Northpointe— Mary Beth Haavisto</p>	<p>January 2006, we would complete a 3 yr implementation plan with the goal of providing this treatment modality at all sites where there is a clinical need.</p> <p>4. NorthCare will develop the Improving Practice Leadership Team. There will also be specific regional project teams for the FPE implementation. Update 1-27-06 NorthCare has a PILT up and running and project teams for the 3 EBPs are meeting on at least a quarterly basis.</p> <p>4. Gogebic--6 month initial consumer/family satisfaction survey, followed by a yearly survey thereafter.</p> <p>4. NPT will develop a Consumer Satisfaction Form for participants in the FPE. Provide education to NAMI. Encourage suggestions from participants -- "What do you like? How can we improve?" by Spring 2006. Invite NAMI to do a presentation to FPE group. Establish trainings at other sites, while encouraging consumers to take part in these presentations during winter 2005-2006. Establish budget with consumer's input, by Spring 2006. Do presentations to local community services (FA,</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
			<p>4. Pathways-Jim Dunn</p> <p>4.Copper: Virginia Kangas</p> <p>5. Hiawatha: Patti LeBel</p>	<p>Goodwill, Drop In, etc.) by Spring, 2006. Encourage families to become more active as peer supports & for recruiting, ongoing. Do an FPE presentation at annual NAMI Luncheon/Seminar, May 2006. Conduct an annual regional consumer feedback forum, Summer, 2006. Do FPE Presentation to the Board of Directors, Winter 2005. Network with other CMH FPE groups to exchange information of ideas, roadblocks, etc., ongoing</p> <p>4. Pathways—Will participate in the fidelity measures and consumer satisfaction measurements.</p> <p>4. Copper--4. Copper: Year One - Survey the level of awareness of those listed in first column. Direct outreach efforts based on survey results.</p> <p>Year Two – Include past FPE participants in processes of building awareness and outreach. Begin incorporating changes based on consumer input.</p> <p>Year Three – Expand awareness/outreach activities to additional sites.</p> <p>Hiawatha – We will utilize a consumer survey; and provide</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Phase I: Consensus Building B. Education</p>	<p>1. Develop local information using SAMHSA toolkit info</p>	<p>1. Summer 2005</p>	<p>The group would like to add some specific comments to the survey from Mary Ruffalo. Leave space after each comment. We would work as a region on one satisfaction survey.</p> <p>1. NorthCare and the 5 CMHSPs</p>	<p>ongoing education to the Board, staff and community. Expand the program to the Manistique office in late '05.</p>
	<p>2. Develop and disseminate program document resulting from stakeholders discussing materials, using member newsletters and existing member service functions</p>	<p>2. Summer/Fall 2005</p>	<p>2. NorthCare and the 5 CMHSPs</p>	<p>1. NorthCare-The region has adopted the materials in the SAMHSA toolkits. This information on the provider side of the NorthCare website. 1. Gogebic has added these materials to their website. 1. NPT will provide access to the SAMHSA toolkit's to clinical staff, ongoing. NPT will get information from NP's Co-Occurring Specialists for education & training, ongoing. 1. Pathways is utilizing the toolkits for the group work and will make the material available at their website. 1. Hiawatha will utilize the toolkit materials. 2. NorthCare has focused on EBPs in our member newsletters, at consumer meetings, at the local NAMI meetings and will continue to do so. An outreach plan to the medical community will be developed in the fall of 2005 Update 11-02-05 Education of</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
	<p>2. Develop training plan</p>	<p>3. Fall 2005 through Fall 2006</p>	<p>3. NorthCare and the 5 CMHSPs</p>	<p>members continues. We need to focus on the medical community.</p> <p>2. Northpointe—Articles will be written for Communication Pointe (Consumer newsletter); Northpointe News (staff newsletter), by Fall 2005.</p> <p>11-02-05 UPDATE</p> <p>Developing a short, informational NPT FPE Newsletter in Fall, 2005.</p> <p>Consumer's artwork and articles shall be encouraged. Fall, 2005.</p> <p>Send copies of all articles to NAMI, ongoing</p> <p>2. Pathways will develop a method of communicating with consumers about new treatment options.</p> <p>11-02-05 Updated consumer orientation packet to include information. During orientation by clinical staff consumer is informed about different treatment modalities—MFG groups etc.</p> <p>2. Copper: Will develop and disseminate brochures and posters to stakeholders for their feedback. Will include information about FPE on website. Outreach plans will include contact with NAMI, CCMHS Consumer Advisory Committee, Drop-In Center, Clubhouse and the local medical community.</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
	<p>3. Produce introductory materials</p> <p>4. Discussion of stakeholders concerns regarding the model and implementation</p> <p>5. Provide support and training to PIHP staff</p> <p>6. Disseminate SAMHSA toolkit information & EBP toolkit implementation strategies</p>	<p>4 & 5 & 6 & 7 Fall 2004 and throughout 2005</p>	<p>4 & 5 & 6 & 7 NorthCare and the 5 CMHSPs</p>	<p>11-02-05 Copper working on a consumer brochure by January 2006. Disseminate at Clubhouses, Drop-in, NAMI and all site offices. Will be part of orientation packet.</p> <p>3. NorthCare will submit a list of staff for training for the Oct 2005 training conducted by Dr. McFarlane. We intend to participate with off site supervision for our current group leaders as well as the new group leaders that will begin in the fall. By the Fall of 2006, we hope to be able to provide our own training perhaps with the assistance of Washtenaw.</p> <p>4&5 & 6 & 7 This has all been completed through the regional project teams and NorthCare staff. The toolkit documents are on the NorthCare website.</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Phase I: Consensus Building C. Structural & Clinical Improvements</p>	<ol style="list-style-type: none"> Develop, revise and implement work flow and other administrative processes Identify information systems requirements Educate Board members and Executive Directors Educate and train staff 	<ol style="list-style-type: none"> 6/2005 – 12/2005 Implement plan and revise agency processes as necessary 6/2005 – Information system requirements identified and by 12/2005 – Information systems can support monitoring and tracking FPE activities Summer/fall 2005- develop & implement plan for Director, Board and staff training 9-04 training with Dr McFarlane and ongoing supervision of staff from 11-04. 10-05 second round of training with Dr. McFarlane 11-05 update 17 people going 	<ol style="list-style-type: none"> NorthCare and 5 CMHSPs The information systems staff and clinical staff of NorthCare and the 5 CMHSPs NorthCare and the 5 CMHSPs NorthCare and the 5 CMHSPs 	<ol style="list-style-type: none"> NorthCare will use the regional Data Warehouse to support data collection, aggregation and reporting of data/results. The regional project team will make plan revisions as indicated from the analysis of the reports. The Coding team will establish standards for data input. The clinicians providing the treatment will have the opportunity to inform the admin of their needs at the local level and at the regional project team meetings. NorthCare has educated the Pathways Board about EBPs. Directors from across the UP have attended the MACMHB trainings. Local Boards have had presentations by staff on FPE Gogebic-- will train two additional staff with another group beginning in the fall of 2005. 11-21-05 UPDATE Mike Rubatt and Jeff Senk attended the November 2005 training. 4. Northpointe-- Attend October 2005 trainings: Monique: Dave Block, Holly Opsahl, Diane Johnson;

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				<p>Dickinson – Todd Drake, Liz Allin, Cynthia LaMont, Iron – Deb Polzin, Peggy Matuson/Initiate</p> <p>11-21-05 UPDATE The above staff attended the training in November 2005</p> <p>FPE in Dickinson & Iron late Dec. 2006 & start groups early 2006. Start second FPE group in Menominee in the spring 2006</p> <p>4. Pathways—will train 2 additional staff in October 2005.</p> <p>11-21-05 UPDATE One staff from Delta was trained, Pam Allsopp in November 2005</p> <p>A second group focused on Bipolar Disorders may be started in late 2005.</p> <p>4. Copper: Will train an additional staff person. Goal is to begin a group in Ontonagon in winter of '06.</p> <p>4. Hiawatha: Will train three additional persons in the EBP with implementation of a new group in Manistique late '05, early '06.</p> <p>11-21-05 UPDATE S staff attended the November 2005 training: Linda Barr's, Ron Remondini, Tom Kerr and Lorie Tracey.</p>
<p>Phase I:</p> <p>Consensus Building</p> <p>D. Adaptation &</p>	<p>1. Develop and implement data collection, integration into local QI process and knowledge information system and analysis</p>	<p>1. May 2005 - PIHPs receive fidelity measures from MDCH</p>	<p>1. NorthCare</p>	<p>1. NorthCare will conduct fidelity measures of groups implemented in the winter of 2005 by the fall of 2005.</p>

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Evaluation</p>	<p>2. Review Model: Propose local adaptations which must be reviewed and approved by FPE subcommittee</p> <p>3. Implement appropriate progress report structure developed by state FPE Subcommittee to test initial fidelity and outcomes measures</p>	<p>2. Aug. 2005 – PI measures introduced with plan for how data will be collected, interpreted, analyzed and what will be done with data</p> <p>3. Fall 2005 – General Organizational Index 11-02-05 Will review at our next team meeting</p>	<p>2. NorthCare</p> <p>3. NorthCare and the 5 CMHSPs will partner with the U of M</p>	<p>11-02-05 UPDATE NorthCare is preparing the package of documents for the fidelity reviews and will set up reviews in December 2005. Update 1-27-06 A fidelity study was conducted for the FPE group being held in Sault Saint Marie on December 12, 2005. On 1-18-06 a fidelity study was conducted at Gogebic for the FPE group ongoing there.</p> <p>2. NorthCare: Currently there are no local adaptations to the model. Any adaptations would be discussed with the supervision team in Maine.</p> <p>3. NorthCare: Consistent implementation of the model will be measured by the agreed upon state measures. 11-21-05 UPDATE NorthCare will attend the Learning Collaborative meeting to receive the final documents from U of M for starting the state eval process in 1-06. Update 1-27-06 –Group leaders participated in video conference training with Mary Ruffalo on 12-16-05 on the standard outcomes study staff will be responsible to complete with the group members.</p>

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<p>Phase II: Enacting B. Structural & Clinical Improvement</p>	<ol style="list-style-type: none"> 1. Implement process to collect and analyze data and identify opportunities for improvement 2. Develop defined competencies for clinical staff 	<ol style="list-style-type: none"> 3. . . January 2006 4 Fall of 2005 and through fall of 2006 	<ol style="list-style-type: none"> 3. NorthCare and the 5 CMHSPs 4. NorthCare and the 5 CMHSPs 	<ol style="list-style-type: none"> 3. The Leadership Committee will use the Data Warehouse to report on the progress in implementation and to anticipate areas of need. 11-21-05 UPDATE First reports will be shared with the committee 12-16-05. 4.. If the fidelity measures reveal clinicians who are significantly deviating from the model, a focused retraining will be implemented. It is expected that clinicians will adhere to the model. Additional clinical competencies will be identified and training developed to support clinical & administrative improvements

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Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
Phase II: Enacting C. Continual Improvement & Support	<ol style="list-style-type: none"> 1. Use performance data to inform all decision-making 2. Enhancements in training needs defined and developed 3. Local implementation of additional EBPs (such as Integrated Treatment of Individuals with Co-Occurring Disorders, ACT, etc.) 	<ol style="list-style-type: none"> 1. January 2006 -- Report to MDCH 1st year data 2. January -- March 2006 -- Training needs presented to MACMHB 3. October 2007 	<ol style="list-style-type: none"> 1. NorthCare and the statewide quarterly supervision group 2. NorthCare and the 5 CMHSPs 3. NorthCare and the 5 CMHSPs 	<ol style="list-style-type: none"> 1. NorthCare uses data to inform decision-making to improve internal processes 2. State-wide identified training needs developed and made available to NorthCare 3. NorthCare will continue to implement other EBPs to enhance clinical outcomes for consumers. These include Co-Occurring, ACT, Supported Employment. Update 1-27-06 The Practices Improvement leadership Team will conduct fidelity studies for ACT and supported employment by the fall of 2006.

FAMILY PSYCHOEDUCATION WORK PLAN FOR NORTHCARE PIHP 2004-2007 Update 1-27-06

Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
Phase II: Enacting D. Adaptation & Evaluation	<ol style="list-style-type: none"> 4. Analyze fidelity measures and other performance data to make ongoing monitoring and funding decisions 5. Discuss planning for 3rd year of implementation of project 	6. 2006 & 2007 Participate in ongoing research.	1. NorthCare and the 5 CMHSPs and the statewide evaluation done with U of M.	<p>6. Outcomes data:</p> <ul style="list-style-type: none"> -Consumer satisfaction -Staff satisfaction -Improvement in quality of life for consumers as measured by: reduced hospitalization rates; reduced consumer contacts with the criminal justice system; meaningful involvement in the community; increased consumer compliance with medications; improved participation in treatment process; improved consumer perception of recovery; improvement in meaningful family relationships; increase in number of consumers in supported employment; improved physical health status

FAMILY PSYCHOEDUCATION TEMPLATE FOR PIHP PLANNING

Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
<p>Phase III: Sustaining: A. Awareness</p>	<ol style="list-style-type: none"> 1. Community is actively involved in the support groups to track referrals into the PIHP will develop mechanism 2. PIHP will develop mechanism to track referrals into the group from the community, consumers and other local stakeholder groups 3. Use data for outreach to consumers and families 	<ol style="list-style-type: none"> 1. January 2005 through September 2007 	<ol style="list-style-type: none"> 1. 1. NorthCare and the 5 CMHSPs 2. NorthCare and the 5 CMHSPs 3. NorthCare and the 5 CMHSPs 	<ol style="list-style-type: none"> 1. Family and consumer buy-in to program results in referrals to program 2. The regional coding team will develop a report to track referral information. 3. NorthCare will continue to educate consumers and families through newsletters, our website, public presentations and other formats to sustain this treatment modality.
<p>Phase III: Sustaining: B. Education</p>	<ol style="list-style-type: none"> 1. With key stakeholders, provide educational forums to legislative, advocacy and local community groups 	<ol style="list-style-type: none"> 1. September 2004 – September 2007 	<ol style="list-style-type: none"> 1. NorthCare and the 5 CMHSPs 	<ol style="list-style-type: none"> 1. Northpointe-- NPF will do presentation to NAMI; utilize articles in newsletters; have FPE consumers make posters & do presentations; Address/educate NAMI, Collaborative Board, USD's, FFA, etc. 1. Copper: Educational presentations/forums will be provided at least annually to key stakeholder groups. <p>Pathways, Gogebic and Hiawatha will be developing and submitting their plan to NorthCare in the fall of 2005. It is due to the PIHP by 12-15-05</p>
<p>Phase III: Sustaining: C. Structural and Clinical</p>	<ol style="list-style-type: none"> 1. Build capacity for expansion of groups 	<ol style="list-style-type: none"> 1. October 2006 – May 2007: 	<ol style="list-style-type: none"> 1. NorthCare and the 5 CMHSPs 	<ol style="list-style-type: none"> 1. In the 5 CMHSPs in the Upper Peninsula, 95% of their counties will have implemented FPE by the 3rd year of the

FAMILY PSYCHOEDUCATION WORK PLAN FOR NORTHCARE PIHP 2004-2007 Update 1-27-06

Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
Improvement				<p>project</p> <p>1. Northpointe-- NPT will have fully implemented FPE groups : Menominee -- 1st Group already in operation (meet every other Tuesday from 5 -- 6:30 PM); Menominee 2nd Group by May 2006; Dickinson and Iron by end of February, 2006.</p> <p>1. Copper: 3rd year goal is to have FPE at each satellite office.</p> <p>1. Hiawatha will continue with our anti-stigma as well as PR plan already in progress as well as do additional FPE training.</p> <p>2. The regional Data collection and monitoring system implemented and fully functional</p>
Phase III: Sustaining: Adaptation & Evaluation	1. Create a local level evaluative capacity to monitor performance against outcomes	1. October 2006 – May 2007 – Data collection and monitoring system implemented and fully functional	1. NorthCare and the 5 CMHSPs	<p>1. NorthCare will share FPE results and outcomes with consumers, community and other interested stakeholders through the previously indicated channels of newsletters, websites, and community presentations.</p> <p>1. Northpointe-- NPT will utilize Consumer Satisfaction Surveys. Formulate graphs & reports on QI Objectives, quarterly 2006. Informal feedback from</p>

FAMILY PSYCHOEDUCATION WORK PLAN FOR NORTHCARE PIHP 2004-2007 Update 1-27-06

Implementation Strategy	Activity	Milestones/Dates	Person Responsible	Outcomes
	<p>2. Identify and document local innovations</p>	<p>2. October 2006 – September 2007</p>	<p>2. NorthCare and the statewide committees on EBP implementation.</p>	<p>groups/families, ongoing. Develop Regional Forms; have meetings to discuss innovations. Establish Timekeepers for FPE groups</p> <p>1. Hiawatha will build this into our service array and will continue to increase the client base by educating and offering the service to SMI service spectrum. We will include the program evaluation goals and incorporate in QI process which includes feedback to consumers.</p> <p>2. Local innovations documented and shared with FPE Subcommittee and MDCH</p>

State Service Code	Board:ClientID	AXIS1P	Year-Mo	Units Total	# of Clients
Subtotals	Subtotals	Subtotals	Subtotals	135.00	
90849	Copper Country CMH : 23761	295.40:SCHIZOPHRENIFORM DIS	2005-03	1.00	1
90849	Copper Country CMH : 26984	298.9:PSYCHOTIC DIS NOS	2005-03	1.00	1
90849	Copper Country CMH : 27394	295.70:SCHIZOAFFECTIVE DISO	2005-04	1.00	1
90849	Copper Country CMH : 27614	295.70:SCHIZOAFFECTIVE DISO	2005-02	1.00	1
90849	Copper Country CMH : 27614	295.70:SCHIZOAFFECTIVE DISO	2005-03	2.00	1
90849	Hiawatha : 030200	295.70:SCHIZOAFFECTIVE DISO	2005-02	1.00	1
90849	Hiawatha : 032859	296.44:BPLR.I,MREC.MAN,SEVP	2005-03	1.00	1
90849	Hiawatha : 033622	295.70:SCHIZOAFFECTIVE DISO	2005-01	2.00	1
90849	Hiawatha : 034228	296.33:MAJ.DEPR,RCR,SEVE	2005-01	1.00	1
90849	Hiawatha : 13168	295.30:SCHIZOPRENIA,PARANOI	2005-09	1.00	1
90849	Hiawatha : 13680	295.30:SCHIZOPRENIA,PARANOI	2005-01	1.00	1
90849	Hiawatha : 15151	295.10:SCHIZOPHRENIA,DISORG	2005-09	1.00	1
90849	Hiawatha : 16593	295.30:SCHIZOPRENIA,PARANOI	2005-01	1.00	1
90849	Hiawatha : 16593	295.30:SCHIZOPRENIA,PARANOI	2005-02	1.00	1
90849	Northpointe : 0003634	295.10:SCHIZOPHRENIA,DISORG	2005-05	3.00	1

90849	Northpointe : 0004772	295.70:SCHIZOAFFECTIVE DISO	2005-05	3.00	1
90849	Northpointe : 0004946	295.30:SCHIZOPRENIA,PARANOI	2005-05	3.00	1
90849	Northpointe : 0005311	295.70:SCHIZOAFFECTIVE DISO	2005-05	3.00	1
90849	Northpointe : 0005355	295.70:SCHIZOAFFECTIVE DISO	2005-05	3.00	1
90849	Northpointe : 0006682	295.10:SCHIZOPHRENIA,DISORG	2005-05	3.00	1
90849	Northpointe : 0007589	295.70:SCHIZOAFFECTIVE DISO	2005-05	1.00	1
90849	Pathways : 17466	295.30:SCHIZOPRENIA,PARANOI	2005-04	1.00	1
90849	Pathways : 17466	295.30:SCHIZOPRENIA,PARANOI	2005-05	3.00	1
90849	Pathways : 17466	295.30:SCHIZOPRENIA,PARANOI	2005-06	1.00	1
90849	Pathways : 22394	295.70:SCHIZOAFFECTIVE DISO	2005-08	1.00	1
90849	Pathways : 22394	295.70:SCHIZOAFFECTIVE DISO	2005-09	1.00	1
90849	Pathways : 23208	295.70:SCHIZOAFFECTIVE DISO	2005-05	1.00	1
90849	Pathways : 23208	295.70:SCHIZOAFFECTIVE DISO	2005-06	2.00	1
90849	Pathways : 23208	295.70:SCHIZOAFFECTIVE DISO	2005-07	1.00	1
90849	Pathways : 23208	295.70:SCHIZOAFFECTIVE DISO	2005-08	2.00	1
90849	Pathways : 23208	295.70:SCHIZOAFFECTIVE DISO	2005-09	1.00	1
90849	Pathways : 26926	295.70:SCHIZOAFFECTIVE DISO	2005-05	1.00	1
90849	Pathways : 27893	295.70:SCHIZOAFFECTIVE DISO	2005-05	1.00	1
90849	Pathways : 27893	295.70:SCHIZOAFFECTIVE DISO	2005-06	4.00	1
90849	Pathways : 27893	295.70:SCHIZOAFFECTIVE DISO	2005-07	2.00	1
90849	Pathways : 27893	295.70:SCHIZOAFFECTIVE DISO	2005-08	1.00	1

90849	Pathways : 27893	295.70:SCHIZOAFFECTIVE DISO	2005-09	1.00	1
90849	Pathways : 28520	295.70:SCHIZOAFFECTIVE DISO	2005-06	1.00	1
90849	Pathways : 28520	295.70:SCHIZOAFFECTIVE DISO	2005-08	2.00	1
90849	Pathways : 28520	295.70:SCHIZOAFFECTIVE DISO	2005-09	1.00	1
90849	Pathways : 28849	295.30:SCHIZOPRENIA,PARANOI	2005-05	1.00	1
90849	Pathways : 28849	295.30:SCHIZOPRENIA,PARANOI	2005-06	1.00	1
90849	Pathways : 32311	295.30:SCHIZOPRENIA,PARANOI	2005-05	1.00	1
90849	Pathways : 32311	295.30:SCHIZOPRENIA,PARANOI	2005-06	4.00	1
90849	Pathways : 32311	295.30:SCHIZOPRENIA,PARANOI	2005-07	2.00	1
90849	Pathways : 32311	295.30:SCHIZOPRENIA,PARANOI	2005-08	1.00	1
90849	Pathways : 32311	295.30:SCHIZOPRENIA,PARANOI	2005-09	1.00	1
90849	Pathways : 32462	295.70:SCHIZOAFFECTIVE DISO	2005-04	3.00	1
90849	Pathways : 32462	295.70:SCHIZOAFFECTIVE DISO	2005-05	3.00	1
90849	Pathways : 32462	295.70:SCHIZOAFFECTIVE DISO	2005-06	3.00	1
90849	Pathways : 32462	295.70:SCHIZOAFFECTIVE DISO	2005-07	1.00	1
90849	Pathways : 32462	295.70:SCHIZOAFFECTIVE DISO	2005-08	3.00	1
90849	Pathways : 32462	295.70:SCHIZOAFFECTIVE DISO	2005-09	3.00	1
90849	Pathways : 33949	295.70:SCHIZOAFFECTIVE DISO	2005-04	3.00	1
90849	Pathways : 33949	295.70:SCHIZOAFFECTIVE DISO	2005-05	3.00	1
90849	Pathways : 33949	295.70:SCHIZOAFFECTIVE DISO	2005-06	3.00	1
90849	Pathways : 33949	295.70:SCHIZOAFFECTIVE DISO	2005-08	2.00	1

90849	Pathways : 33949	295.70: SCHIZOAFFECTIVE DISO	2005-09	3.00	1
90849	Pathways : 37622	295.90: SCHIZOPHRENIA, UNDIFF	2005-05	1.00	1
90849	Pathways : 37622	295.90: SCHIZOPHRENIA, UNDIFF	2005-06	1.00	1
90849	Pathways : 40324	295.10: SCHIZOPHRENIA, DISORG	2005-04	3.00	1
90849	Pathways : 40324	295.10: SCHIZOPHRENIA, DISORG	2005-05	3.00	1
90849	Pathways : 40324	295.10: SCHIZOPHRENIA, DISORG	2005-06	3.00	1
90849	Pathways : 40324	295.10: SCHIZOPHRENIA, DISORG	2005-07	1.00	1
90849	Pathways : 40324	295.10: SCHIZOPHRENIA, DISORG	2005-08	3.00	1
90849	Pathways : 40324	295.10: SCHIZOPHRENIA, DISORG	2005-09	1.00	1
90849	Pathways : 41598	295.14: SCHIZOPHRENIA, DISORG, CHRON/EXACER	2005-06	1.00	1
90849	Pathways : 41598	295.14: SCHIZOPHRENIA, DISORG, CHRON/EXACER	2005-07	1.00	1
90849	Pathways : 41598	295.14: SCHIZOPHRENIA, DISORG, CHRON/EXACER	2005-08	2.00	1
90849	Pathways : 41598	295.14: SCHIZOPHRENIA, DISORG, CHRON/EXACER	2005-09	1.00	1
90849	Pathways : 45551	295.70: SCHIZOAFFECTIVE DISO	2005-04	3.00	1
90849	Pathways : 45551	295.70: SCHIZOAFFECTIVE DISO	2005-05	2.00	1
90849	Pathways : 45551	295.70: SCHIZOAFFECTIVE DISO	2005-06	2.00	1
90849	Pathways : 45551	295.70: SCHIZOAFFECTIVE DISO	2005-07	1.00	1
90849	Pathways : 45551	295.70: SCHIZOAFFECTIVE DISO	2005-09	2.00	1

State Service Code	Board:ClientID	AXIS1P	Year-Mo	Units Total	# of Clients
Subtotals	Subtotals	Subtotals	Subtotals	208.00	
G0177	Copper Country CMH : 23761	295.40:SCHIZOPHRENIFORM DIS	2005-02	1.00	1
G0177	Copper Country CMH : 23761	295.40:SCHIZOPHRENIFORM DIS	2005-04	1.00	1
G0177	Copper Country CMH : 23761	295.40:SCHIZOPHRENIFORM DIS	2005-05	2.00	1
G0177	Copper Country CMH : 23761	295.40:SCHIZOPHRENIFORM DIS	2005-06	2.00	1
G0177	Copper Country CMH : 23761	295.40:SCHIZOPHRENIFORM DIS	2005-07	2.00	1
G0177	Copper Country CMH : 23761	295.40:SCHIZOPHRENIFORM DIS	2005-09	2.00	1
G0177	Copper Country CMH : 24381	295.90:SCHIZOPHRENIA,UNDIFF	2005-09	2.00	1
G0177	Copper Country CMH : 24409	295.70:SCHIZOAFFECTIVE DISO	2005-07	1.00	1
G0177	Copper Country CMH : 24409	295.70:SCHIZOAFFECTIVE DISO	2005-08	1.00	1
G0177	Copper Country CMH : 24409	295.70:SCHIZOAFFECTIVE DISO	2005-09	2.00	1
G0177	Copper Country CMH : 26984	298.9:PSYCHOTIC DIS NOS	2005-04	2.00	1
G0177	Conner Country CMH :	298.9:PSYCHOTIC DIS NOS	2005-05	2.00	1

	26984								
G0177	Copper Country CMH : 27394	295.70:SCHIZOAFFECTIVE DISO	2005-05	2.00	1				
G0177	Copper Country CMH : 27394	295.70:SCHIZOAFFECTIVE DISO	2005-07	2.00	1				
G0177	Copper Country CMH : 27394	295.70:SCHIZOAFFECTIVE DISO	2005-08	1.00	1				
G0177	Copper Country CMH : 27394	295.70:SCHIZOAFFECTIVE DISO	2005-09	1.00	1				
G0177	Copper Country CMH : 27614	295.70:SCHIZOAFFECTIVE DISO	2005-04	2.00	1				
G0177	Copper Country CMH : 27614	295.70:SCHIZOAFFECTIVE DISO	2005-05	2.00	1				
G0177	Copper Country CMH : 27614	295.70:SCHIZOAFFECTIVE DISO	2005-06	2.00	1				
G0177	Copper Country CMH : 27614	295.70:SCHIZOAFFECTIVE DISO	2005-07	2.00	1				
G0177	Copper Country CMH : 27614	295.70:SCHIZOAFFECTIVE DISO	2005-08	2.00	1				
G0177	Copper Country CMH : 27614	295.70:SCHIZOAFFECTIVE DISO	2005-09	1.00	1				
G0177	Gogebic CMH : 0000493	295.34:PARAN SCHIZO CHRONIC/EXACERB	2005-02	2.00	1				
G0177	Gogebic CMH : 0000493	295.34:PARAN SCHIZO CHRONIC/EXACERB	2005-03	1.00	1				
G0177	Gogebic CMH :	295.34:PARAN SCHIZO CHRONIC/EXACERB	2005-04	1.00	1				

	0000493					
G0177	Gogebic CMH : 0000493	295.34:PARAN SCHIZO CHRONIC/EXACERB	2005-05	2.00	1	
G0177	Gogebic CMH : 0000493	295.34:PARAN SCHIZO CHRONIC/EXACERB	2005-06	1.00	1	
G0177	Gogebic CMH : 0000493	295.34:PARAN SCHIZO CHRONIC/EXACERB	2005-07	1.00	1	
G0177	Gogebic CMH : 0000493	295.34:PARAN SCHIZO CHRONIC/EXACERB	2005-08	1.00	1	
G0177	Gogebic CMH : 0000493	295.34:PARAN SCHIZO CHRONIC/EXACERB	2005-09	2.00	1	
G0177	Gogebic CMH : 0002003	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-02	2.00	1	
G0177	Gogebic CMH : 0002003	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-03	1.00	1	
G0177	Gogebic CMH : 0002003	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-04	2.00	1	
G0177	Gogebic CMH : 0002003	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-05	1.00	1	
G0177	Gogebic CMH : 0002003	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-06	1.00	1	
G0177	Gogebic CMH : 0002003	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-07	1.00	1	
G0177	Gogebic CMH : 0002003	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-08	2.00	1	
G0177	Gogebic CMH : 0002003	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-09	2.00	1	

	0002003					
G0177	Gogebic CMH : 0002268	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-02	2.00	1	
G0177	Gogebic CMH : 0002268	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-03	1.00	1	
G0177	Gogebic CMH : 0002268	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-05	2.00	1	
G0177	Gogebic CMH : 0002268	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-06	1.00	1	
G0177	Gogebic CMH : 0002268	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-07	1.00	1	
G0177	Gogebic CMH : 0002338	295.02:NA	2005-02	2.00	1	
G0177	Gogebic CMH : 0002645	295.04:NA	2005-02	2.00	1	
G0177	Gogebic CMH : 0002645	295.04:NA	2005-03	1.00	1	
G0177	Gogebic CMH : 0002645	295.04:NA	2005-04	1.00	1	
G0177	Gogebic CMH : 0002645	295.04:NA	2005-05	2.00	1	
G0177	Gogebic CMH : 0002645	295.04:NA	2005-07	2.00	1	
G0177	Gogebic CMH : 0002645	295.04:NA	2005-08	2.00	1	
G0177	Gogebic CMH : 0002645	295.04:NA	2005-09	2.00	1	

	0002645						
G0177	Gogebic CMH : 0002845		295.84:NA	2005-02	2.00	1	
G0177	Gogebic CMH : 0002845		295.84:NA	2005-03	1.00	1	
G0177	Gogebic CMH : 0002845		295.84:NA	2005-04	1.00	1	
G0177	Gogebic CMH : 0002845		295.84:NA	2005-05	1.00	1	
G0177	Gogebic CMH : 0002845		295.84:NA	2005-06	1.00	1	
G0177	Gogebic CMH : 0002845		295.84:NA	2005-07	2.00	1	
G0177	Gogebic CMH : 0002845		295.84:NA	2005-08	2.00	1	
G0177	Gogebic CMH : 0002845		295.84:NA	2005-09	2.00	1	
G0177	Gogebic CMH : 0004651		295.72:SCHIZOAFFECTIVE-CHRONIC	2005-02	2.00	1	
G0177	Gogebic CMH : 0004651		295.72:SCHIZOAFFECTIVE-CHRONIC	2005-03	1.00	1	
G0177	Gogebic CMH : 0004651		295.72:SCHIZOAFFECTIVE-CHRONIC	2005-04	2.00	1	
G0177	Gogebic CMH : 0004651		295.72:SCHIZOAFFECTIVE-CHRONIC	2005-05	2.00	1	
G0177	Gogebic CMH : 0004651		295.72:SCHIZOAFFECTIVE-CHRONIC	2005-06	1.00	1	

	0004651					
G0177	Gogebic CMH : 0004651	295.72: SCHIZOAFFECTIVE-CHRONIC	2005-07	2.00	1	
G0177	Gogebic CMH : 0004651	295.72: SCHIZOAFFECTIVE-CHRONIC	2005-08	1.00	1	
G0177	Gogebic CMH : 0004651	295.72: SCHIZOAFFECTIVE-CHRONIC	2005-09	2.00	1	
G0177	Gogebic CMH : 0005037	295.34: PARAN SCHIZO CHRONIC/EXACERB	2005-09	1.00	1	
G0177	Hiawatha : 030200	295.70: SCHIZOAFFECTIVE DISO	2005-02	2.00	1	
G0177	Hiawatha : 030200	295.70: SCHIZOAFFECTIVE DISO	2005-03	2.00	1	
G0177	Hiawatha : 030815	296.80: BPLR DIS NOS	2005-07	2.00	1	
G0177	Hiawatha : 032254	296.34: MAJ. DEPR, RCR, SEVP	2005-07	2.00	1	
G0177	Hiawatha : 032254	296.34: MAJ. DEPR, RCR, SEVP	2005-08	1.00	1	
G0177	Hiawatha : 032254	296.34: MAJ. DEPR, RCR, SEVP	2005-09	1.00	1	
G0177	Hiawatha : 034122	296.33: MAJ. DEPR, RCR, SEVE	2005-07	2.00	1	
G0177	Hiawatha : 034122	296.33: MAJ. DEPR, RCR, SEVE	2005-08	1.00	1	
G0177	Hiawatha : 13680	295.30: SCHIZOPRENIA, PARANOI	2005-02	2.00	1	
G0177	Hiawatha : 13680	295.30: SCHIZOPRENIA, PARANOI	2005-03	1.00	1	
G0177	Hiawatha : 16593	295.30: SCHIZOPRENIA, PARANOI	2005-02	2.00	1	
G0177	Hiawatha : 16593	295.30: SCHIZOPRENIA, PARANOI	2005-03	2.00	1	
G0177	Hiawatha : 16593	295.30: SCHIZOPRENIA, PARANOI	2005-07	2.00	1	
G0177	Hiawatha : 16593	295.30: SCHIZOPRENIA, PARANOI	2005-08	1.00	1	

G0177	Hiawatha : 16593	295.30: SCHIZOPRENIA, PARANOI	2005-09	1.00	1
G0177	Northpointe : 0003634	295.10: SCHIZOPHRENIA, DISORG	2005-04	2.00	1
G0177	Northpointe : 0003634	295.10: SCHIZOPHRENIA, DISORG	2005-05	1.00	1
G0177	Northpointe : 0003634	295.10: SCHIZOPHRENIA, DISORG	2005-06	2.00	1
G0177	Northpointe : 0003634	295.10: SCHIZOPHRENIA, DISORG	2005-08	1.00	1
G0177	Northpointe : 0003634	295.10: SCHIZOPHRENIA, DISORG	2005-09	2.00	1
G0177	Northpointe : 0004772	295.70: SCHIZOAFFECTIVE DISO	2005-04	2.00	1
G0177	Northpointe : 0004772	295.70: SCHIZOAFFECTIVE DISO	2005-05	1.00	1
G0177	Northpointe : 0004772	295.70: SCHIZOAFFECTIVE DISO	2005-06	1.00	1
G0177	Northpointe : 0004772	295.70: SCHIZOAFFECTIVE DISO	2005-07	1.00	1
G0177	Northpointe : 0004772	295.70: SCHIZOAFFECTIVE DISO	2005-08	1.00	1
G0177	Northpointe : 0004772	295.70: SCHIZOAFFECTIVE DISO	2005-09	2.00	1
G0177	Northpointe : 0004946	295.30: SCHIZOPRENIA, PARANOI	2005-04	1.00	1
G0177	Northpointe : 0004946	295.30: SCHIZOPRENIA, PARANOI	2005-05	1.00	1
G0177	Northpointe : 0004946	295.30: SCHIZOPRENIA, PARANOI	2005-06	2.00	1
G0177	Northpointe : 0004946	295.30: SCHIZOPRENIA, PARANOI	2005-07	1.00	1
G0177	Northpointe : 0004946	295.30: SCHIZOPRENIA, PARANOI	2005-08	1.00	1
G0177	Northpointe : 0004946	295.30: SCHIZOPRENIA, PARANOI	2005-09	1.00	1
G0177	Northpointe : 0005311	295.70: SCHIZOAFFECTIVE DISO	2005-04	3.00	1
G0177	Northpointe : 0005311	295.70: SCHIZOAFFECTIVE DISO	2005-06	2.00	1
G0177	Northpointe : 0005311	295.70: SCHIZOAFFECTIVE DISO	2005-07	2.00	1

G0177	Northpointe : 0005311	295.70:SCHIZOAFFECTIVE DISO	2005-08	1.00	1
G0177	Northpointe : 0005311	295.70:SCHIZOAFFECTIVE DISO	2005-09	2.00	1
G0177	Northpointe : 0005355	295.70:SCHIZOAFFECTIVE DISO	2005-05	1.00	1
G0177	Northpointe : 0005355	295.70:SCHIZOAFFECTIVE DISO	2005-06	2.00	1
G0177	Northpointe : 0005355	295.70:SCHIZOAFFECTIVE DISO	2005-07	2.00	1
G0177	Northpointe : 0005355	295.70:SCHIZOAFFECTIVE DISO	2005-08	1.00	1
G0177	Northpointe : 0005355	295.70:SCHIZOAFFECTIVE DISO	2005-09	2.00	1
G0177	Northpointe : 0006682	295.10:SCHIZOPHRENIA,DISORG	2005-04	2.00	1
G0177	Northpointe : 0006682	295.10:SCHIZOPHRENIA,DISORG	2005-05	1.00	1
G0177	Northpointe : 0006682	295.10:SCHIZOPHRENIA,DISORG	2005-06	2.00	1
G0177	Northpointe : 0006682	295.10:SCHIZOPHRENIA,DISORG	2005-07	2.00	1
G0177	Northpointe : 0006682	295.10:SCHIZOPHRENIA,DISORG	2005-09	2.00	1
G0177	Northpointe : 0007589	295.70:SCHIZOAFFECTIVE DISO	2005-04	1.00	1
G0177	Northpointe : 0007589	295.70:SCHIZOAFFECTIVE DISO	2005-05	1.00	1
G0177	Northpointe : 0007589	295.70:SCHIZOAFFECTIVE DISO	2005-06	2.00	1
G0177	Northpointe : 0007589	295.70:SCHIZOAFFECTIVE DISO	2005-07	1.00	1
G0177	Northpointe : 0007589	295.70:SCHIZOAFFECTIVE DISO	2005-09	2.00	1
G0177	Pathways : 10058	295.70:SCHIZOAFFECTIVE DISO	2005-03	1.00	1
G0177	Pathways : 32462	295.70:SCHIZOAFFECTIVE DISO	2005-01	3.00	1
G0177	Pathways : 39075	295.30:SCHIZOPHRENIA,PARANOI	2005-06	1.00	1
G0177	Pathways : 40324	295.10:SCHIZOPHRENIA,DISORG	2005-01	3.00	1

G0177	Pathways : 40324	295.10: SCHIZOPHRENIA, DISORG	2005-02	1.00	1
G0177	Pathways : 41598	295.14: SCHIZOPHRENIA, DISORG, CHRON/EXACER	2005-05	1.00	1
G0177	Pathways : 45551	295.70: SCHIZOAFFECTIVE DISO	2005-01	1.00	1
G0177	Pathways : 45551	295.70: SCHIZOAFFECTIVE DISO	2005-02	1.00	1
G0177	Pathways : 45551	295.70: SCHIZOAFFECTIVE DISO	2005-03	1.00	1
G0177HS	Gogebic CMH : 0000493	295.34: PARAN SCHIZO CHRONIC/EXACERB	2005-04	1.00	1
G0177HS	Gogebic CMH : 0001020	295.74: SCHIZOAFFECTIVE-CHRONIC/EXACER	2005-09	1.00	1
G0177HS	Gogebic CMH : 0002268	295.32: SCHIZOPHRENIA, PARANOI, CHRONIC	2005-04	1.00	1
G0177HS	Gogebic CMH : 0002268	295.32: SCHIZOPHRENIA, PARANOI, CHRONIC	2005-08	1.00	1
G0177HS	Gogebic CMH : 0002338	295.02: NA	2005-04	1.00	1
G0177HS	Northpointe : 0003634	295.10: SCHIZOPHRENIA, DISORG	2005-07	2.00	1

State Service Code	Board:ClientID	AXIS1P	Year-Mo	Units Total	# of Clients
Subtotals	Subtotals	Subtotals	Subtotals	36.00	
90849	Hiawatha : 034578	296.64:BPLR,I,MREC.MIX,SEVP	2005-12	1.00	1
90849	Pathways : 22394	295.70:SCHIZOAFFECTIVE DISO	2005-10	1.00	1
90849	Pathways : 22394	295.70:SCHIZOAFFECTIVE DISO	2005-11	1.00	1
90849	Pathways : 22394	295.70:SCHIZOAFFECTIVE DISO	2005-12	1.00	1
90849	Pathways : 23208	295.70:SCHIZOAFFECTIVE DISO	2005-10	1.00	1
90849	Pathways : 23208	295.70:SCHIZOAFFECTIVE DISO	2005-11	1.00	1
90849	Pathways : 27893	295.70:SCHIZOAFFECTIVE DISO	2005-10	2.00	1
90849	Pathways : 27893	295.70:SCHIZOAFFECTIVE DISO	2005-11	1.00	1
90849	Pathways : 28520	295.70:SCHIZOAFFECTIVE DISO	2005-10	2.00	1
90849	Pathways : 28520	295.70:SCHIZOAFFECTIVE DISO	2005-11	1.00	1
90849	Pathways : 28520	295.70:SCHIZOAFFECTIVE DISO	2005-12	1.00	1
90849	Pathways : 32311	295.30:SCHIZOPRENIA,PARANOI	2005-10	2.00	1
90849	Pathways : 32311	295.30:SCHIZOPRENIA,PARANOI	2005-11	1.00	1
90849	Pathways : 32462	295.70:SCHIZOAFFECTIVE DISO	2005-10	2.00	1
90849	Pathways : 32462	295.70:SCHIZOAFFECTIVE DISO	2005-11	2.00	1
90849	Pathways : 32462	295.70:SCHIZOAFFECTIVE DISO	2005-12	1.00	1
90849	Pathways : 33904	292.84:SUBS-IND MOOD DIS	2005-12	1.00	1
90849	Pathways : 33949	295.70:SCHIZOAFFECTIVE DISO	2005-10	1.00	1

90849	Pathways : 40324	295.10: SCHIZOPHRENIA, DISORG	2005-10	2.00	1
90849	Pathways : 40324	295.10: SCHIZOPHRENIA, DISORG	2005-11	2.00	1
90849	Pathways : 40324	295.10: SCHIZOPHRENIA, DISORG	2005-12	1.00	1
90849	Pathways : 41598	295.14: SCHIZOPHRENIA, DISORG, CHRON/EXACER	2005-10	2.00	1
90849	Pathways : 41598	295.14: SCHIZOPHRENIA, DISORG, CHRON/EXACER	2005-11	2.00	1
90849	Pathways : 45551	295.70: SCHIZOAFFECTIVE DISO	2005-10	2.00	1
90849	Pathways : 45551	295.70: SCHIZOAFFECTIVE DISO	2005-11	2.00	1

State Service Code	Board:ClientID	AXISIP	Year-Mo	Units Total	# of Clients
Subtotals	Subtotals	Subtotals	Subtotals	126.00	
G0177	Copper Country CMH : 23761	295.40:SCHIZOPHRENIFORM DIS	2005-10	2.00	1
G0177	Copper Country CMH : 23761	295.40:SCHIZOPHRENIFORM DIS	2005-11	1.00	1
G0177	Copper Country CMH : 24381	295.90:SCHIZOPHRENIA, UNDIFF	2005-10	1.00	1
G0177	Copper Country CMH : 24409	295.70:SCHIZOAFFECTIVE DISO	2005-10	2.00	1
G0177	Copper Country CMH : 24409	295.70:SCHIZOAFFECTIVE DISO	2005-11	2.00	1
G0177	Copper Country CMH : 24409	295.70:SCHIZOAFFECTIVE DISO	2005-12	2.00	1
G0177	Copper Country CMH : 26984	298.9:PSYCHOTIC DIS NOS	2005-10	1.00	1
G0177	Copper Country CMH : 27614	295.70:SCHIZOAFFECTIVE DISO	2005-10	2.00	1
G0177	Copper Country CMH : 27614	295.70:SCHIZOAFFECTIVE DISO	2005-11	2.00	1
G0177	Copper Country CMH : 27614	295.70:SCHIZOAFFECTIVE DISO	2005-12	1.00	1
G0177	Gogebic CMH : 0000493	295.34:PARAN SCHIZO CHRONIC/EXACERB	2005-10	1.00	1
G0177	Gogebic CMH : 0000493	295.34:PARAN SCHIZO	2005-12	1.00	1

G0177	Gogebic CMH : 0002003	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-10	1.00	1
G0177	Gogebic CMH : 0002003	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-11	1.00	1
G0177	Gogebic CMH : 0002003	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-12	1.00	1
G0177	Gogebic CMH : 0002268	295.32:SCHIZOPRENIA,PARANOI,CHRONIC	2005-12	1.00	1
G0177	Gogebic CMH : 0002645	295.04:NA	2005-10	1.00	1
G0177	Gogebic CMH : 0002645	295.04:NA	2005-12	1.00	1
G0177	Gogebic CMH : 0002845	295.84:NA	2005-10	2.00	1
G0177	Gogebic CMH : 0002845	295.84:NA	2005-11	1.00	1
G0177	Gogebic CMH : 0002845	295.84:NA	2005-12	1.00	1
G0177	Gogebic CMH : 0002845	295.84:NA	2006-01	1.00	1
G0177	Gogebic CMH : 0004651	295.72:SCHIZOAFFECTIVE-CHRONIC	2005-10	2.00	1
G0177	Gogebic CMH : 0004651	295.72:SCHIZOAFFECTIVE-CHRONIC	2005-11	1.00	1
G0177	Gogebic CMH : 0004651	295.72:SCHIZOAFFECTIVE-CHRONIC	2005-12	1.00	1
G0177	Gogebic CMH : 0004651	295.72:SCHIZOAFFECTIVE-CHRONIC	2006-01	1.00	1
G0177	Gogebic CMH : 0005037	295.34:PARAN SCHIZO CHRONIC/EXACERB	2005-10	1.00	1
G0177	Gogebic CMH : 0005037	295.34:PARAN SCHIZO CHRONIC/EXACERB	2005-12	1.00	1
G0177	Gogebic CMH : 0005037	295.34:PARAN SCHIZO CHRONIC/EXACERB	2006-01	1.00	1
G0177	Hiawatha : 030662	295.70:SCHIZOAFFECTIVE DISO	2005-10	2.00	1

G0177	Hiawatha : 030662	295.70: SCHIZOAFFECTIVE DISO	2005-12	2.00	1
G0177	Hiawatha : 030662	295.70: SCHIZOAFFECTIVE DISO	2006-01	1.00	1
G0177	Hiawatha : 032254	296.34: MAJ. DEPR, RCR, SEVP	2005-10	2.00	1
G0177	Hiawatha : 032254	296.34: MAJ. DEPR, RCR, SEVP	2005-11	1.00	1
G0177	Hiawatha : 032254	296.34: MAJ. DEPR, RCR, SEVP	2005-12	2.00	1
G0177	Hiawatha : 032254	296.34: MAJ. DEPR, RCR, SEVP	2006-01	2.00	1
G0177	Hiawatha : 032546	296.34: MAJ. DEPR, RCR, SEVP	2005-11	2.00	1
G0177	Hiawatha : 032546	296.34: MAJ. DEPR, RCR, SEVP	2005-12	2.00	1
G0177	Hiawatha : 032546	296.34: MAJ. DEPR, RCR, SEVP	2006-01	1.00	1
G0177	Hiawatha : 033853	295.70: SCHIZOAFFECTIVE DISO	2006-01	1.00	1
G0177	Hiawatha : 034055	298.9: PSYCHOTIC DIS NOS	2006-01	1.00	1
G0177	Hiawatha : 034122	296.33: MAJ. DEPR, RCR, SEVE	2005-10	3.00	1
G0177	Hiawatha : 034122	296.33: MAJ. DEPR, RCR, SEVE	2005-12	1.00	1
G0177	Hiawatha : 034122	296.33: MAJ. DEPR, RCR, SEVE	2006-01	1.00	1
G0177	Hiawatha : 034525	300.3: OBSESS-COMPUL DIS	2006-01	1.00	1
G0177	Hiawatha : 034578	296.64: BPLR.I, MREC.MIX, SEVP	2005-12	1.00	1
G0177	Hiawatha : 034578	296.64: BPLR.I, MREC.MIX, SEVP	2006-01	2.00	1
G0177	Hiawatha : 15151	295.10: SCHIZOPHRENIA, DISORG	2005-10	1.00	1
G0177	Hiawatha : 15151	295.10: SCHIZOPHRENIA, DISORG	2005-11	2.00	1
G0177	Hiawatha : 15151	295.10: SCHIZOPHRENIA, DISORG	2005-12	2.00	1
G0177	Hiawatha : 15151	295.10: SCHIZOPHRENIA, DISORG	2006-01	1.00	1

G0177	Hiawatha : 16323	295.30:SCHIZOPRENIA,PARANOI	2005-11	2.00	1
G0177	Hiawatha : 16323	295.30:SCHIZOPRENIA,PARANOI	2005-12	1.00	1
G0177	Hiawatha : 16323	295.30:SCHIZOPRENIA,PARANOI	2006-01	2.00	1
G0177	Hiawatha : 16593	295.30:SCHIZOPRENIA,PARANOI	2005-10	3.00	1
G0177	Hiawatha : 16593	295.30:SCHIZOPRENIA,PARANOI	2005-11	1.00	1
G0177	Hiawatha : 16593	295.30:SCHIZOPRENIA,PARANOI	2005-12	1.00	1
G0177	Hiawatha : 16593	295.30:SCHIZOPRENIA,PARANOI	2006-01	1.00	1
G0177	Hiawatha : 17093	295.70:SCHIZOAFFECTIVE DISO	2006-01	1.00	1
G0177	Northpointe : 0003634	295.10:SCHIZOPHRENIA,DISORG	2005-10	1.00	1
G0177	Northpointe : 0003634	295.10:SCHIZOPHRENIA,DISORG	2005-11	2.00	1
G0177	Northpointe : 0003634	295.10:SCHIZOPHRENIA,DISORG	2005-12	1.00	1
G0177	Northpointe : 0003634	295.10:SCHIZOPHRENIA,DISORG	2006-01	1.00	1
G0177	Northpointe : 0004772	295.70:SCHIZOAFFECTIVE DISO	2005-10	2.00	1
G0177	Northpointe : 0004772	295.70:SCHIZOAFFECTIVE DISO	2005-11	1.00	1
G0177	Northpointe : 0004772	295.70:SCHIZOAFFECTIVE DISO	2005-12	1.00	1
G0177	Northpointe : 0004772	295.70:SCHIZOAFFECTIVE DISO	2006-01	1.00	1
G0177	Northpointe : 0004946	295.30:SCHIZOPRENIA,PARANOI	2005-11	1.00	1
G0177	Northpointe : 0004946	295.30:SCHIZOPRENIA,PARANOI	2005-12	1.00	1
G0177	Northpointe : 0004946	295.30:SCHIZOPRENIA,PARANOI	2006-01	1.00	1
G0177	Northpointe : 0005311	295.70:SCHIZOAFFECTIVE DISO	2005-10	2.00	1
G0177	Northpointe : 0005311	295.70:SCHIZOAFFECTIVE DISO	2005-11	3.00	1

G0177	Northpointe : 0005311	295.70:SCHIZOAFFECTIVE DISO	2005-12	1.00	1
G0177	Northpointe : 0005311	295.70:SCHIZOAFFECTIVE DISO	2006-01	1.00	1
G0177	Northpointe : 0005355	295.70:SCHIZOAFFECTIVE DISO	2005-10	2.00	1
G0177	Northpointe : 0005355	295.70:SCHIZOAFFECTIVE DISO	2005-11	3.00	1
G0177	Northpointe : 0006682	295.10:SCHIZOPHRENIA,DISORG	2005-10	2.00	1
G0177	Northpointe : 0006682	295.10:SCHIZOPHRENIA,DISORG	2005-11	3.00	1
G0177	Northpointe : 0006682	295.10:SCHIZOPHRENIA,DISORG	2005-12	1.00	1
G0177	Northpointe : 0006682	295.10:SCHIZOPHRENIA,DISORG	2006-01	1.00	1
G0177	Northpointe : 0007589	295.70:SCHIZOAFFECTIVE DISO	2005-10	1.00	1
G0177	Northpointe : 0007589	295.70:SCHIZOAFFECTIVE DISO	2005-11	2.00	1
G0177	Northpointe : 0007589	295.70:SCHIZOAFFECTIVE DISO	2005-12	1.00	1
G0177	Northpointe : 0007589	295.70:SCHIZOAFFECTIVE DISO	2006-01	1.00	1
G0177	Pathways : 32462	295.70:SCHIZOAFFECTIVE DISO	2005-10	1.00	1
G0177	Pathways : 33904	292.84:SUBS-IND MOOD DIS	2005-10	1.00	1
G0177	Pathways : 33904	292.84:SUBS-IND MOOD DIS	2005-11	2.00	1
G0177	Pathways : 40324	295.10:SCHIZOPHRENIA,DISORG	2005-10	1.00	1
G0177	Pathways : 45551	295.70:SCHIZOAFFECTIVE DISO	2005-10	1.00	1

Practices Improvement Team**UPDATE 1-23-06**

	Name		Qualifications/Experience
Improving Practices Leader	Lucy Olson,LLP	lolson@up-pathways.org 906-225-7235	NorthCare UM Coordinator Chair of FPE Project Team Expertise in EBPs,PCP,Consumer rights
Co-Leader	Cyndi Shaffer	cshaffer@up-pathways.org 906-225-7253	NorthCare Chief Operating Officer Chair PIHP PMTO Project Team Expertise in PCP, SDI
Member Services Specialist	Sally Olson	solson@up-pathways.org	NorthCare Member Services Specialist Chair PIHP Co-Occurring Project Team RSW, CAC II, Co-Occurring Tx
Specialist in MI Services	Karen Thekan	kthekan@nbhs.org 906-779-0545	Northpointe CEO/former clinical director Expertise in PCP, SDI
Specialist i in SED Services	Laurel Kniskern	lknisker@up-pathways.org 906-225-7232	Pathways Director of MH Services Member: PIHP PMTO and Co-occurring Project Teams; Expertise in PCP
Specialist in DD Services	Lisa Lauzon	llauzon@sault.com 906-341-2144	Hiawatha Director of DD Servuces Expertise in PCP, SDI
	Vicki Mikkola	vmikkola@cccmh.org 906-482-9200	Copper Country Deputy Director Former Director of DD Services Expertise in PCP, SDI
Specialist in SA Services	Donna Kitrick	dkitrick@up-pathways.org 906-226-0044	NorthCare Substance Abuse Director Member: PIHP Co-occurring Project Team; Expertise in PCP, SA
Data	Deb Davis	ddavis@nbhs.org 906-779-0504	Northpointe Data Warehouse Programmer
Evaluation & Finance	Claudia Johnson	cjohnson@up-pathways.org 906-225-4431	Pathways CIO Expertise --IS and Finance
Consumer - Employed byCMH	Mary Berg	2414 8th Ave Escanaba, MI 49829 906-789-6211	Pathways employee
Family Member of a Child	Jonah Chartier	P.O. Box 37 Spalding, MI 49886 906-497-5127	Parent of Northpointe Consumer Member: PIHP PMTO Project Team
Program Leaders - Practices being Implemented	Jeff Brittain MSW	jbrittain@up-pathways.org	Pathways-Currently rec PMTO training Member: PIHP PMTO Project Team
	Kim Green MSW	kgreen@cccmh.org	Copper Country Member: PIHP Co-occurrreing Project Team
	Christina Korson MSW	ckorson@sault.com	Hiawatha - facilitator of FPE group Member: PIHP Family Psychoed Project Team

	Name		Qualifications/ Experience
Program Leader for peer-operated services	Carl Evers	51389 Paradise Rd Lake Linden, MI 49945 906-296-8094	Copper Country Copper Country consumer; Peer-directed Services Board
Peer Support Specialist	Bob White	7099W Tannery Road Manistique, MI 49854 bajaa@chartermi.net 906-341-6774	Peer advocate at Hiawatha. Pam Edwards will print documents for Bob. rroman@sault.com
Employment Specialist	Angie Pope	apope@gccmh.org	Gogebic staff

FINANCIAL STATUS REPORT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

ATTACHMENT D

		Contract Number 20061249	Page	Of
Local Agency Name Pathways dba NorthCare Network		Program Family Psycho Education	Code	
Street Address 200 W. Spring Street		Report Period 10/1/05 Thru 12/31/05	Date Prepared 1/27/06	
City, State, ZIP Code Marquette, MI 49855		Agreement Period 10/1/05 Thru 10/1/06	FE ID Number 38-3378350	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries & Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials	33.00	33.00	22,225.00	22,192.00
5. Contractual (Sub-Contracts)	9,972.00	9,972.00	27,000.00	17,028.00
6. Equipment				
7. Other Expenses				
Enhanced Group	265.11	265.11	16,875.00	16,609.89
Fidelity Studies	166.85	166.85	2,500.00	2,333.15
Travel to Training	7,435.39	7,435.39	9,600.00	2,164.61
Learning Collaborative	588.40	588.40	1,800.00	1,211.60
8. TOTAL DIRECT	18,460.75	18,460.75	80,000.00	61,539.25
9a. Indirect Costs Rate				
9b. Indirect Costs Rate				
10. TOTAL	18,460.75	18,460.75	80,000.00	61,539.25
SOURCE OF FUNDS:				
11. State Agreement	18,460.75	18,460.75	80,000.00	61,539.25
12. Local				
13. Federal				
14. Other				
15. Fees & Collections				
16. TOTAL FUNDING	18,460.75	18,460.75	80,000.00	61,539.25
CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.				
Authorized Signature Cyndi Shaffer	Date 1-31-06	Title Chief Operating Officer, NorthCare PIHP		
Contact Person Name Lucy Olson	Telephone Number 906-225-7235			

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducatoin
Program Narrative
Quarterly Report**

Report Period: October 1, 2005 – December 31, 2005
PIHP: North County Community Mental Health
Program Title: Block Grants for Community Mental Health Services
Executive Director: Alexis Kaczynski
Address: One MacDonald Drive, Suite A, Petoskey, Michigan 49770
Contact Person: Dave Schneider
Phone: (231) 439-1234 Fax: (231) 347-1241 E:Mail: daveschneider@norcocmh.org
PCA#: 20711 Contract #: 20061246 Federal ID Number: 37-1458744

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team has lead efforts to educate staff and stakeholder groups during the quarter. This has been accomplished through a variety of activities, including:

- Development of monthly “milestones” for each of the member Boards, highlighting staff discussion groups, system analysis, staff training, Board training, and stakeholder presentations.
- An informational trip to Washtenaw County for those staff that will be involved in the FPE program to meet with Washtenaw County CSTS staff currently facilitating multi-family groups.
- Compilation of a list of stakeholder groups, with contact information. This was used to arrange presentations that will occur during the second quarter.
- Meeting with the Stakeholder Group that has been established to provide continuous feedback and input to the process.
- Development of a program description and brochure to be used in educating staff and stakeholder groups.
- Review of the General Organization Index to identify specific areas for organizational change efforts.
- Ten staff attended the McFarlane Training in November.
- Each Board reported to the IPLT on internal staff discussions of the implementation of the FPE program.
- Board members have received introductory training on evidence-based practice, in general and FPE in specific.

These activities have been consistent with, although not entirely on schedule with, the implementation strategy submitted with the grant application. Timing of various activities was adjusted to fit the scheduled training dates for the McFarlane training.

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

Activities during the quarter were primarily aimed at identifying staff, arranging training and initial infrastructure work. Therefore, it not possible to answer this question for this quarter.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Consensus building activities, as noted in A, above, have been directed at staff, stakeholder groups and Board members. No significant efforts with "other systems and agencies" have occurred during the quarter.

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D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

Phase I, Awareness outcomes have all been achieved. The PIHP selected the Family Psychoeducation program for implementation and program leaders were identified. A Stakeholder Group has been formed to provide input and feedback. Additionally, the existing regional consumer group has taken an active role in the implementation process.

Phase I, Education objectives are nearly met. Educational materials are developed and stakeholder presentations are scheduled.

Phase I, Structural & Clinical Improvement outcomes are being met. The information system design is consistent throughout the region due to a centralized system. Appropriate codes have been identified. Training plans being finalized with much training having been provided. Clinical and Administrative supports for staff are difficult to define, however, staff are being supported in their efforts to become more familiar with the program and work assignments have been modified. Additional "supports" will be defined and supported as implementation progresses.

Phase I, Adaptation & Evaluation objectives are not applicable at this point in the implementation process.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

Nine individuals, three from AuSable Valley CMH, three from North Country CMH, two from Northeast Michigan CMH and one from the PIHP attended a meeting with Washtenaw County Community Support & Treatment Service staff to discuss implementation of FPE. This day long meeting was extremely helpful in formulating a usable work plan.

The CMH staff that attended the Washtenaw County CSTS meeting, as well as an additional staff from Northeast Michigan CMH and one additional from North Country CMH attended the three day McFarlane training in November.

Two of the CMH staff also have attended at least one Learning Collaborative meeting. The PIHP representative has also attended Statewide FPE Subcommittee meetings.

These training and assistance opportunities have provided considerable knowledge and understanding relative to the implementation and ongoing provision of multi-family groups. This information has been beneficial in the development of work plans, program brochures and literature, as well as providing staff the specific knowledge needed to facilitate groups.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

No notable challenges have been encountered to date.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

There were no actions relating to data collection, fidelity or process monitoring during the quarter.

H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during the fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goal.)

No services were provided in the quarter.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

This cannot be answered at this point. As noted, activities during the quarter consisted of training and education.

J. Describe the activities planned to address the project's goals and objective for the next quarter.

The next quarter will see the following activities:

- Continued meetings with the Stakeholder Group
- Initiation of the Joining Process in each CMHSP
- The Family Skills Workshop will be conducted at each CMSHP
- Group Sessions will begin
- Training will be provided to involved staff regarding the University of Michigan outcome study and appropriate data collection.

FINANCIAL STATUS REPORT
Michigan Department of Community Health

BPO Number		Contract Number 20061246		Page	Of
Local Agency Name North Country CMH-Northern Affiliation		Program Family Psychoeducation		Code	
Street Address One MacDonald Drive, Suite A		Report Period 10/1/2005 Thru 12/31/2005 <input type="checkbox"/> Final		Date Prepared 1/13/2006	
City, State, ZIP Code Petoskey, MI 49770		Agreement Period 10/1/2005 Thru 9/30/2006		FE ID Number 37-1458744	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages	-	-	20,190.00	20,190.00
2. Fringe Benefits	-	-	12,994.00	12,994.00
3. Travel	1,017.00	1,017.00	1,767.00	750.00
4. Supplies and Materials	3,282.00	3,282.00	12,250.00	8,968.00
5. Contractual (Sub-Contracts)	-	-	2,500.00	2,500.00
6. Equipment				
7. Other Expenses				
Training Lodging/Meals	2,695.00	2,695.00	7,680.00	4,985.00
Training Fees	5,600.00	5,600.00	8,936.00	3,336.00
Consumer Travel	651.00	651.00	1,482.00	831.00
8. TOTAL DIRECT	13,245.00	13,245.00	67,799.00	54,554.00
9. Indirect Costs: Rate %				
10. Other Cost Distributions				
11. TOTAL EXPENDITURES	13,245.00	13,245.00	67,799.00	54,554.00
SOURCE OF FUNDS:				
12. State Agreement	13,245.00	13,245.00	67,799.00	54,554.00
13. Local	-	-	-	-
14. Federal				
15. Other				
16. Fees & Collections				
17. TOTAL FUNDING	13,245.00	13,245.00	67,799.00	54,554.00

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature	Date 1/24/2005	Title Finance Director
Contact Person Name Donna Wheeler	Telephone Number (231) 347-7890	

FOR STATE OFFICE USE ONLY

	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message:

Authority: P.A. 368 of 1978 Completion: is a condition of Reimbursement	The Department of Community Health is an equal opportunity, employer, services, and programs provider.
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**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period 9/1/05 -12/31/05
PIHP Oakland County Community Mental Health Authority
Program Title Family Psychoeducation Block Grant
Executive Director William J. Allen
Address 2011 Executive Hills Blvd., Auburn Hills, MI , 48326
Contact Person Erin McRobert
Phone: 248-858-2198 Fax 248-975-9543 E-mail mcroberte@occmha.org
PCA # _____ Contract # _____ Federal ID 38-34375

A.The Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team have included:

- Development of the Improving Practices Leadership Team that includes the leaders and co-leaders of each Best Practices Work Group, a specialist in services for adults with mental illness, specialist in services for children with serious emotional disturbances, specialist in services to people with developmental disabilities, specialist in substance abuse services, consumer employed at one of the Authority's providers, a family member of a child with disabilities, Peer Support Specialist, as well as a finance, data, and evaluation specialist. Members are representative of providers, family, and consumers from across the network.
- First Meeting of the Improving Practices Leadership Team is scheduled for 2/3/06.
- During the first quarter, several of the Best Practices Work groups have been meeting and developing work plans for 2006. These groups include, the **Clinical Administration Best Practices Group** which addresses access, discharge, and hospitalization issues. They have been working on Acute Care Discharge Protocol, Responding to identified areas of improvement as a result of Access Study Part I. The **Co-occurring Group** which has been actively involved in training and consultation across core provider agencies including Authority staff and Board members, consumers, and Substance Abuse agency representatives. The Family Psychoeducation (**FPE**) **Group** of Coordinators from each of the core agencies have met this quarter. Provider staff and the PIHP representative attended the McFarlane Training in November 2005. Six to eight people attended both Learning Collaboratives. Family Psychoeducation sub-committee meetings are being attended by the PIHP representative and a representative from Easter Seals. All Coordinators agreed to obtain and report baseline data as U of M has suggested to begin

the Outcome and evaluation component of FPE implementation. The **DBT Monthly Consultation Group** of DBT Coordinators and representatives has identified outcomes to be tracked during 2006 and began working on Best Practice Guidelines. The **Children and Families Best Practice Work Group**, **the Community Work Group**, and **the Peer Delivered Services Work Group (s)** will begin meeting regularly after the first 2/06 Improving Practices Leadership Team Meeting.

B. The Systems Change Process Activities which occurred this quarter include:

- Best Practice organizational structure and framework for OCCMHA was agreed upon and approved.
- Identification of Adult Best Practice Outcome/ Data collection requirements expected by the Authority inserted in all of the Core Provider Agency Contracts for MI Service Providers. These include, FPE, DBT, ACT, and Co-Occurring Disorders. It is expected the impact of this will be significant toward creating systems change as members participating in the EBP work groups are the providers/ or implementers of the actual Practice. They identified important outcomes based on best practice, experience, and what can be most beneficial to stakeholders. Prior contracts have not addressed EBP outcomes nor have they involved dialogue with line staff and managers actually providing the services.
- Dialogue has occurred with various stakeholder groups regarding Best Practices and is expected to continue throughout the year. Efforts to create a website or a link where people can access Best Practice information are being discussed.
- All three core agencies have made progress toward beginning FPE groups in each of the provider agencies.
- Hiring a part time FPE Coordinator/Support person to coordinate activities related to FPE implementation.

C. Consensus building and collaborative service efforts have occurred during the quarter with Board members and Consumer Representatives as well as Steering Committee members, MI Advocates and Core Provider Agency Representatives. Identifying the Improving Practices Team members involved working with core providers in identifying consumer leaders and family members. It is expected this will continue throughout the 2006 year.

D. There has been some progress toward achieving the FPE project outcomes planned for the first quarter. Outcomes from the work plan are as follows:

<i>Date</i>	<i>Activity</i>	<i>Outcome</i>	<i>Additional and Next Steps</i>	<i>Due Date</i>
9/30/05	Improving Practices Team identified w/ qualifications	Achieved	Revised after identifying Co-Facilitators and obtaining	2/3/06

	and sent to DCH		further qualifications. Schedule group. Develop and provide orientation packets to members.	
10/31/05	Hire part time MFPE Coordinator/Support Person	Achieved Kim Wyatt began her role as coordinator for MFPE activities. Has coordinated billing reporting information, coordinated meetings, tracked training and Collaborative participation, gathered toolkit /FPE information manuals.	Will begin working on network wide FPE brochure and assist with website info. Re: FPE Continue to handle all registrations for trainings and collaboratives.	3/31/06
10/05	Adult Best Practice Work Group meets regularly to develop/refine work plans.	Continue FPE Coordinators met as a group and have had individual contacts for updates regarding implementation of work plans/groups/trainings/stakeholder involvement, CQI work plan etc; Reviewed and agreed upon U of M Evaluation and data collection tools. Identify PIHP contact person to coordinate data collection efforts w/ U of M. Attachment B contract outcomes agreed upon and included in 2006 Provider contracts re: FPE. Baseline data will be established by the end of the second quarter.	Adult Best Practices Group with a representative FPE coordinator from each agency will meet 2/16/06. Review and revise Work Plan for FPE. Formalize stakeholder involvement plan. Develop practice guidelines. Define staff competencies. Formalize training and supervision plans. Begin CQI Coordination in	3/31/06

			conjunction w/ U of M evaluation project. Begin implementation of plan. Provide ongoing support to FPE agency providers.	
12/31/05	Core agencies will have MFPE groups up and running by 12/31/05 (See explanation and Charts below)	Easter Seals -1 adult group AMHS began 6/29/05 prior to grant. Achieved Continue development of new groups. CNS -4 adult groups running by 12/31/05. Not Achieved Continue w/ modification through 3/31/06. TTI -3 adult groups running by 12/31/05. 1 group completed joining and workshops in December. Not Achieved Continue w/ modification through 3/31/06.	Easter Seals - Will develop 2 new adult groups CNS -Plans to begin 5 groups. TTI -Young Adult Group began 1/10/06 2 more groups slated to begin by 3/31/06.	3/31/06
12/31/05	Educate and create awareness among stakeholders	Improving Practices Leader and Adult Best Practice Leader presented to the Authority's Policy Committee re: Best Practices, the organizational structure for implementation, monitoring, sustaining, and evaluation and a brief presentation on FPE and the transformation grant. Occurred 11/7/05. There are 2 other meetings rescheduled	Continue meeting w/ staff, providers, consumers, families, Board members. Increase dialogue and understanding about evidenced based practices and FPE.	3/31/06

		for 2006 to discuss Best Practices, Board Meeting and the Steering Committee meeting with Advocates. Adult Best Practice Leader met Families in Action Leaders.		

Community Network Services(CNS) intended to have started four groups at the end of the first quarter. They sent 5 people to participate in the McFarlane Training. 4 consumers and their families have been identified to participate in each group so far. Staff participated in supervision with the McFarlane designee out of Maine, Donna Downing who was also the Trainer. She encouraged them to slow down. Joining is scheduled to occur February 2006, March 11th will be the educational workshops with the plan to begin all 5 groups at the end of March.

CNS Groups	Population	Consumers	Family +consumers	Date Group Began/Projected to begin*
Walled Lake Casemanagement	Adults w/Bipolar	5	10	3/31/06
Pontiac Casemanagement	Adults w/Schizophrenia	5	10	3/31/06
Young Adult Group	Young Adult 18-25	5	10	3/31/06
Residential	Adults	5	10	3/31/06
ACT	Adults	5	10	3/31/06

Easter Seals(ES) intended to have started a total of 3 FPE groups up and running at the end of this first quarter. There has been no new start up of groups this quarter. One adult group has been up and running.

Easter Seals Groups	Population	Consumers	Family +consumers	Date Group Began/Projected Date to Begin*
AMHS	Young Adults Ages 18-25	9 consumers	24 people	6/29/05
Collaborative Solutions	Adults	8-10	20 people	By 3/31/06*
AMHS	Young Adults	8-10	20 people	By 3/31/06*

Training Treatment and Innovations(TTI) intended to have 3 FPE groups up and running by the end of the first quarter. They ran into difficulty having scheduled the first

workshop in 11/1/05 and 11/3/05. Only 2 families attended and although discouraged, several staff attended the McFarlane Training, worked on joining, and spent the next month planning for their next group start-up.

During the month of December, the Young Adults MFPE Group was formed. Joining occurred. The 2 day educational workshops successfully occurred 12/6 and 12/8. A total of 21 people participated including 5 consumers. Due to the holidays, there was a delay in scheduling the first group originally scheduled for 12/21/05. First group occurred 1/10/06.

Another family, two parents and a consumer are receiving single family psychoeducation in their home.

TTI Groups	Population	Consumers	Family +Consumers	Date Group Began/Projected Date*
Oxford- MPE	Young Adults	5	21	1/10/06
Oxford-SFE	Young Adult	1	3	12/05
Madison Hts.	Oakland ACT	12 identified		By 3/31/06*
Oxford	Residential Home	6		By 3/31/06*

E. Staff Training and technical assistance obtained during this quarter includes,

Training	Agency Represented	Name	Role in FPE	Improving Practices Leadership Team Member
FPE Training GR/11/8-11/10	OCCMHA	Erin McRobert	Assist in Coordination Of FPE and Adult Best Practices	Facilitator of Adult Best Practices Work Group
14 persons trained	CNS (Walled Lake)	Amy Yashinsky	Coordinator/Start up Group Facilitator	----- -
	CNS (Walled Lake)	Jennifer Monette	Facilitator	----- --
	CNS (Walled Lake)	Maria Cassise	Facilitator	----- --
	CNS (Pontiac)	Nicole Potenga	Facilitator	----- --
	CNS (Pontiac)	Dena Jones	Facilitator	----- --
	Easter Seals	Beth Sisler	Coordinator/Start up	-----

			Group Facilitator	--
	Easter Seals	Christy La Dronka	Facilitator/Therapist Young Adults	----- --
	Easter Seals	MacArthur Brassfield	Peer Advocate/Young Adults/Co-facilitator	Peer Advocate /Consumer Employee
	Easter Seals	Mike Murphy	Peer Advocate/ Collaborative Solutions/ Co-Facilitator	----- --
	TTI	Anne Gobeski	Co-Facilitator/Young Adult Team Coordinator/Involved in group start-up	----- -
	TTI	Leigh Ann Burger	Co-Facilitator/ Young Adult Team	----- --
	TTI	Maria Alegre	Casemanager/Co-Facilitator	----- --
	TTI	Pamela Brown	Co-Facilitator/Oakland ACT	----- --
Learning Collaborative 10/27/05 and 12/6/05 10 people participated in the Learning Collaboratives 3 people attended both	Easter Seals	Chuck Sapersteinx2 Shari Goldmanx1	Coordinator/Facilitator FPE Best Practices Coordinator	----- Facilitator of Children and Families Best Practices
	OCCMHA	Peter Rettx1 Brad Watkinsx1	Coordinator/Facilitator FPE Facilitator – Collaborative Solutions	----- See above
	CNS	Erin McRobert x2	Assist in coordination of FPE Best Practice	-----
		Amy Yashinsky x2	Coordinator/Facilitator FPE	-----
		Wendy Manusx1	Co-Facilitator	-----
		Dena Jones x1	Co-Facilitator	-----
	TTI	Dawn Del Grasso x1	Coordinator/Facilitator	-----
		Tanya Waple	Coordinator/Facilitator	-----

Each agency	has had	X1	contact	w/ FPE designee/ supervisor
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F. There were some challenges and issues encountered during implementation and action was taken to address these as described below.

- TTI began planning for their first MFPE group. The educational workshop was not well attended and prompted coordinators and facilitators to review, strategize, and take another look at identification and joining with families. After two of the Young Adult staff attended the McFarlane training, they were able to re-group and carry out the educational workshop in December 2005. The group began in January 2006.
- CNS did not get any groups started however they did send a group of 5 people to training and they intend to start up their groups at the same time. They have spent this first quarter planning and identifying families who they have been joining with.
- ES did not begin any new groups this quarter as they decided to concentrate their efforts on enhancing skills and training of the facilitators. They also are concentrating efforts on development of Family Psychoeducation with children and their families and had just begun to implement this possibly emerging practice 8/29/05 serving 5 consumers and 12 family members. This is a research project in conjunction with U of M and Mary Ruffalo. The Authority is interested in this as an emerging practice and has offered some support. Next quarter emphasis will be on beginning the next two adult groups. Two people were sent to training for further preparation.

G. PIHP action taken related to data collection, fidelity and process monitoring activities to accomplish the goal include,

- Participating in the discussions with U of M representative, Mary Ruffalo re: data collection required by Authority for reporting purposes and the tools to be used. All of these were shared and discussed with local coordinators through FPE scheduled group meetings and informally via e-mail.
- All tools shared with the Authority's Quality Improvement Department.
- 2006 Authority Provider contracts address issues of data collection specifically for FPE.
- 2006 Authority Provider contracts address specific issues around supervision contacts, implementation of 5 groups each, and utilization of fidelity adherence tools during the first year through self administration.

H. The target population/program served during this quarter included

Young Adults 18-25 year olds and their families. Persons participating are receiving services at Easter Seals(ES) and Training Treatment and Innovations (TTI).

Total # of unduplicated Consumers served in MFPE = 14

Total # of unduplicated Family Members served in MFPE =31

SFPE= 1 Consumer

SFPE=2 Family members

I. The Authority has contributed financial and in-kind support for consultant to assist in FPE implementation, being involved in the hiring and working with the part time FPE coordinator / support person, and participating in Learning Collaboratives and the DCH FPE Sub-Committee. The project is not having problems with implementation/continuation with all the allocated resources. No amendment initiation at this time.

J. Activities planned to address the project's goals and objectives for the next quarter include:

Increase stakeholder awareness

- Make available link on Authority website that holds information re: Evidenced Based Practices, Minutes from meetings, etc;
- Complete network wide brochure regarding Family Psychoeducation

Educate stakeholders

- Board members, staff, providers, and consumers about best practices and Family Psychoeducation through scheduled presentations by members of the Adult Best Practice Team.
- Schedule a meeting with Families in Action Coordinators from the Oakland AMI.

Address structural and clinical improvement areas

- Utilize the Authority's Best Practice organizational structure.
- Schedule regular meetings of provider/consumer representatives
- Work from comprehensive work plan developed with enhanced stakeholder input to meet goals and objectives.

Focus efforts on obtaining information regarding CQI activities, fidelity adherence, and collection of data for monitoring and evaluation efforts. Ensure information is being collected as identified by U of M. Develop a written agreement with Mary Ruffalo, Easter Seals Family Mental Health, and the Authority that guides the research of FPE for children/adolescents.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
FINANCIAL STATUS REPORT

Program	Code	Report Period	Date Prepared
Family Psycho Education		1st Qrt FY 2006	1/27/06
Local Agency		Agreement Period	
Oakland County Community Mental Health Authority		Oct 1, 2005 - Sept 30, 2006	
Address			Payee Identification Number
2011 Executive Hills Blvd. Auburn Hills, MI 48326			38-3437521

CATEGORY	EXPENDITURES		AGREEMENT	
	Current Period	YTD	Budget	Balance
# Salaries and Wages (KW)	1,573.90	1,573.90	23,880.00	22,306.10
# Fringe Benefits				
# Travel	-	-	-	-
# Supplies & Material	-	-	5,000.00	5,000.00
# Contractual (Subcontracts)	-	-	2,500.00	2,500.00
# Equipment		-		-
# Other Expenses:		-		-
Childcare, Transportation, Meals		-	10,000.00	10,000.00
Training and Supervision, Transp. Expense	11,139.63	11,139.63	25,000.00	13,860.37
Training and Supervision, Transp. Expense	450.00	450.00	3,620.00	3,170.00
				-
				-
				-
# Total Direct	13,163.53	13,163.53	70,000.00	56,836.47
# Indirect Costs: Rate%				
# Other Cost Distributions				
# TOTAL EXPENDITURES	13,163.53	13,163.53	70,000.00	56,836.47
SOURCE OF FUNDS				
# State Agreement	13,163.53	13,163.53	70,000.00	56,836.47
# Local				
# Federal				
# Other				
# Fees & collections				
# TOTAL FUNDING	13,163.53	13,163.53	70,000.00	56,836.47

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is a true and correct statement of expenditures and collections for the report period.

NAME *Sara Thayer*

TITLE *Budget Finance*

1/27/06

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period: October 1, 2005 through December 31, 2005

PIHP: Venture Behavioral Health

Program Title: Family Psychoeducation

Executive Director: Erv Brinker

Chief Operating Officer: Brad Casemore

Address: 3630 Capital Avenue, SW, Battle Creek, MI 49015

Contact Person: Lori Diaz, Ph.D., LP

Phone: 269-979-9132 Fax: 269-979-9728 E-mail:

PCA #: _____ Contract #: _____ Federal ID:

- A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team (IPLT) met in October and December, 2005, with a schedule to meet every other month in the future. The focus of the IPLT thus far has been to implement Family Psychoeducation. The IPLT hired a Program Leader for Family Psychoeducation, Brandy Maynard, LMSW, who assumed her role on November 8, 2005. The Team also sent 22 people to be trained on Family Psychoeducation November 8-10, 2005. Each affiliate sent at least two facilitators to be trained on the model.

The systems transformation efforts have been underway throughout the affiliates as a result of other evidence based practices being implemented. Accountability to model fidelity and outcomes, changing various aspects of clinical practice as well as administrative functions to comply with the models and incorporating ongoing feedback are examples of some systems transformations. With the implementation of FPE, additional systems transformation efforts are taking place to incorporate a family model with the SMI population.

- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

Following the Family Psychoeducation training, the IPLT focused on systems change efforts within and between each affiliate to promote the successful implementation of Family Psychoeducation. The IPLT has been supporting the affiliates in systems change by

providing education to the staff/administration, assisting in barrier identification and problem solving and encouraging collaboration amongst the affiliates. The position of the Program Leader, which is a direct result of this grant/Evidence-Based Practice, has allowed the implementation process and systems change efforts to progress more quickly and efficiently, as there is one person responsible for this effort. The IPLT has been engaged and active in promoting systems change efforts because of the need to do so to implement the Evidence-Based Practice.

- C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Consensus building has consisted of building awareness through the identification of key stakeholders and education. The Program Leader coordinated the identification of key stakeholders among the five affiliates. A list of all key stakeholders identified is attached (Attachment A). The Program Leader provided information to the key stakeholders to build awareness and provide education of the model in the form of an introductory letter (Attachment B) and the "Information for Consumers" handout from the FPE Toolkit. The key stakeholders were also invited to a Community Forum that is scheduled for January 11, 2005 to provide education to the community and stakeholders regarding Family Psychoeducation.

The Program Leader also sent a press release (Attachment C) to seven local newspapers (at least one paper in each of the five counties in which our affiliates are located) to build awareness and invite the public to the Community Forum. Several of the newspapers ran the press release.

Within each affiliate, the supervisors and staff who have been trained have been building consensus within their agencies through a number of means including presenting information to staff, administration and the Board. We have also been collaborating with other services within the organization and within the community who provide services to the targeted population such as jail diversion programs, police agencies, drop-in facilities, substance abuse providers, clubhouses, etc.

- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

Collaboration with Key Stakeholders:

1. Identification of Network including Key Stakeholders: Completed 12/2005
2. IPLT will host an annual meeting with stakeholders: Scheduled for 1/11/2006
3. IPLT will place announcements re: FPE in local media: Completed 12/2005
4. IPLT will disseminate information re: FPE to community organizations: Completed 12/2005
5. IPLT will publish in Venture newsletter: Completed 10/2005

Education:

1. Develop educational materials (brochures): Completed 12/2005 (Attachment D)

2. Disseminate educational materials via Venture newsletter: Completed 10/2005 (Attachment E)
3. Disseminate educational materials via Venture Member Advisory Council: TBC 2/2006
4. Develop Brochures both in English and Spanish: Completed 12/2005
5. Brochures to be located at provider sites: TBC 1/2006
6. Training of staff: At least one team was trained per affiliate, supervisors of three affiliates, the Venture Clinical Director and the FPE Program Leader- 11/2005
7. Each team provided with SAMHSA Toolkit- Completed 12/2005

Structural and Clinical Improvement:

1. Educate Board and Executive Members: Completed 10/2005
2. Develop schedule for IPLT meetings: Completed 10/2005. The meetings will occur on the fourth Thursday of every other month from 2-4 PM. The first meeting was held in October.
3. Meeting with IPLT and all potential clinical staff to discuss items: TBC 2/2006
4. Create a list-serve of FPE clinicians: This was done at the state level- 11/2005
5. Develop schedule for ongoing monthly supervision between clinical staff and external consultant: TBC 1/2006. The external consultants are assigned to our teams and we met them at training, but they are not yet ready to set up supervision times. The IP Leader and FPE leader have scheduled time with the consultants to discuss in January.

- E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and their roles in the FPE project.

Family Psychoeducation Training- November 8-10, 2005, Grand Rapids, MI

- Twenty Two staff were trained during this three day workshop.
 - 5 Clinical Supervisors/Directors- 4 from affiliates and 1 from PIHP
 - 1 FPE Program Leader
 - 16 Clinical Staff to be FPE facilitators

This training was the first time anyone from our affiliates or PIHP was trained in the Family Psychoeducation model. The training was the basis for program development and improving services. From this training, we were able to learn the model and begin to set in action our plans to implement the model at all five affiliate sites. Staff and supervisors began to identify potential participants for the program.

Learning Collaborative-

October 27, 2005

- Six Clinical Leaders attended this meeting

December 6, 2005

- Three attended the learning collaborative- 1 supervisor and 2 staff

The learning collaborative provided valuable information regarding the evaluation plan and other information needed to clarify implementation. The video conferencing with Dr.

McFarlane was helpful in providing more guidance and clarification regarding aspects of the model to assist our sites in implementing the model.

- F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

We have been able to meet most of our work plan goals for this quarter with the following exceptions:

1. Host an annual meeting with stakeholders- target date was September/October, 2005. We did not meet this target date due to the FPE Program Leader not being hired until November. Also, since the training had not yet occurred, it would have been difficult to provide information to the stakeholders when the IPLT did not have the information. The annual meeting is scheduled for January 11, 2006. All arrangements for this meeting have been made, invitation letters have been sent and press releases have been submitted to local newspapers.
2. Disseminate educational materials via Venture Member Advisory Council- target date was November/December 2005. The brochures were not completed/printed until late December, 2005. The educational materials will be distributed and a presentation will be made during the February Advisory Council meeting. However, the Advisory Council was attended and provided with an update regarding the FPE model and progress.
3. Brochures to be located at provider sites- target date was November/December 2005. The brochures were not completed/printed until late December. They will be provided to the affiliates at the first of January, 2006.
4. Meeting with IPLT and potential clinical staff: Target date was November, 2005. The clinical staff were not identified nor trained until November. Due to the holidays, this could not be scheduled. This will be planned for February, 2006.

- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish project goal.

The PIHP is participating in the statewide evaluation- contracted with the University of Michigan. We have received information from Mary Ruffolo regarding the evaluation and will be meeting with her in January to discuss the PIHP's/affiliates' roles in providing the data for the evaluation. We are waiting for this meeting before taking any action.

- H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

Since we just received the training in November and have not yet begun supervision with the FPE consultants, our FPE teams have not yet begun providing services. We are currently identifying potential group participants.

- I. Describe the PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

At this time, progress has been steady and the project is well within allocated resources. It has been discovered that the line item for training may not be adequate to meet the level of interest within the PIHP for training. 22 staff have already received the training and many more are still expressing interest. We are working on a plan to move unexpended resources from other areas within the budget and will submit a formal request when a plan is established. This matter has been discussed and it has been agreed that training is vital to the project and other resources outside of the allocated resources will be utilized if necessary.

- J. Describe the activities planned to address the project's goals and objectives for the next quarter.

1. Host annual meeting with stakeholders- The annual meeting is scheduled for January 11, 2006. All arrangements for this meeting have been made, invitation letters have been sent and press releases have been submitted to local newspapers.
2. Disseminate educational materials via Venture Member Advisory Council- Educational materials will be distributed and a presentation will be made during the February Advisory Council meeting.
3. Brochures will be distributed to provider sites- January, 2006
4. A meeting will be held with the IPLT and potential clinical staff in February, 2006. This meeting will be held to discuss the following: 1) FPE action plan, 2) FPE model and training, 3) Identify potential adaptations, 4) Review educational material, 5) Schedule quarterly meetings between IPLT and clinicians to review progress and identify barriers, 6) Begin FPE groups.
5. Meet with Mary Ruffolo re: program evaluation. Following meeting, develop action plan with affiliates to collect and analyze data as needed.
6. Develop training plan with staff based on core competencies and training needs.



Lori Diaz, Ph.D. LP
Chief Clinical Officer
Venture Behavioral Health

Key Stakeholders

Type	Organization Name	Contact Person	Address
Drop-In Center	South Haven Drop In Center	Mike Tester, Director	970 S. Bailey, South Haven, MI 49090
Drop-In Center	Cohesion, Inc	Phil Columbel, Director	109 N. Gremps, Paw Paw, MI 49079
Schizophrenic Anonymous	Schizophrenic Anonymous	Sean K, Coordinator	C/O HOPE Center, 57418 CR 681, Suite B, Hartford, MI 49057-9634
Clubhouse	HOPE Center	Brian Brook	57418 CR 681, Suite B, Hartford, MI 49057-9634
Probate Court	Probate Court	Honorable Frank D. Willis, Judge	212 E. Paw Paw St, Paw Paw MI 49079
Jail Diversion	Van Buren CMH	Mike Horein and Ann Niemi	P.O. Box 249, Paw Paw MI 49079
Substance Abuse Provider	Van Buren Cass District Health Dept.	David Fatzinger, Ed.D, LP	57418 CR 681; Hartford, MI 49057
NAMI Chapter	AMI - Branch County	Linda Welch	
Drop-In Center	Friendship Center	Carol Gail	Marshall Rd. - Coldwater, MI 49036
Schizophrenic Anonymous	Pines Behavioral Health Services	Priscila Dieguez-Moya	45 N. Hanchett St. - Coldwater, MI 49036
Clubhouse	Outlook Clubhouse	ToyLynn Cross	45 N. Hanchett St. - Coldwater, MI 49036
Probate Court		Judge Wood	31 Division St. - Coldwater, MI 49036
Jail Diversion	Pines Behavioral Health Services	Bruce Sweet & Shawn Talbot	200 Orleans Blvd. - Coldwater, MI 49036
Substance Abuse Provider	Stars	Tom Deck	316 E. Chicago St. - Coldwater, MI 49036
Inpatient Hospitals	CHC Behavioral Health Care	Shawn Talbot	274 E. Chicago St. - Coldwater, MI 49036
Probate Court	Barry County Probate Court	Pam Miller	206 W. Court Street
Jail Diversion	BCCMHA	Kori Zimmerman	915 W. Green Street, Hastings MI 49058
Substance Abuse Provider	Barry County Substance Abuse	Connie Fast	
Consumer Advisory Council	Consumer Advisory council	Tamie Case	915 W. Green Street, Hastings MI 49058
Drop-In Center	Share Center	Marlene Lawrence	120 Grove St. Battle Creek, MI 49015
Probate Court	Judge Harter	Cindy Rude	161 E. Michigan Ave. Battle Creek, MI 49016
Jail Diversion	Summit Pointe	Laura Hoye	140 W. Michigan Ave. Battle Creek, MI 49017

Key Stakeholders

Substance Abuse Provider	CDRS	Sue Cole	140 W. Michigan Ave. Battle Creek, MI 49017
Inpatient Hospitals	Fieldstone Center	Deb Whitten	165 N. Washington Battle Creek, MI 49017

December 19, 2005

Venture Behavioral Health would like to announce that your local Community Mental Health Centers in Berrien, Barry, Branch, Van Buren and Calhoun counties are implementing Family Psychoeducation, an evidence based treatment program for persons with serious mental illness. Family Psychoeducation has been implemented in hundreds of sites across the United States and in other countries and has demonstrated remarkable effectiveness in treating persons with mental illness, especially persons with schizophrenia. We will be offering this program to individuals who experience/have experienced schizophrenia or other psychotic symptoms.

Family Psychoeducation is a specific method of working in partnership with consumers and families in a long-term treatment model to help them in developing increasingly sophisticated coping skills for handling problems posed by mental illness. Based on the family-consumer-professional partnership, it combines clear, accurate information about mental illness with training in problem solving, communication skills, coping skills and developing social supports. The goal is that the practitioner, consumer and family work together to support recovery. Attached is some material that provides additional information about the program.

We would like to invite you to a Community Forum to learn more information about Family Psychoeducation and how this program will help consumers with serious mental illness and their families.

Date: Wednesday, January 11, 2006

Time: 6:00 PM to 8:00 PM

Location: Burnham Brook, 200 W. Michigan Ave., Battle Creek, MI 49017

Beverages and light snacks will be provided.

Please RSVP by January 3, 2006 by calling toll free and leaving a message at 1-866-412-8767.

Additional information about the program can be found at www.mentalhealthpractices.org or by contacting your county Community Mental Health Center. This program is supported by funds from Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Submitted by:
Brandy R. Maynard
brmayn@yahoo.com
269-876-8903



December 17, 2005

Venture Behavioral Health would like to announce that Summit Pointe is implementing Family Psychoeducation, an evidence based treatment program for persons with serious mental illness. Family Psychoeducation has been implemented in hundreds of sites across the United States and in other countries and has demonstrated remarkable effectiveness in treating persons with mental illness, especially persons with schizophrenia. We will be offering this program to individuals who experience/have experienced schizophrenia or other psychotic symptoms.

Family Psychoeducation is a specific method of working in partnership with consumers and families in a long-term treatment model to help them in developing increasingly sophisticated coping skills for handling problems posed by mental illness. Based on the family-consumer-professional partnership, it combines clear, accurate information about mental illness with training in problem solving, communication skills, coping skills and developing social supports. The goal is that the practitioner, consumer and family work together to support recovery.

Enclosed is some material that provides additional information about the program. We would like to invite you to a Community Forum to learn more information about Family Psychoeducation and how this program will help consumers with serious mental illness and their families.

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Time: 6:00 PM to 8:00 PM

Location: Burnham Brook, 200 W. Michigan Ave., Battle Creek, MI 49017

Beverages and light snacks will be provided.

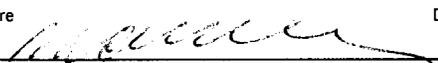
Please RSVP by January 3, 2006 by calling toll free and leaving a message at 1-866-412-8767.

Additional information about the program can be found at www.mentalhealthpractices.org or by contacting Summit Pointe at 269-966-1460. This program is supported by funds from Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Sincerely,

Brandy R. Maynard, LMSW
Family Psychoeducation Program Leader
Venture Behavioral Health

FINANCIAL STATUS REPORT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

BPO NUMBER		Contract Number			Page	Of
					1	1
Local Agency Name		Program			Code	
Venture Behavioral Health		Family Psychoeducation Program				
Street Address		Report Period			Date Prepared	
Cedar Glen Center 3630 Capital Avenue, SW		October 1, 2005 Thru December 31, 2005 Final			January 27, 2006	
City, State, ZIP Code		Agreement Period			FE ID Number	
Battle Creek MI 49015		October 1, 2005 Thru September 30, 2006.			38-3318175	
	Category	Expenditures		Agreement		
		Current Period	Agreement YTD	Budget	Balance	
1	Salaries & Wages	\$ 3,364	\$ 3,364	\$ 22,500	\$ 19,136	
2	Fringe Benefits	\$ 1,624	\$ 1,624	\$ 8,950	\$ 7,326	
3	Travel	\$ 354	\$ 354	\$ 2,556	\$ 2,202	
4	Supplies & Materials	\$ 1,579	\$ 1,579	\$ 15,857	\$ 14,278	
5	Contractual (Sub-Contracts)	\$ -	\$ -	\$ 5,000	\$ 5,000	
6	Equipment			\$ -	\$ -	
7	Other Expenses				\$ -	
	COMMUNICATIONS-CELL TEL	\$ -	\$ -	\$ 600	\$ 600	
	TRAINING TUITION-TRAVEL	\$ 15,485	\$ 15,485	\$ 26,653	\$ 11,168	
	LEARNING COLLABORATIVE	\$ -	\$ -	\$ 4,500	\$ 4,500	
	MEETING EXPENSEN	\$ -	\$ -	\$ 4,800	\$ 4,800	
	COMMITTEE MEMBER MILEAGE	\$ -	\$ -	\$ 810	\$ 810	
					\$ -	
8	TOTAL DIRECT	\$ 22,406	\$ 22,406	\$ 92,226	\$ 69,820	
9	Indirect Costs: Rate %					
10	Other Cost Distributions					
11	TOTAL EXPENDITURES	\$ 22,406	\$ 22,406	\$ 92,226	\$ 69,820	
SOURCE OF FUNDS						
12	State Agreement	\$ 22,406	\$ 22,406	\$ 92,226	\$ 69,820	
13	Local				\$ -	
14	Federal				\$ -	
15	Other				\$ -	
16	Fees & Collections				\$ -	
17	TOTAL FUNDING	\$ 22,406	\$ 22,406	\$ 92,226	\$ 69,820	
CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.						
Authorized Signature		Date		Title		
		January 27, 2006		Finance Director		
Contact Person Name				Telephone Number		
Janice E. Christensen				(269) 441-6026		
FOR STATE USE ONLY						
	Advance	INDEX	PCA	OBJ CODE	MOUNT	
	Advance Outstanding					
	Advance Issued or Applied					
	Balance					
Message						
Authority: P.A. 368 of 1978			The Department of Community Health is an equal opportunity,			
Completion: is a Condition of Reimbursement			employer, services, and program provider.			



Program Narrative Quarterly Report

Reporting Period: October 2005 - December 2005

PIHP: Washtenaw Community Health Organization

Program Title: Multiple Family Group Psychoeducation Implementation Initiative

Executive Director: Kathy Reynolds

Address:

WCHO Towner II
555 Towner Rd
Ypsilanti, MI 48197

Contact Person: Sallie Anderson

Phone: 734.544.3000 **Fax:** 734.544.6732
andersons@ewashtenaw.org

Email:

PCA #:

Contract: 20061253

Federal ID: 38-3562266

A. Briefly summarize the systems transformation efforts and implementation activities of the IPLT.

The IPLT continues to meet monthly to monitor progress and provide support to the local affiliates. A status report by county includes:

Monroe County

- Hired Family Psychoeducation Coordinator
- Has begun consensus building and barriers assessment
- Eight Staff attended a three day training by Dr Mc Farlane

Lenawee County

- Identified Family Psychoeducation Coordinator
- Beginning consensus building and barrier assessment
- Plan to send staff to spring training by Dr. Mc Farlane

Livingston County

- Identified Family Psychoeducation Coordinator
- Beginning consensus building and barrier assessment
- Plan to send staff to spring training by Dr. Mc Farlane

Washtenaw County

- Since Washtenaw County began implementation in 2001 there are currently nine groups in place as CSTS. This is not to say there is not work to be done at CSTS.
- Washtenaw is currently working to complete a fidelity check and to standardize professional development training for new staff.
- Eight staff were sent to the November training by Dr. Mc Farlane

B. Briefly describe the systems change process activities during this quarter and the impact of this EBP process on creating systems change.

The system change process is well underway. The IPLT meets monthly and reviews progress made in implementing MFG's, IDDT and PMTO. Particular attention is placed on opportunity areas and plans underway to meet these needs. Specific impacts can be seen in the affiliations' decision to reassess how information is communicated between the IPLT, the Affiliation Executive Committee, PI Committee and the local psychoeducation coordinators. This conversation has created new mechanisms to ensure information is communicated clearly (e.g. decision logs, standardized reporting).

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

In each county the family psychoeducation coordinator has met w/ consumers, staff and board members to discuss the model and develop consensus on the goal of implementation.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

The objects are:

1. Identify a Family Psychoeducation Coordinator in each county.
Completed
2. Build Consensus in each community/county through educating stakeholders
Completed
3. Identify barriers and plans to overcome barriers
On-going
4. Train staff in the theory and practice of the model
On-going
5. Implement a fidelity and outcome monitoring system in the region
Not Completed
6. Implement at least one group in each county during 2006
Not Completed

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving practices. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

Training

Eleven staff attended Dr. Mc Farlane's November training. Two members that attended the November training were county family psychoeducation coordinators. Nine are clinicians who will be implementing groups.

Technical Assistance

Four staff attending the December Learning Collaborative. The supervisor for the affiliation continues to meet at least monthly with each affiliate.

Program Development & Practice Improvement

Staff returned from the training with a lot of information to share and put into use. Three of the four affiliates are developing consensus in their community while training staff, assessing barriers and identifying solutions and plans of correction.

F. Briefly identify any changes or issues encountered in implementation during this quarter and the action taken to address them.

We have not made any changes to the implementation plan. We continue to learn that exposing barriers/opportunity areas is not always easy for those involved. Opportunities are clearly stated and a deliberate planning process that includes accountability structures, time lines, and specific tasks is put into place.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

Dr Ruffolo has contacted staff responsible for data collection and discussed how data is to be collected. Each evaluation contact person is meeting with local clinicians preparing to start groups to explain their part in the evaluation efforts.

H. Describe the largest population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

There are currently nine groups underway in Washtenaw County. Total consumers served this quarter is sixty one. The largest population is people with thought disorders. We are working on developing a report with demographic and dx relevant information.

I. Describe the PHIP financial and in-kind support utilized to support this project and status of sustainable planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

The project is not in need of amendment and current funding is adequate. Fund expenditures include the purchase of video equipment for each affiliate to be used for ongoing training and monthly supervision.

Local affiliates have provided in-kind money for family psychoeducation coordinator positions.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

Washtenaw County plans to start another group next quarter. Washtenaw staff have agreed to collaborate with other counties to ensure the knowledge transfer of lessons learned from their implementation of the model.

The other affiliates are actively putting in place work plans to adjust caseload and staffing to support group implementation. Clinicians from each affiliate are planning to attend the spring Learning Collaborative. McFarlane's spring training will have clinicians from Lenawee and Livingston attending.

FINANCIAL STATUS REPORT
Michigan Department of Community Health

		Contract Number 20061253	Page	Of
Local Agency Name WASHTENAW COMMUNITY HEALTH ORGANIZATION		Program FAMILY PSYCHOEDUCATION		Code
Street Address 555 TOWNER BLVD.		Report Period 10/1/05 Thru 12/31/05		Date Prepared 1/17/06
City, State, ZIP Code YPSILANTI, MI 48197		Agreement Period 10/1/05 Thru 9/30/06		FE ID Number 38-3562266

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages			44,362.00	44,362.00
2. Fringe Benefits			20,938.00	20,938.00
3. Travel			2,100.00	2,100.00
4. Supplies and Materials	4,346.73	4,346.73	6,000.00	1,653.27
5. Contractual (Sub-Contracts)			2,500.00	2,500.00
6. Equipment				-
7. Other Expenses				-
Training 29 Staff			23,914.00	23,914.00
Improving Practice/EDP				-
				-
8. TOTAL DIRECT	4,346.73	4,346.73	99,814.00	95,467.27
9a. Indirect Costs Rate #1: %				-
9b. Indirect Costs Rate #2: %				-
				-
				-
10. TOTAL EXPENDITURES	4,346.73	4,346.73	99,814.00	95,467.27
SOURCE OF FUNDS:				
11. State Agreement	4,346.73	4,346.73	99,814.00	95,467.27
12. Local				-
13. Federal				-
14. Other				-
15. Fees & Collections				-
16. TOTAL FUNDING	4,346.73	4,346.73	99,814.00	95,467.27

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature <i>Linda L. Brown</i>	Date 1/17/06	Title WCHO Finance Director
Contact Person Name Sallie D. Anderson - WCHO Grant Coordinator	Telephone Number: (734) 544 - 6714 andersons@ewashtenaw.org	

FOR STATE OFFICE USE ONLY

	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message:

Authority: P.A. 368 of 1978
Completion: is a condition of Reimbursement

The Department of Community Health is an equal opportunity, employer, services, and programs provider.

