

**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 4-1-07 to 6-30-07

PIHP Community Mental Health for Central Michigan

Program Title Family Psychoeducation

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PCA# 20702

Contract # 20061238

Federal ID 38-3599944

2. Systems transformation efforts and implementation activities of the Improving Practices Leadership Team over the last quarter have continued. The team continued to meet monthly and discussed Evidence-Based programs being practiced in CMHCM. Regular agenda items consist of reporting on the grant funded EBP's, as well as other ones already implemented throughout the agency. The 'Compass' was re-administered to therapists in the agency to measure progress on increased knowledge base and philosophy changes related to Co-Occurring disorders and results reviewed at the IPLT this quarter. A workgroup of the IPLT is worked with the Human Resources Department to develop a clinical competency-training grid for all clinical positions in the agency. Other topics and training items discussed included Motivational Interviewing and Advanced Directives for consumers.
3. The Systems Change process activities during the 3rd quarter of year two regarding Family Psychoeducation continued to improve. CMHCM has Multi-family group activity in 5 of 6 counties. Joining has occurred with 3 families in the 6th county and workshop planned. That county will do single family Psychoeducation until 4-6 families are ready to have a group. FPE continues to be more familiar to other staff people, consumers and families, as well as the community. The phases and components of the model are now better understood. FPE is a regular topic at staff meetings, IPLT, at service committee and board meetings, as well as Performance Improvement Committee.
4. Consensus building and collaborative service efforts with other systems and agencies continued during the 3rd quarter. SAMHSA tool kit information to program leaders, clinical staff and community partners continues to be

disseminated regularly. The partnership between FPE and support groups and clubhouses continues to build as they share membership. Continued education has occurred at meetings and within the counties' community agencies.

5. Family Psychoeducation outcomes achieved the 3rd quarter included those for further implementation throughout the six counties. Multi-family groups are up and running in 5 counties, with the 6th having joined with 3 families and working up to 4-6 for a group. Two counties have plans to begin a 2nd group in the fall. Awareness and Consensus building continue to occur as outlined in the previous section.
6. Data collection, fidelity and process monitoring activities have continued throughout the 3rd quarter. The accuracy of staff coding activities improved over this quarter. Data collection was more efficient this quarter as all data was sorted and collected electronically.

Fidelity efforts included continued exchange of information with the U of M study. Issues surrounding fidelity to the model continued to be discussed at CMHCM learning collaborative meetings, with the supervisor and via e-mail with FPE staff. The FPE coordinator and Quality Analyst attended the one-day U of M workshop in Lansing. Mary Roffolo and students trained participants on fidelity measurement and plans for next year to have PIHP's exchange staff to do the fidelity checks with each other.

7. CMHCM is proud to report that FPE activity occurred in all 6 counties with multi-group services to consumers occurring in 5 of 6. A total of 163 services were recorded with 31 unduplicated consumers/families. An increase from 137 total services during the 2nd quarter. There were 14 joining sessions (24-T1015 and 2-90849), no services at Workshops (S5110) and 149 consumers and/or family members services for Multi-family group sessions (G0177) during the 2nd quarter of 06/07.
8. There have not been any administrative barriers from the state this quarter. The state FPE sub-committee and Learning Collaborative has been discussing Masters vs. Bachelors level staff and coding issues. It will be helpful when these issues are completely clarified.
9. Time itself is a barrier and we are looking forward to having supervisory staff completing one year of holding groups in order to meet the criteria and attend train-the-trainer. CMHCM will be sending 2 staff to training slated for September 2007, hopefully to include track III, train-the-trainer. We have a very dedicated national supervisor, Tom Jewell who is available by phone, e-mail and conference call when we need him for clinical assistance. Tom frequently joins us via conference call for part of the CMHCM learning collaborative held every other

month. At this time we are not in need of any technical assistance and use the state FPE sub-committee and Listserv when needed.

10. There were not formal trainings during the 3rd quarter. Informal training included CMHCM learning collaborative for FPE staff from all counties to network, as well as discuss related issues and agency processes, to improve FPE services in our counties. Some FPE staff attended the state learning collaborative held on June 22nd.
11. There was continued CMHCM financial support and resource allocation to the Family Psychoeducation project. Clinical and clerical support was provided when needed. Additional funding beyond the grant for supplies, training, and travel have been provided whenever needed. The 06/07 budget included \$3,500 for contractual expenses for the Arc of Isabella and Arc of Midland counties to facilitate consumer satisfaction focus groups. After the meeting on June 22nd with Mary Roffolo from the U of M study, it was determined that this would be a duplication and will no longer be needed. FPE staff will be paired with similar size PIHP's and conduct focus groups on satisfaction and fidelity at each other's agency.
12. Activities planned to address the FPE project's goals and objectives for the next quarter include continuing with awareness by dissemination of SAMHSA tool kit information and presentations. Data and materials will continue to be sent to U of M for fidelity measurement and evaluation. A process to obtain continuous feedback will be pursued. CMHCM learning collaborative meetings will continue to be held.

Plans for adding a second group in at least one county is underway. Other county groups will be adding new group members to existing groups as needed. Still others will be engaging in more single-family FPE activities. CMHCM plans on sending 2 staff to the training in September for the advanced track II and 1 staff for the train-the-trainer track III.

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Third Quarter Report
FY 2006 – 2007

Report Period: April 1, 2007 through June 30, 2007
PIHP: Detroit-Wayne County Community Mental Health Agency
Program Title: Family Psychoeducation Project
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A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

1. The Improving Practices Leadership Team met in the month of June. Dr. Reid will consult with WSU Project CARE to set agenda and define the future movement of the IPLT.

Eight agencies received Block Grant funding from Agency for Supported Employment and Supported Housing initiatives; Agency has consulted with Boston Advocates of Human Potential to assist with implementation of these two Evidence Based Practices.

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

1. FPE coordinator continues to meet with administrators and clinical supervisors at multiple provider organizations in Detroit-Wayne County CMH.
2. Project CARE staff members act as liaisons to the provider organizations to assess needs and to organize county wide communication regarding training and implementation activities of the EBP's. A readiness assessment which includes online surveys and follow up interviews is being conducted and will be evaluated in August, 2007. There has been outreach to ACCESS, Northeast Guidance Center (NEGC), Detroit-East, The Guidance Center (TGC), and Detroit Central Cities (DCC) provider organizations regarding FPE.

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

1. Clinical and quality forums based on a learning collaborative model have been developed by Project CARE
2. Cheryl Green from Community Care Services (CCS) has consulted with Southwest Solutions; ACT practitioner, Jack Fournier from Development Centers, Inc (DCI) has contacted Pat Tunnell ACT team from Lincoln Behavioral Services (LBS) for consultation and will be observing the FPE groups at LBS.
3. Most sites are collaborating with WRAP or NAMI re: FPE
4. Community Planning Council members invited to the FPE training in June, 2007 (see D, 7)
5. Administrators were invited to the FPE training from both the agency and from multiple provider organizations

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

1. Community Care Services has successfully implemented 2 groups in Lincoln Park and Taylor, Michigan. Their ACT program is now considering implementation. Sent 11 practitioners to the training in June
2. Lincoln Behavioral Services has successfully implemented a FPE group and is planning implementation in Adult group homes and the AOP. Sent 12 practitioners to the training in June.
3. Development Centers, Inc has successfully implemented a group. Sent 8 practitioners to the training in June
4. Southwest Solutions is now in the Joining phase for its first group. The Educational Workshop is planned for this summer. Sent ACT team members to the training in June.
5. ACCESS sent 5 practitioners to the June training. Still considering implementation of a group in the AOP.
6. Northeast Guidance Center sent its ACT team to the June training and is considering implementation in both ACT and with young adults who were recently diagnosed / hospitalized.
7. A FPE three day training with Dr. McFarlane was provided June 11-13 for Detroit-Wayne County CMH. 98 participants attended the first day of training for Dr. McFarlane's didactic on FPE, and 89 participants attended the full three days of training. Fourteen provider organizations were represented.

The project coordinator meets weekly with facilitators and supervisors at Community Care services, Development Centers, Inc. and Lincoln Behavioral Services to provide ongoing consultation and educational support.

Ongoing clinical supervision from Jeff Capobianco and Liz Dorda of the State Subcommittee on FPE has been provided. The project coordinator consults with Jeff Capobianco regularly on clinical and implementation issues.

The FPE coordinator attends the Community Planning Council meetings and is a member of the Council's Workforce Subcommittee currently examining workload and training issues for direct care workers and practitioners in Detroit-Wayne County CMH.

- E. Briefly describe staff training and technical assistance obtained during this quarter.
1. Supervision with Jeff Capobianco and Liz Spring
 2. FPE coordinator provides consultation and educational support at DCI, LBS, CCS, and Southwest Solutions.
 3. Clinical, quality and curriculum forums based on a learning collaborative model have been developed and conducted by Project CARE.
 4. Three day FPE training with Dr. McFarlane held in June.
- F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.
1. Still awaiting response to costing methodology submitted to Agency Finance Dept. A subcommittee met and developed recommendations for FPE costing methodology; waiting on response from Allison Boyle. Recommendations included, increasing data submission to the Agency and the Agency conducting training on developing unit costs.
 2. Understaffing and excessively high caseloads are serious barrier for system transformation – no action taken at this time to address this barrier.
- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

FPE evaluation for Community Care Services has included joining, educational workshop, first group and family extraction data. All measures have been reviewed with supervisors and practitioners at DCI and LBS.

- H. Describe PIHP financial and in-kind support utilized to support the project and sustainability planning

Provider organizations have donated additional staff time required for FPE training, planning and implementation meetings. The IPLT's funding subcommittee has donated time for developing funding formulas for EBPs. The PIHP provides financial and in-kind support for the Virtual Center of Excellence initiative, created to develop a collaborative educational network for training and research, and for the Community Planning Council activities.

Signature: Michael Butkus, Ph.D 
Submitted by: Michael Butkus, Ph.D, Executive Director
Wayne State University Project CARE

This report has been reviewed and approved by:
Malaine R. Thomas, D-WCCMHA Contract Manager

Name _____ Division Planning and Grants Date 7/27/07

FAMILY PSYCHOEDUCATION PERFORMANCE / PROGRESS

Narrative Report: FY 2007 QTR 2

MDCH staff - Karen Cashen/John Jokisch

Federal Grant Award #: 06B1MICMHS-03

Project #: 20704

1. Summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT). Describe the activities and actions taken by the IPLT to improve the overall system of care.

The committee continues to meet, make recommendations for practice modification and implementation, and oversees the implementation of evidence-based practices. Topics have included the Texas Algorithm, data management, model fidelity, stakeholder education, training, allocation of resources, and implementation of FPE, COD-IDDT, and Multi-systemic Therapy (MST). Updates on all EBP goals are presented and compared to established timelines. Maintenance of model fidelity in network ACT programs has been monitored by the committee which has led to two summits meeting with paneled ACT providers and a recent corrective action.

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

The GCCMH 4-person FPE sub-group now meets every other week. Discussion continues to focus on the monthly group session and clinical supervision with our Maine mentor. We have begun the joining process for our second group specializing in individuals with mood disorders.

Joining is going slowly for the mood disorders group due in large part to difficulty in maintaining contact with families. We were hoping to begin training line staff in MFG / FPE to claim the inherent efficiencies and client benefit. Track III has been cancelled however, which means we will not be able to directly train program staff. We will send additional staff to the Level I training and remain hopeful that the Level III training will be rescheduled.

During summer months, we have experienced a slight decline in attendance as group members are drawn to competing commitments. Following guidance from PIER staff (Ed) in Maine, we have begun to recruit additional families. Joining will occur with the new families being brought in for an abbreviated workshop followed by a hybrid group experience that will serve to combine the protocols that constitute the first and second group sessions.

We are in the beginning discussion phase for our next group, set to start 4th QTR FY 2007, for the adolescent population ages 15-17. We have identified several individuals with Asbergers Disorder/Syndrome.

We have identified 4 external providers that are in various stages of completing FPE 101 and are working through the contractual processes for them to begin group provision at their sites.

3. Summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter. **The PIHP has uncovered no barriers to the process of implementing EBP during this quarter. The cancellation of Level III training has caused us to re-think how we will ensure continued expansion within our agency, though it has not affected expansion within our panel of providers.**

Board members and community stakeholders continue to agree that implementation of EBP is a positive and critical step. The involved families remain enthusiastic and continue to report that they feel a reduction in self imposed internalized guilt for their family member's diagnosis.

4. Describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter. **The multi-family groups continue every other week. The first video-teleconferencing set up was purchased, set up and is available for family psychoeducation. A regular meeting space and several catering "contracts" for the groups have been obtained. We are currently in the process of selecting a second system for purchase next quarter.**

5. Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal. **CMHSP staff continue to attend the learning collaborative sessions. PIHP and CMHSP staff continue clinical supervision with Ed Owens (Maine). EPP staff have been invited to attend and appear to be committed to doing so as evidenced by attendance at the last clinical supervision consult.**

Joining fidelity has been assessed with the use of the Joining Fidelity Checklist; Initial and Follow-up Quick Check-in has been completed for each participant; FPE MFG Problem-Solving fidelity is monitored each meeting through the use of the Competency Checklist for MFG clinicians. FPE Clinical Supervision conference calls are placed monthly during which videotaped content from previous FPE MFG sessions are discussed with an emphasis on improving group processes. Clinical supervision calls are documented and evaluated through the use of the Michigan MFG Supervision format devised for this region. As previously indicated, plan implementation progress is reviewed quarterly by the PIHP Improving Practices Leadership Workgroup. All fidelity protocols remain active and in place.

As suggested, the agenda for each FPE MFG Problem-solving group is posted for all group members to see and is taken directly from Multifamily Groups in the Treatment of Severe Psychiatric Disorders (McFarlane, 2002, the Guilford Press). During the MFG session, Family Guidelines published by the same group are referenced frequently in order to reinforce positive alternatives defined therein. Finally, FPE MFG clinicians meet once weekly to debrief on content derived from groups and to develop plans for MFG Problem-Solving group expansion.

6. 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.)

The FPE MFG Problem Solving group currently has nine members enrolled including consumers with a diagnosis encompassing a thought disorder (I.E. Schizophrenia, Schizoaffective Disorder). On average attendance varies between five and nine members excluding facilitators. It is noteworthy that the group features a deaf participant with SPMI whose involvement is possible only through the provision of sign language interpreting services.

Specific diagnoses follow:

DSM IV-TR	Axis I Diagnosis
295.9	Schizophrenia, Chronic Undifferentiated Type
298.9	Psychotic Disorder, NOS
295.72	Schizoaffective Disorder
295.30	Schizophrenia, Paranoid Type

Two additional members are currently engaged in joining processes prior to being added to the ongoing FPE MFG Problem Solving Group.

There is a concurrent effort to engage families which have a member with a major mood disorder (Bipolar / Depression) currently underway with seven families identified.

7. What administrative barriers from the state have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the state to address those barriers? What else would be helpful for the state to provide or do to facilitate your progress

There is an effort to facilitate communication and information exchange across the state via the use of a state-wide List-Serve to which, all FPE facilitators and staff have access. The GCCMH FPE Group has requested materials specifically for use during the FPE Educational Workshop when focusing on Mood Disorders. To date, none have been supplied and it is not known whether videotaped materials analogous to "Schizophrenia Explained" featuring Dr. McFarlane are available.

Provision of Level III training to ensure local expansion is essential. If the state could assist in securing this training within this fiscal year the grant funds would be available to pay the per person associated costs. With no local certified trainers, expansion is greatly hindered.

8. What internal administrative or clinical barriers have you encountered in the last quarter, and what efforts have you made to overcome them? What technical assistance have you received in the past quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?
- GCCMH PIHP has both internal and external providers. As would be expected, challenges exist in the area of quality management and fidelity when utilizing external providers. External providers have completed FPE Track 1 facilitator training and have been invited to participate in monthly clinical supervision sessions with the FPE Regional supervisor.

We have covered the cost of Level I training for 8 individuals from 3 providers in our network. Of these 8, 3 individuals have left their agencies to work elsewhere. Staff turnover in our provider panel has harmed our expansion efforts in the short term.

9. Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

The following summarizes developments in the area of FPE Training for Genesee CMH FPE staff during Quarter III, FY 07

September 24-26, 2007: State-wide FPE Conference

Staff selected to attend the three-day conference featuring Dr. McFarlane and several FPE consultants from the PIER Program in Maine. We are currently awaiting registration information.

On July 07/12/07 a query was sent out via the Michigan FPE ListServe to all potential FPE Training enrollees to determine how many individuals might be interested in enrolling for FPE Track III training. Genesee County CMH advised that four staff had met requirements leading to Track III and would be seeking admission.

On 07/19/2007 Genesee CMH FPE staff were notified via the Michigan FPE ListServe that Track III training module would not be offered due to capacity issues.

06/22/2007: Regional Learning Collaborative

Participants determined content according to program needs for FPE planning and implementation efforts occurring in each of their regions. Process emulates FPE MFG Structures (Go-Around, Problem Identification and Brainstorming) followed by videoconference session with Phil Collin on this date.

The next regional FPE Learning Collaborative is scheduled for 08/14/2007 with the plan being for Genesee CMH FPE staff to attend.

April - June, 2007: Monthly Clinical Supervision

Clinical consultation continues with Ed Owens, regional FPE Supervisor and Genesee County CMH FPE facilitators and member of the Maine Pier Clinical Team for reviewing videotaped content from previous FPE MFG sessions conducted on-site by PIHP facilitators. FPE Clinical Supervisor and facilitators view videotapes in advance of session and select specific content based on desire to improve clinical processes associated with FPE MFG.

10. 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?

We were approved to retain our FY 2006 unused grant funds.

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

We will continue to provide multi-family groups for those with thought disorders. We have begun joining sessions for a group focused on the population with mood disorders. We have begun discussion for the start up of an adolescent group 4th QTR 2007. The Improving Practices Committee will continue to meet to identify and resolve barriers to process, and maintain model fidelity. Stakeholder awareness will continue

Tracey Malin- 810.762.5240

PROGRAM NARRATIVE REPORT: MDCH BLOCK GRANT FY 06/07

Contractor: KCMHSAS

Project Name: EBP- Family Psychoeducation

Time Period: 4/1/2007- 7/30/2007

Contract Number: 20071330

Project Number: 20611

MDCH Specialist: John Jokisch

1. Over the past quarter, the IPLT started to become more involved with the Family Psychoeducation program. Although still in early development, the FPE Program will continue to use the assets available through the IPLT in order to create and promote a strong program throughout the PIHP. The IPLT has been able to provide the FPE program with multiple supports, including...
 - Regular meetings with PIHP level stakeholders regarding FPE and its progress in implementation into the PIHP.
 - Meetings allow for key stakeholders to ask questions and propose solutions to issues that occur.
 - IPLT has helped to provide documentation that will be used such as releases.
 - FPE Coordinator will continue to meet with the IPLT on a monthly basis to discuss issues related to improved performance for FPE groups, how to further implement the program throughout CMH systems, help with structural changes, and supporting PIHP level data tracking.
 - Overall the IPLT is a good source of support for the Family Psychoeducation program and will continue to be utilized to develop a successful program.

2. The last quarter has been a busy one for FPE in the Southwest PIHP. Although the program is still behind on its goals, this quarter has been very successful in developing this grant. From a systems change perspective, FPE has been successful in starting the long process of changing the Southwest PIHP counties shift to supporting FPE and Evidence Based Practices in general.
 - Over the past quarter the major effort related to systems change has been meeting with strategic personnel in order to gain support for FPE, and EBP change.
 - During this quarter, the FPE Coordinator has met with all counties in the PIHP to disseminate information about FPE. These meetings have allowed the PIHP counties to start to think about what changes need to be made in order to have a successful program in their county/service.
 - The FPE Coordinator has been able to discuss what changes need to be made in these counties. As well as has developed materials to help clinicians and counties understand changes that need to occur to support FPE, and EBP in general.
 - The FPE Coordinator will continue to work with involved parties to promote PIHP level systems change that will support EBP in the future. These efforts will be supported by positive results that will be recorded from the Pilot Program that Kalamazoo CMH will be offering.

3. As mentioned previously, there have been many gains over the last quarter for FPE. Many of these gains have related to the development of collaborative service efforts throughout the PIHP. These collaborations include both CMH programs, as well as local providers.
 - As mentioned above, The FPE coordinator has been linking and meeting with all many strategic individuals through out the PIHP.

- As a result of these meetings, 3 out of 4 of the PIHP counties have committed to implementing FPE into their services at some level.
 - Counties who wish to implement this program into their services will be attending the next FPE training in September.
 - FPE coordinator has organized a FPE workgroup that will meet every month. This workgroup will be charged with disseminating information about FPE. Problem solving issues for FPE, and coordinating system wide FPE programming.
 - Additionally FPE coordinator has been meeting with local providers of services. FPE coordinator is will be encouraging providers to get trained on the FPE model, and provide this service to their consumers.
 - FPE coordinator is attempting to set up a PIHP wide training with Dr. MacFarlane's group. This training will help to allow collaboration between providers and services.
4. Over the past quarter, this grant has made significant gains, and has completed the majority of goals that have been set out for this program. Since hiring the FPE Coordinator and Co-Facilitator position, the program has been moving forward quickly. Over the last quarter, major collaboration has occurred through out the PIHP resulting in completion of many goals.
- The FPE Coordinator has met with key stakeholders at the local community mental health agencies, these meetings have resulted in other counties in the PIHP buying into the FPE program and identifying individuals to be trained in the upcoming FPE training. A FPE workgroup has been established and is meeting once a month to go over issues with regard to implementation of the model and what can be changed in order to provide the best service possible.
 - The FPE Coordinator will report the needs in information discussed in the FPE workgroup to the IPLT, so that changes can be made structurally if needed.
 - Using the SAMSHA tool kit, information continues to be developed in order to streamline the implementation process and to develop materials that can be used by clinician's and consumers to better understand what FPE is and how it can be used.
 - During this period Kalamazoo CMH Services has been able to get two clinicians trained in the FPE model. These clinicians will now be implementing a pilot program.
 - Through meeting with local providers in Kalamazoo, referral of families for the FPE program has started.
 - Stakeholder concerns have been discussed and a plan is in place for how to work out future concerns.
5. Due to the later start of this program, there is still no program up and running in the Southwest PIHP. Due to this program not being run, there has been no need for fidelity review or data gathering from the actual group. Once a group is up and running, these measures will be put into place. Currently, the FPE Coordinator has been work on developing forms, and assesses needs for program development.
- During this quarter the FPE Coordinator has developed forms that will be used for referral, data tracking, and general program organization.
 - These forms, combined with the data tracking that will be needed for fidelity measurement, will be used to record outcome measures once a program has started.
 - Fidelity will still be measured through the University of Michigan review team.
6. Currently this program has been unable to serve a population. This is due to a late start implementing the program. Although currently not serving consumers, the program will focus on service clients with major mental illness. The pilot program that is being developed will focus on treating clients with Schizophrenia. FPE was developed for the

treatment of Schizophrenia, however has been shown effective with multiple other disorders. Although not currently serving the population, the FPE program will be able to serve a diverse group once it begins.

- Currently 3 of 4 counties have agreed to provide clinicians to be trained in the model. This will allow groups to start in at least three counties, allowing for great diversity in the people that are served.
- Currently research is being done to support the use of FPE programming for other diagnoses, this will allow for possible expansion of FPE services into other populations.
- Although the groups are limited to about 5-8 families, it is our hope that provider agencies, as well as County CMH's will provide these services, in order to allow more individuals to receive these services.

7. When looking at the barriers to this program presented by the state, there is one major issue that comes to mind. This issue is that of training, currently the state is providing only two trainings a year. It would be helpful for the state to provide more training so that programs can move forward. Without training, many groups are not able to start. Since one of the major goals of this program is to increase use of evidenced based practices, increased trained personnel would help with this goal. Additionally, it seems that there is some disorganization at the state level with regard to scheduling the trainings, time, date, and location.

- **The state also has not set clear requirements for individuals who are facilitating this program.** Clear professional requirements and their relationship to billing needs to be established.
- If the state could allow for a role over on unused monies, it would be very helpful for those programs such as the Southwest PIHP, that were unable to move as far as wanted during the first year.
- Overall continued support in order to continue to provide supervision for services as well as continued services to allow for FPE facilitators to become trainers at for each PIHP.

8. Currently clinical barriers are not a problem in this PIHP in that there are currently no groups that are running the program. Due to the lack of groups the clinical barriers can not be properly assessed. Although these barriers have not come into play, the FPE coordinator is doing his best to limit barriers that may occur through detailed planning. As far as administrative barriers, there have been some barriers that this program has encountered.

- **One major barrier continues to be a late start date, resulting in late training, and a time limited period to use the grant funds.** This has caused problems in that the implementation strategy for this program had to be changed.
- Another issue that is relevant to Kalamazoo CMH Services is with regard to major changes in overall organization of services. This has caused some changes with regard to who is supervising the program and how it will develop in the future.
- Additional assistance and training will be required for the Southwest PIHP in the form of training the trainer, although these services are currently available through the state I think that it will be very important for training to continue in order for each PIHP to have trainers in the future.

9. Kalamazoo CMH Services sent 2 staff members to the McFarlane Family Psychoeducation training in Wayne County, June 11, 12, and 13th. The staff members were Eric Lake, FPE Program Coordinator, and Cathleen Hursh, a Peer, who has been involved in implementation of the Recovery Institute, as a co-facilitator for the Families in

Action program, a member of the PoWeR Group, and the Peer Companion program. The first day of the training, attendees were given an overview of the FPE model, and a power-point presentation showing the effectiveness of the program. There is a 50 to 70% reduction in hospital stays for those who took advantage of this program. Implementation of the FPE program was also briefly discussed. The 2nd and 3rd days of the training were spent learning the model with role-playing. Role playing activities included all aspects of the pre-joining, joining, workshop, and finally, the problem solving group meetings. Some of the attendees acted the part of the client, while others acted as family members and facilitators. The problem solving meetings are 90 minutes long and meet every other week, for 12 months to 3 years, effectively. Overall the training was very well executed and left the Kalamazoo CMH staff with enough information to effectively implement and facilitate the FPE program.

10. Currently financial support for this program is coming solely from the state grant. However much planning has been done to make sure that this program is able to continue once the grant ends. The current resources that have been provided currently meet the need of this program. In the future, this program will be sustainable due to it being a billable service as well as its potential to significantly reduce crisis costs of the people involved in the service. Family Psychoeducation has shown to be an effective intervention in reducing crisis services, especially hospitalization. This cost savings will support the program in financial stability, when combined with services that can be billed, Family Psychoeducation is a financially sustainable service. In addition to financial stability, Kalamazoo CMH Services and the Southwest PIHP are committed to implementing Evidence Based Practices. This commitment will help to support Family Psychoeducation in an expansion of groups and supporting the program in long term sustainability. In addition, an amendment has been filed in order to change some budget items, specifically changes to allow for PIHP wide training of facilitators in the first year, as well as an increase in hours for the FPE co-facilitator from 10 to 16 hours. These changes will allow for a more effective implementation of the FPE program throughout the PIHP.
11. When looking forward to the next quarter, there will be even more activities completed. Over the next quarter, the following events will occur. The overall goal of the next quarter will focus of the development of the Family Psychoeducation Pilot group in Kalamazoo. This pilot group will give the program coordinator insight into clinical and administrative changes that need to be made in order to have a more successful program. This pilot program will lead to further advances in the program and it is our hope that the results of this program will influence other organizations and providers to implement this program.
 - Kalamazoo CMH Services will be starting the first FPE Multifamily group. This group will serve as a pilot program and will asses any difficulties that other programs and counties may face with implementation.
 - The FPE workgroup will continue to meet monthly; this group will help the coordinator understand any needs that are not being met. Additionally it will serve as a venue to support the continued growth of FPE services.
 - FPE facilitators from 2 additional counties (St. Joseph, Allegan) will be trained in Phase I of FPE facilitation in preparation for expansion of FPE programs into other PIHP counties.
 - Continued efforts to include key stakeholders into FPE programs will be done through presentations and informational meetings.
 - Plans will be created to get information from key stake holders, as well as consumers participating in the program.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION
IMPROVING PRACTICES INFRASTRUCTURE DEVELOPMENT BLOCK GRANT

FAMILY PSYCHOEDUCATION
PROGRAM NARRATIVE
FY 2006/07 3rd QUARTER REPORT

1. Report Period: 4/1/2007-6/30/2007
PIHP: LifeWays
Program Title: Family Psychoeducation Training and Service Project
PCA#: 05B1CMHS-03 Contract #: 20061242 Federal ID: 38-2056235

MDCH Specialist: John Jokish

Person Completing Report:

Contact Person: Diane Cranston
Address: 1200 North West Avenue, Jackson, MI 49202
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2. **Systems transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT):**

The IPLT continues to meet for 1.5 hours on a monthly basis to review the organization's progress on the EBPs of FPE, IDDT, MST, and the Medication Algorithm project. The membership includes representation across the continuum of care for the MI Adults, SED children, and individuals with Developmental Disabilities. The membership also includes the Coordinating Agency (Mid South). There has been no change in the IPLT executive team this quarter.

In March 2007 an expanded role of the IPLT was implemented. The IPLT's role was expanded to include an analysis of the effectiveness of the services offered across LifeWays Continuum of Care for each population (MI Adult, SED Child, and DD). For this reason, 3 subcommittees representing each of the population groups were defined and established. The "leaders"/"chairs" of these subcommittees are the IPLT members representing the specific population. The subcommittees include representation from all of LifeWays Service Provider Network, parents, consumers, and community organizations/systems. Based upon their analysis of LifeWays current service array and continuum of care, the subcommittee will make recommendations for system of care enhancements to the IPLT. In turn, the subcommittee leaders and IPLT leader will present the recommendations to LifeWays leadership and Board of Directors. The IPLT bylaws will be revised to include this expanded role. These subcommittee members will become active advocates and system leaders in improving the recovery culture across the LifeWays Network, in encouraging the paradigm shift in the treatment of individuals with co-occurring disorders, and improving the children's system of care.

The population subcommittees described above began meeting in May 2007. The subcommittees have begun to identify priorities within their population groups and reviewing data regarding their population's services, participation in these services, and costs of these services. The adult subcommittee is meeting twice a month. The children and developmental disabilities subcommittee is meeting once a month. Each meeting is 1.5 hours.

In April 2007, the IPLT Leader/EBP Coordinator, along with the rest of the Co-occurring Disorders Leadership Team (Mid-South's COO, Mid-South's Director of their contracted CDRS, LifeWays Access Center Director) met with Network 180 staff to discuss how they transformed their organization & Network into a co-occurring capable organization and Network.

In April 2007, the IPLT Leader/EBP Coordinator and a LifeWays ACT Team Network Provider, including their Doctor, attended Dr. Mee Lee's Co-occurring Disorders: Dilemmas in Diagnosis and Treatment and the Role of the Physician Training.

In April 2007, the IPLT Leader/EBP Coordinator presented a document describing EBPs, how programs become EBPs and the status of research based programs within the LifeWays Provider Network at the LifeWays Service Provider and LifeWays Board of Directors meetings. This document was designed to further education LifeWays stakeholders regarding EBPs and LifeWays commitment to the implementation of EBPs.

In May 2007, the IPLT Leader/EBP Coordinator and LifeWays internal MST workgroup participated in a 2 hour conference with the MST services planning director.

In May 2007, the IPLT Leader/EBP Coordinator, Mid-South, and a LifeWays Network Provider attended Phase I of MDCH's Motivational Interviewing Train the Trainer Project. From this attendance, Mid-South identified 1 participant for this project. LifeWays identified 11 participants representing 4 Network Providers for this project.

In June 2007, the IPLT Leader/EBP Coordinator and LifeWays internal MST workgroup met with Jackson County's Juvenile Justice Partners (Director of the Youth Center and Director of Juvenile Probation Officers) to discuss the implementation of the MST program.

In June 2007, the Chief Executive Officers of LifeWays Assertive Community Treatment (ACT) Teams began participating in the IPLT executive committee and have both expressed interest in becoming IDDT Providers.

Due to some of the IPLT members' interest in becoming IDDT providers and MST providers, the IPLT members who are Service Providers can not participate in the development of the MST and IDDT RFPs or discussions with Network 180 about IDDT or the Juvenile Justice Partners about MST. The IPLT leader/EBP Coordinator is sharing general overview statements about the system transformation meetings that are being held.

3. Systems change process activities during this quarter and the impact of this evidence based practice process on creating system change:

The IPLT Leader/EBP Coordinator presented a document describing EBPs, how programs become EBPs and the status of research based programs within the LifeWays Provider Network at the LifeWays Service Provider and LifeWays Board of Directors meetings. This document was designed to further educate LifeWays stakeholders regarding EBPs and LifeWays commitment to the implementation of EBPs.

The IPLT Leader, LifeWays Access Center Director, Mid-South, and CDRS Director met with Network 180 in April 2007. This meeting established this group of individuals as the Co-Occurring System Transformation Leadership Team and triggered the beginning of activities related to establishing an integrated co-occurring disorders screening and assessment process as well as co-occurring capable Provider Networks.

Gary VanNorman, CEO Mid-South participated in a meeting with the Co-occurring System Leadership Team to review the current access system and its co-occurring capabilities and to learn about the Team's activities. He provided his support to the group's efforts.

Nancy Miller, CEO LifeWays facilitated a meeting between LifeWays Board of Directors and Diane Cranston, LifeWays Clinical Director/IPLT Leader/EBP Coordinator to highlight the efforts of the Co-Occurring System Transformation Leadership Team. This information was well received by the Board Members. The Board Members offered their continued support to the Team's efforts.

LifeWays internal MST work group began having conference calls with the MST services Planning Director in South Carolina as well as meeting with Jackson County's Juvenile Justice Partners for the MST program to develop processes for the implementation of the MST program.

The implementation of the Family Psychoeducation program has added to LifeWays and the Network Providers credibility relative to implementing evidence based practices. This is important in working with the community partners in developing and implementing the MST and IDDT programs.

4. Consensus building and collaborative service efforts with other systems and agencies that have taken place this quarter :

The following consensus building and collaborative service efforts have occurred this quarter:

- In April 2007, the document describing EBPs, how programs become EBPs and the status of research based programs within the LifeWays Provider Network was presented at LifeWays All Agency staff meeting, at LifeWays Service Provider meeting and at LifeWays Board of Directors meeting.

- In May 2007, Gary VanNorman, CEO Mid-South participated in a meeting with the Co-occurring System Transformation Leadership Team to review the current access system and its co-occurring capabilities and to learn about the Team's activities. He provided his support to the group's efforts.
- In June 2007, the IPLT Adult, Children and Developmental Disabilities subcommittees began meeting. This subcommittee structure was designed to build consensus and collaboration between LifeWays and its stakeholder groups (Service Providers, consumers, parents, and community organizations/systems) in the implementation of EBPs. Additionally, it is hoped that these subcommittee members will become active advocates and system leaders in improving the recovery culture across the LifeWays Network, in encouraging the paradigm shift in the treatment of individuals with co-occurring disorders, and improving the children's system of care.
- In June 2007, the IPLT Leader/EBP Coordinator and LifeWays internal MST workgroup met with Jackson County's Juvenile Justice Partners (Director of the Youth Center and Director of Juvenile Probation Officers) to discuss the implementation of the MST program.
- In June 2007, Nancy Miller, CEO LifeWays facilitated a meeting between LifeWays Board of Directors and Diane Cranston, LifeWays Clinical Director/IPLT Leader/EBP Coordinator to highlight the efforts of the Co-Occurring System Transformation Leadership Team. This information was well received by the Board Members. The Board Members also offered continued support to the Team's efforts.

5. Progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter:

Phase I (Consensus Building: Awareness): All activities are complete.

Phase I (Consensus Building: Education): All activities are complete. The "new" EBP Coordinator is scheduled to begin 7/9/07.

Phase I (Consensus Building: Structural & Clinical Improvements): All activities are complete. LifeWays' Quality Management systems are in place to monitor and track FPE activities. LifeWays CEO and Board of Directors were educated about the FPE program at the April 18, 2007 Board of Directors Meeting. FPE Providers continue to attend the quarterly FPE Learning Collaborative and prepare tapes for supervisory review.

Phase I: (Consensus Building: Adaptation & Evaluation): All activities are complete. LifeWays QM staff are collecting data and submitting to University of Michigan evaluators, they participated in the FPE fidelity training this quarter and will be developing the fidelity measurement tool to begin conducting Provider reviews next quarter. LifeWays has made

no local adaptations and does not intend to make any adaptations.

Phase II: (Enacting – Awareness): **All activities are complete.**

Phase II: (Enacting – Structural & Clinical Improvement): **All activities are complete.** However, LifeWays Network Provider (Segue, Inc.) has a staff member ready for Stage III FPE training, but the training will not be offered until next fiscal year. “Layering” is already occurring in that the FPE Providers clients are also a part of the ACT program and MI-Adult OP programs.

Phase II: (Enacting- Continual Improvement & Structure): **All activities are complete.** However, LifeWays Network Provider (Segue, Inc.) has a staff member ready for Stage III FPE training, but the training will not be offered until next fiscal year. One FPE Provider (Segue, Inc.) has layered the FPE program into their ACT team that was designed for individuals with Schizophrenia. This is another service for these individuals and their loved ones. The other FPE Provider (Recovery Technology) has chosen to layer the FPE Program into their Outpatient structure. LifeWays has not yet implemented IDDT Teams.

Phase II: (Enacting- Adaptation & Evaluation):

- Quality Management staff still need to integrate some of the outcome data elements into their evaluation process.
- The FPE program has already been integrated into LifeWays service array for adults with mental illness. It will be sustained through LifeWays Medicaid and General Fund dollars. Discussion will occur with the FPE Providers regarding building capacity and the training of “new/additional” FPE staff.

Phase III: (Sustaining-Awareness) :

- The number of referrals to the program are tracked by the FPE Providers.
- Development of a FPE flier and development of outreach/recruitment plan will occur in the 4th quarter.

Phase III: (Sustaining- Education):

- Development of marketing plan will occur in the 4th quarter. Marketing will be targeted to NAMI organization, Schizophrenia Anonymous, Families in Action participants, across the Service Provider Network, and to LifeWays’ medical staff.

Phase III: (Sustaining-Structural and Clinical Improvement):

- Capacity Building will occur in Hillsdale County in the 4th Quarter.

Phase III: (Sustaining- Adaptation & Evaluation) :

- LifeWays Quality Management Staff are collecting the data but need to develop reports that can be shared with the stakeholders. This will occur in the 4th quarter.
- LifeWays Providers will not be engaging in local innovations thus taking away from the Fidelity of the model.

6. LifeWays action related to data collection, fidelity, and process monitoring activities to accomplish the project goal:

Data is being collected from the FPE Provider (Segue, Inc.) through the use of the Record Extraction form, which collects basic demographic information on consumers enrolled in FPE services. Informed consents have been obtained for all enrolled consumers and family members. After the first multi-family group session, FPE staff members ask the consumers to complete the Alliance/Engagement Survey that collects information on consumer satisfaction and quality of life outcomes. LifeWays has received training on the FPE fidelity model. LifeWays QM staff will develop a chart review fidelity tool based upon the fidelity model and begin monitoring fidelity on an annual basis.

**7. Target Population/Program Served during this quarter:
PROVIDER # 1: SEGUE, INC.**

Number of unduplicated individuals served this quarter: 0

Total Number of unduplicated individuals served this fiscal year: 5

Demographic data of the individuals served:

	Consumer 1	Consumer 2	Consumer 3	Consumer 4-	Consumer 5
Ethnicity	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Diagnosis	295.70	295.30	295.30	295.30	295.30
Living Arrangement	Own Apartment-subsidized	Own Apartment-subsidized	AFC	Own Apartment	Own Apartment-subsidized
Employment	Not in competitive labor force-disabled	Unemployed-NOT looking	Not in competitive labor force-disabled	Not in competitive labor force-disabled	Not in competitive labor force-disabled
Education	Complete High School 1 yr of college	Completed 11 th grade	Completed 10 th grade	Completed 11 th grade	Completed High School
Income	SSD	SDA	SSI	SSI	SSI
Corrections Status	None	None	Probation	None	None

Provider #2: Recovery Technology

Recovery Technology has conducted joining sessions with 6 consumers and their family members. The Workshop is scheduled to occur in July 2007.

Number of unduplicated individuals served this quarter: 0

Total Number of unduplicated individuals served this fiscal year: 5

- 8. Administrative barriers from the State that have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the State to address these barriers? What else would be helpful for the State to provide or do to facilitate your progress?**

FPE Provider (Segue) reported the following State Level Administrative barriers: 1) MDCH needed to clarify in writing if a bachelors degree therapist can also conduct "joining" sessions. This is crucial to Segue's capacity building plans. 2) Not receiving the FPE supervision. Segue reported that they have tapes of many problem solving groups that have yet to be reviewed by the assigned reviewer, initially identified as Jeff C. then Jeff C. notified Segue that individuals from the Maine site would be reviewing the tapes; however, the individuals from Maine have not responded to Segue's request for supervision. Segue administrators added this is frustrating because the FPE staff are very interested in the feedback and want to deliver the best possible services.

It would be helpful if the DCH intervened to ensure that Segue was provided with FPE supervision.

- 9. What internal administrative or clinical barriers have you encountered in the last quarter? What efforts have you made to overcome them? What technical assistance have you received in the past quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?**

In this quarter, the biggest internal administrative barrier continued to be filling the EBP Coordinator position. In June 2007, we interviewed another group of candidates and offered the position to a candidate who accepted it. She is scheduled to begin work on July 9, 2007. Her arrival will help "fast track" the EBPs that have moved slowly due to the Clinical Director's 3 major functions as the organization's Clinical Director, EBP Coordinator, and IPLT Leader.

FPE Provider, Segue reported no internal barriers. FPE Provider, Recovery Technology reported conducting an information session on May 15th to help overcome the barrier of clients' fear to try something "new". This was successful and 6 consumers and family members decided to "try" the program. Segue attended the FPE Learning Collaborative, which provided technical assistance. Recovery Technology did not attend this Collaborative and has not sought out any technical assistance this quarter.

- 10. Staff training obtained this quarter. How was the training utilized for programming development and improving services?**

Provider #1: Segue, Inc.

Unduplicated Number of staff trained: 0. Staff just received additional training

	Staff #1- Diane Reynolds	Staff #2- Mike Thompson	Staff #3-FPE Staff- Tanya Maki	Staff #4-FPE Staff-Dawn Feldpausch
Role in FPE Project	COO-Operations Supervisor of the program	Administrator-Oversight and Coordination	Co-facilitator	Back up facilitator of current group and co-facilitator of next group
Name of Training	ACT Annual Conference			
Name of Training		Spring MACMHB Conference		
Name of Training			FPE Learning Collaborative	FPE Learning Collaborative
How was the training used for program development and improving services?	Embedding of FPE services within ACT program	Coordination issues and engagement into the program	Problem solving, implementation and operation issues	Problem solving, implementation, and operation issues

Provider #2: Recovery Technology

No new staff trained this quarter. No trainings attended this quarter

11. LifeWays 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?

LifeWays is providing in kind support of administrative time in the areas of Clinical Director, financial and billing staff time, data analyst time and Utilization Management staff time. LifeWays is scheduled to hire a replacement EBP Coordinator on July 9, 2007. We have reached our goal of 10 staff trained across the network. We have 12 trained. Although we hoped to have 5 Train the Trainers, we have 1 on track to participate in the Stage III (Train the Trainer) in September 2007. The FPE program has already been integrated into LifeWays service array for adults with mental illness. It will be sustained through LifeWays Medicaid and General Fund dollars. No amendment needs to be initiated at this time.

12. Describe the activities planned to address the project’s goals and objectives for the next quarter:

- The FPE Program will be integrated into LifeWays Utilization Management Policies and Procedures

- Development of FPE Fidelity review tool to be used in Provider reviews by QM staff.
- LifeWays will develop internal fidelity monitoring policies and procedures for FPE and other EBPs
- LifeWays FPE Network Providers will send FPE staff members to Stage II and III trainings and new “expansion” staff to Stage I training in the Fall.
- The IPLT Leader will continue to communicate monthly with the FPE Providers and make decisions based upon the FPE program data and implementation progress

LifeWays QM staff will integrate all of the outcome data elements into the evaluation process, develop reports, and share the results with stakeholder groups

Discussion will occur with the FPE Providers regarding building capacity and the training of “new/additional” FPE staff.

FPE Program will be marketed to the Provider Network, Families in Action participants, NAMI organization, Schizophrenic Anonymous Group, and to LifeWays Medical Staff through the development of a brochure and outreach/recruitment plan

A FPE group will begin in Hillsdale County.

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

1. **Report Period:** 04-01-07 to 06-30-07
PIHP: Lakeshore Behavioral Health Affiliation
Program Title: Family Psychoeducation
Executive Director: James Elwell
Address: 376 E. Apple Avenue, Muskegon, MI 49442
Contact Person: Cynthia Hakes, MSW
Phone: (231) 724-3300 FAX: (231) 724-3348
E-mail: eatong@cmhs.co.muskegon.mi.us
PCA#20709: MDCH Specialist: Judy Webb, Contract #20061244
Federal ID: 38-6006063

2. **Briefly summarize the Systems transformation efforts and implementation activities of the Improving Practices Leadership Team.**

During the third quarter of FY06/07, the Affiliation Improving Practices Leadership Team (IPLT) met on a monthly basis. The team focused much of its efforts on assuring the availability of FY07/08 funding to sustain four evidence-based practices, assessing the capacity of the PIHP to support consumers in recovery, and overseeing the drafting, ranking, and submission of FY07/08 Mental Health Block Grant proposals.

Findings of the ROSI Consumer Self Report Survey indicated that the PIHP has established a solid foundation for supporting persons in recovery, thanks in large part to the extensive staff training in WRAP/Recovery, periodic presentations to staff by our certified WRAP facilitators, and the inclusion of peer support specialists in our workforce. Based on the survey results, however, both Ottawa and Muskegon CMHs will focus on improving their ability to help consumers obtain affordable housing and reliable transportation, advance their educations, and find and retain competitive employment.

Seven FY07/08 Mental Health Block Grant proposals were drafted and submitted including ones for enhancing Co-Occurring Disorders/IDDT and Family Psychoeducation, implementing the Evidence-Based Practice Supported Employment model, and establishing a consumer-run recovery cooperative in Muskegon County.

IPLT leadership and IDDT implementation coordinators from both CMHs presented a proposal to the Lakeshore Behavioral Health Affiliation Council in

May for the development of Integrated Dual Disorder Treatment teams in both counties and received solid support from PIHP Senior Management for moving forward on this initiative.

The IPLT continued to review and discuss "Tools for Transition" articles from the *Behavioral Health Care Journal*. Of particular interest were articles about the use of employee performance evaluations as a tool for organizational change and the value of peer employees in helping an agency become recovery based.

3. 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 FPE responsibilities.
- The Ottawa CMH Access Center assigns new referrals who meet FPE diagnostic and age criteria to the three case managers who facilitate Multifamily Groups.

A Clinical Services Supervisor from Muskegon County continues to serve as Coordinator the Family Psychoeducation for the PIHP.

- Seven Multifamily Groups (MFGs) meet on a bi-weekly basis (four at Muskegon County CMH and three at Ottawa CMH).

The FPE Implementation Team at CMHOC is planning on adding a fourth Multifamily Group (MFG). This group will serve consumers and families in the north half of Ottawa County, including the Grand Haven area and will likely serve consumers who receive ACT and those who receive Targeted Case Management

4. Summarize consensus building and collaborative services efforts with other systems and agencies that have taken place during this quarter.

The Clinical Supervisor has attended Learning Collaborative meetings and FPE Subcommittee meetings in Lansing, as well as networking with personnel from other agencies that are implementing FPE. Both Muskegon and Ottawa counties receive regularly scheduled consultation, supervision and coaching with FPE consultants at the PIER Program in Maine

- Budgets for FY 07/08 are being prepared for Muskegon and Ottawa CMHSPs that will fund continuation of FPE in both agencies.
- The FPE Coordinators from Muskegon and Ottawa CMH consult regularly regarding implementation issues.

5. Describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

- Implementation teams receive ongoing consultation, supervision and coaching. Cynthia Hakes has attended the Learning Collaborative Meetings in Lansing. Cynthia Hakes also attends the FPE Subcommittee Meetings at DCH. Ongoing supervision and coaching continues with assigned consultants from the PIER Program in Maine. Communication and coordination continues between the Muskegon and Ottawa FPE Coordinators as needed.
- Educate and Train Agency staff: Case management staff are informed of FPE activities during monthly team meetings. FPE staff continue to receive monthly supervision through teleconferencing with FPE supervisors from the Maine PIER Program. In addition, the FPE facilitators and coordinators meet monthly to problem solve and identify implementation issues. For example, one of the groups at Ottawa CMH has a mother and father who are hearing impaired. The logistics of using a signing interpreter in the group setting was discussed with the other FPE facilitators and, at the next supervision meeting, with the FPE supervisor from the PIER Program

The FPE project leaders (Cynthia Hakes and Rick Hunter) continue to work with QI staff, Sue Savoie, Deb Fiedler and Greg Hoffman (Ottawa), to ensure accurate and timely data collection. The process of data collection, interpretation and analysis will be on-going. Preliminary data collection has started using the data collection instruments from the University of Michigan.

- Lakeshore Behavioral Health services will report progress on a quarterly basis. FPE Subcommittee will test initial fidelity and outcome measures. We continue to work with Mary Ruffalo, coordinator for the MFG Statewide Evaluation Plan at the University of Michigan. The Improving Practices Workgroup serves as the affiliation FPE subcommittee, and continues to ensure consistent implementation of the model.
- Describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

6. Describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal.

- Cynthia Hakes, Clinical Supervisor/FPE Coordinator, is receiving supervision as an FPE Supervisor/Trainee from the PIER Program supervisor. She reviews video recordings from the Muskegon FPE facilitators and provides feedback with the PIER supervisor observing and providing feedback to her through teleconference.

- Fidelity forms are completed per the schedule and instructions in the Statewide MFG Psychoeducation Evaluation Plan (e.g., Attendance Forms after every MFG, Alliance/Engagement Follow-up every 3 months, etc.). Muskegon and Ottawa's QI Departments collect and collate the data.
 - Data from the fidelity forms is reported quarterly to the Mary Ruffalo, Statewide MFG Evaluation Coordinator.
7. 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 who are relatively close to the onset of the illness, their family members and significant others.
 - Ottawa CMH currently has 15 consumers and 23 family members attending MFGs (unduplicated). Ottawa has had a total 16 consumers and 25 family members (unduplicated) since the project's inception.
 - Muskegon CMH served 33 consumers and 38 family members in their 4 FPE groups this quarter, and 34 consumers and 39 family members during FY06/07.
 - In total, the PIHP provided FPE for 109 consumers and family members during the third quarter and 114 for the current fiscal year.
8. What administrative barriers from the State have emerged during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the State to address those barriers? What else would be helpful for the State to provide or do to facilitate your progress?
- Funding for growth of FPE is still unknown. Lakeshore Behavioral Health has applied for a Federal Block Grant to expand FPE; however the funding has not been determined.
9. What internal administrative or clinical barriers have you encountered in the last quarter and what efforts have you made to overcome them? What technical assistance have you received in the past quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?
- No new current barriers have been identified. Muskegon CMH continues to be interested in exploring the "secure server" technology being used by Ottawa CMH to allow electronic transmission of the videos rather than relying on copying, mailing and storing DVDs.

10. 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.
 - Training knowledge and skills, and assistance from conference trainers were utilized for implementation of FPE program. Current FPE staff for Muskegon County are Deborah Smith, Valerie Vines, Nick Grinwis, Sue Zuidema, Cindy Chattulani, Mike Cavalier, and Jerry Zadel (group facilitators); and Cynthia Hakes, Clinical Supervisor (FPE Coordinator). For Ottawa County, Rick Hunter, Supervisor; Bruce Jones, Cheryl Schut, David Maranka, Nichole Brunn, David Neal and Pam TenBrink (group facilitators).

11. 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 following the budget amendment described in the last quarterly report. It is anticipated that this project will be self-sustaining at the end of 2 years.

12. Describe the activities planned to address the project's goals and objectives for the next quarter.
 - Both Muskegon and Ottawa will continue with MFGs.
 - FPE staff meetings will continue on a regular basis for both teams.
 - Consultation will occur at least once per month to identify opportunities for improvement.
 - Data collection and analysis will continue.
 - FPE implementation teams will incorporate feedback from Fidelity Reports and consultant, to ensure fidelity with the FPE model.
 - A Multifamily Group is expected to start in north Ottawa County (see above).

**Part 2 of the Second Quarter Mental Health Block Grant Report
Glenn Eaton – April 26, 2007**

During the second quarter of FY06/07, the Lakeshore Behavioral Health Alliance (LBHA) Improving Practices Leadership Team (IPLT) continued to meet on a monthly basis to provide oversight of the Family Psychoeducation, Integrated Dual Disorders Treatment, Parent Management Training, and Recovery/WRAP Implementation teams.

The following activities and actions were undertaken by the IPLT to improve the overall system of care within the Affiliation:

- Motivational Interviewing Training, presented by Michael Clark, got underway during the quarter. By June 2007, it is anticipated that well over 100 Affiliation staff will have completed this four-day training.
- Planning took place to implement a WRAP group for Muskegon CMH staff in April in order to give them firsthand experience with this effective Recovery tool.
- Information regarding a comprehensive recovery training curriculum for staff was obtained from META Services, Inc. It will be evaluated for possible use with LBHA staff.
- The ROSI was reviewed and piloted on a limited scale.
- IPLT members increased their knowledge of the Supported Employment Evidence-Based Practice Model and strongly support LBHA applying for FY07/08 Mental Health Block Grant funds to assist in this implementation.
- Monthly "Tools for Transformation" articles from the journal *Behavioral Healthcare* have been reviewed and discussed in an effort to establish an extensive tool chest for transforming Muskegon and Ottawa CMHs into truly recovery-based organizations.
- Four IPLT members attended the two CMH Board Association preconference institutes on February 26, 2007, that addressed implementation of evidence-based practices and reported back to the IPLT. As a result, steps have been taken to provide staff members who have gone through motivational interviewing training with regularly scheduled practice opportunities to improve their skill level.
- IPLT has strongly supported the hiring of additional peer support specialists by the affiliates and will continue to monitor progress.

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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: April 1, 2007 – June 30, 2007
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
PCA#: 20711 Contract #: 20061246 Federal ID Number: 37-1458744

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

The IPLT continues to focus on four primary areas, three ongoing and one new: implementation and expansion of the family psychoeducation program, efforts to become “co-occurring capable,” and ACT model fidelity and, more recently, additional efforts to recruit new members.

As reported for the second quarter, implementation of the Adult Family Program (FPE) has continued. A sixth group, at AuSable Valley, is completing the joining process and will conduct the family workshop is scheduled for August.. A variety of issues continue to arise, including: questions regarding the “formal supervision” provided by Bill Elgee, questions regarding “minor changes” in groups, and proper reporting. It is the IPLT’s intent that each of these items will be brought to the next state FPE Subcommittee meeting.

With the Adult Family Program running, the IPLT continues to shift its focus to the issue of integrated treatment for co-occurring mental illness and substance abuse disorders. A funding proposal has been submitted to MDCH and the IPLT is working to refine the work plan the necessary system transformation.

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

During the past quarter, the most notable system change has been in the areas of integrated treatment for co-occurring disorders. Program coordinators from each of the Boards have met to review their results from completing the COMPASS. This exercise has been helpful in understanding the current status of each organization. Plans are being formalized to arrange additional training and consultation regarding integrated treatment.

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

The PIHP and the CA have continued to work together in developing and refining the work plan for integrated treatment. This will become more formalized in the first quarter the next fiscal year.

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

Consensus Building: Staff Training – General education to staff has been occurring through presentations, distribution of a brochure, and staff meetings. Staff responsible for disseminating this information are evaluating the continued need for a general curriculum and what it may include. Data collection and reporting, as part of the statewide outcome study, has been moderately successful. Outcome data are being collected, however, meaningful reports are not being produced. Feedback regarding what would improve these reports has been shared with the proper individuals.

Enacting: Utilized Data – data reported by the UofM outcome study would be more useful if it defined what is longitudinal and what is one time information. Without this, the existing reports have proven to be of little value. Formal training on fidelity measurement was conducted statewide and PIHP staff did attend. Additional staff from Northeast Michigan CMH and North Country CMH are planning to attend training in September.

Enacting: Additional Sites – two of the three Boards have two groups active. The third Board is completing the joining process for a second group and the family workshop is scheduled for August. Additional staff have been trained and it is anticipated that NCCMH and NeMCMH will each implement a third group prior to the end of the fiscal year.

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

Data collection continues as reported for the second quarter. Statewide outcome data, as well as group specific outcome data have been reviewed. Certain issues with the data collection tool have been identified and reported to the state FPE subcommittee. Changes to the outcome data reporting are needed. This information is shared with the Stakeholder Group, the IPLT and the regional Operations Committee.

7. 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.)

AVCMH

Six individuals ranging in age from 32 to 62 years. All with schizophrenia or schizo-affective disorder..

NCCMH

Ten individuals ranging in age from 22 to 48 years. Nine individuals have a diagnosis of schizophrenia or schizo-affective disorder. One has a diagnosis of bipolar disorder.

NEMCMH

Seventeen individuals ranging in age from 21 to 68 years. Eight individuals (the first group) have a diagnosis of schizophrenia or schizo-affective disorder. Seven individuals have a diagnosis of bipolar disorder and two have a diagnosis of psychotic disorder, NOS.

TOTAL: 33

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

No additional or new challenges were identified in the second quarter.

10. 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.

Supervision with William Elgee, as well as attendance at the Learning Collaborative, have continued during the second quarter and will be ongoing.

One staff member attended training in assessing model fidelity. It is expected that this individual will conduct fidelity measurement for other PIHPs.

11. 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?

No problems are anticipated in the continuation of the service.

12. 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 of the Stakeholder Group

Continued meetings of the IPLT with a greater focus on integrated treatment for co-occurring mental illness and substance use disorders.

- Continued meetings of the FPE Subgroup to address specific implementation issues and report to the IPLT.

Additional staff receiving training to conduct the FPE groups.

- Previously trained staff receiving the advanced training.
- Initiation of a additional program sites at the two Boards.
- The Evidence Based Practice Specialist will provide support to the planning efforts of the IPLT and related staff groups as well as developing a training curriculum for FPE.

Report Completed by: Dave Schneider
Phone: (231) 439-1234 Fax: (231) 347-1241 E-Mail: daveschneider@norcocmh.org

- 1. Project Title: Family Psychoeducation**
Contract Number: 20071294
Project Number: 20616
MDCH Specialist:
Time Period: April-June 2007
Person completing report: David Byington MSW

- 2. Summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT). Describe the activities and actions taken by the IPLT to improve the overall system of care.**

The IPLT has assigned coordinators to guide the implementation of the FPE practice. The coordinators carry out the work of, and report to, the IPLT. Systems transformation can be summarized by the fact that we have six Multi-Family Groups running at five sites, with plans for two additional groups to begin in September. We have three staff trained as trainers ready to help with State wide fidelity monitoring and training staff at the local level. We are continuing the process of developing entry and demand criteria, referral processes and educational and marketing materials to be available to consumers, staff, families, and the community.

- 3. Describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.**

Thirty nine consumers and 55 support/family members have received the service. We have continued to develop FPE materials including access, referral, and eligibility criteria. We are moving toward a self monitoring and self evaluation system and anticipate local training at some point next year. Staff trained as Level III trainers are volunteering to help train during the next training session and to assist with State wide monitoring. We are also beginning work on using some of the FPE practice to train direct service staff as it is compatible with the Recovery model.

- 4. Summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.**

Most of the work has been done in-house. We have presented the FPE model to the local NAMI and Consumer Advisory Counsel. There are plans to present more information to the community during the next quarter. We are developing ways to better advertise the service. A video presentation continues to be discussed. We have done a number of presentations to various service units this quarter.

- 5. Describe the process toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.**

We have, and will continue to, present information to educate various groups about the practice, availability of the service, and the results that we have had so far. We have been submitting updated information to the U of M study so we will be better able to evaluate.

We continue to work on standard educational materials for the Education Day.

We have developed a training plan for staff.

We are making plans to send staff to the next training in September.

There are six groups up and running. Fidelity is measured through monthly supervision that includes a review of the video of the groups, and through the use of the fidelity scale used at each group session. Additionally, data is collected from the families and consumers. We will have information to present to various groups next quarter, including consumers and board members.

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

Data is collected and sent to the University of Michigan to be evaluated. The data includes fidelity measures. Each group is graded using the fidelity scale and the video of the groups are reviewed by expert supervisors who provide feedback to the staff doing the facilitation.

7. 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.

Thirty nine individual consumers, plus their family and/or supports, have participated in the service thus far. Five groups serve persons with a diagnosis of schizophrenia or schizoaffective disorder, while one group serves persons with a bi-polar diagnosis. Twenty three males and 16 females receive or have received the service. The age range is as follows:

18-24 years old:	9
24-31:	5
32-38:	6
39-45:	9
46-52:	7
53-59:	3

8. What administrative barriers from the state have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the state to address those barriers? What else would be helpful for the state to provide or do to facilitate your progress?

We have found State efforts to be beneficial thus far.

9. What internal administrative or clinical barriers have you encountered in the last quarter, and what efforts have you made to overcome them? What technical assistance have you received in the past quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?

Staff turnover at a couple of our sites has created problems in both losing trained staff and forcing staff who want to start groups to provide additional coverage preventing them from getting their groups started. We are trying to ensure that staff who are trained are those expected to be able to deliver the service long term and we are trying to get staff hired. A change in supervision at one of our sites may help.

We added a FTP site to improve our ability to share video and provide supervision.

Transportation in rural counties is a problem that we are just beginning to discuss.

- 10. Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.**

There was no additional training during this quarter. We plan to send staff to training in September.

- 11. 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 is no need for an amendment at this time. There are no problems noted. In-kind support has included funding for each group meeting. There are no questions of sustainability at this time.

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

We are planning to begin two new groups in September. We are working across the Affiliation to standardize eligibility and referral information. We plan to get out an update on the service to various consumer and staff groups. We are awaiting information on how the Trained Trainers will be assisting with supervision and fidelity monitoring across the State.

Completed by: David Byington MSW
West Michigan CMH Affiliation
Phone: 231-922-4850

**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	4-1-07 to 6-30-07
PIHP	NorthCare Network
Program Title	Family Psycho education Grant Second Year FY07
Executive Director	Douglas Morton
Address	200 West Spring St, Marquette MI 49855
Contact Person	Lucy Olson, MS, MFT, LLP
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PCA # 06-20714	Contract # 20061249 Federal ID #38-3378350

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

The Practices Improvement Leadership Team met twice during this quarter-April 20 and June 14, 2007. New members were added to the team as NorthCare anticipates a focus on co-occurring treatment in the next 2 years and as consumers are ready to transition off the team (See Attachment C.1). The PILT has determined the need for regional training and support opportunities for the Peer Support Specialists and their staff liaisons. The PILT will sponsor a quarterly Learning Collaborative for the PSSs and will ask Becky Mills from HBH to report to the PILT on the activities of that regional group. Several consumer members of the team were on the event team for the First Upper Peninsula Consumer Conference that was held on May 7, 2007 in Escanaba.

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change. Two of the three staff trained to supervise clinicians new to the model have been conducting monthly supervision sessions with the regional group leaders. Phil Collin from Maine acts as their coach and also participates in the supervision groups. The elevation of local staff to a supervisory level has led to greater ownership of the

model and increased participation in participation in the outcomes study with the University of Michigan. The third staff who was trained as a trainer has resigned from the CMHSP where she worked. The administrative staff for each CMHSP were asked to prepare a sustainability plan for the FPE treatment for FY08, when there is no longer any grant funding. All but one board has completed this task (See Attachments C.2, C.3, C.4 & C.5).

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

Three members and one clinician from the FPE group in Menominee presented at the conference on the impact FPE has had on their lives. The informational brochures have been distributed to each site and are being used as a referral tool. A member of NAMI has joined our PILT and will help educate the local NAMI chapter on the EBP endeavors. On June 20, 2007, NorthCare staff participated with 3 local NAMI members in a national web conference hosted by SAHMSA on Anti Stigma Approaches with Providers of Mental Health services. One of the outcomes of that training was a plan to present to the NorthCare Board to rewrite its mission statement so it is based on recovery principles.

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

We had a project team meeting on April 20, 2007 and discussed the need for the sustainability plans for FY08. The Boards agreed to submit them for this Q3 reporting period. We reviewed the budget for the grant and the need to finish purchasing equipment for taping sessions. The administrative staff were asked to determine how many slots they will request for the last training opportunity in September. The project team was informed about the option of applying for a competitive grant for the enhancement of FPE treatment in FY08. There was no expressed willingness to work on submitting a proposal, so that opportunity was missed.

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.

This was a very exciting quarter as NorthCare and The Family Psycho education Institute awarded a Letter of Recognition to eleven clinicians who have completed two years of training in FPE and are able now to conduct FPE groups independently (See Attachment C.6). On May 31 and June 1, 2007, Phil Collin provided a half day of regional training for the senior clinicians and a full day of Track Two training for the clinicians newer to the model. NorthCare's Training Coordinator obtained social work CEUs for the staff participating in the Track Two training (See Attachment C.7). The training focused on fidelity to the model and rural adaptations to the model.

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

One of the staff providing FPE in Delta County died this past quarter and the FPE group and the clinicians were struggling with death. This occurred when Phil Collin was on site and he was able to offer step by step guidance to the 4 clinicians involved with the Delta FPE group. They were then able to have a FPE group that following week that helped the group leaders and group members move forward.

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

NorthCare uses our regional data warehouse to monitor implementation and consumer participation. Fidelity has been monitored through taped sessions and

monthly supervision sessions. Two staff were trained in May by Mary Ruffalo and U of M staff to conduct the toolkit fidelity measure. They may begin site reviews in the fall.

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 the attached reports C.8, C.9 and C.10. The cumulative number of unduplicated individuals in this quarter is 71 (C.8). Report C.9 documents FPE groups were occurring in 10 counties of the 15 counties in the Upper Peninsula. It also shows the improvement in the region in capturing the data from the joining sessions. Report C.10 shows the expansion of this treatment across the fiscal year thus far. Complete diagnostic data will be included in the final report.

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?

Sustainability has been discussed in section B. No amendment is necessary.

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

Training new clinicians will be the focus of this last quarter. NorthCare will send between six to eight staff to the Track One training and one staff to the Track Two Training in Traverse City in late September. The individual sites are doing final needs assessment for their CMHSP for any equipment or goods that should be purchased before the end of the grant cycle.



**SAGINAW COUNTY
 COMMUNITY MENTAL
 HEALTH AUTHORITY**

***Block Grant Between
 Saginaw County Community Mental Health Authority
 And
 Michigan Department of Community Health***

Narrative Program Report

Project Title: <i>Family Psychoeducation</i>	Project Number: <i>20617</i>	Contract Number: <i>20071291</i>
<i>April 1, 2007 to June 30, 2007</i>	MDCH Specialist: <i>John Jokisch/Judy Webb</i>	

1. Summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT). Describe the activities and actions taken by the IPLT to improve the overall system of care.

The CEO of SCCMHA appointed the chairperson of the Improving Practices Team as well as team members during the summer of 2005. The 20 member Improving Practices Team met 6 times during FY 2006, in October, November, January, March, May and September. The IPLT now meets on a quarterly basis; that team met on May 17, 2007. Communications from SCCMHA to the team also occur via e-mail throughout the year. At SCCMHA, the Improving Practices Leadership Team was developed with the role of oversight for all evidence-based practices and related improvements, including promotion of a recovery philosophy throughout the SCCMHA system. The SCCMHA Improving Practices Team has been conducting reviews of current service practice areas, including Assertive Community Treatment, Supported Employment, and Dialectical Behavior Therapy against fidelity requirements for those specific evidence-based practice areas. This team also has the responsibility to provide guidance to the network and SCCMHA management and administration in the implementation of new evidence-based practices, including the focus of the COD/IDDT model initiated in FY 2006 as well as FY 2007 Family Psychoeducation (FPE) and two EBP related training grants – COD/IDDT enhancement and Recovery during FY 07. A member of the Improving Practices Team serves on the state Recovery Council. We also have had excellent substance abuse provider representation in our process, including from the local Substance Abuse Coordinating Agency. The IPLT oversees all COD/IDDT implementation efforts; COD/IDDT practice began in the SCCMHA adult

case management programs October 1, 2006. Evidence-based practice incorporation into the SCCMHA Continuing Education Program also began with FY 2007.

COD/integrated services as well as all EBP efforts have been included in the SCCMHA strategic plan development. In addition to direct consumer participation in both the Improving Practices Leadership Team and the COD/IDDT workgroup, the two consumer leadership teams of SCCMHA received reports on the progress SCCMHA is making towards implementation of integrated service delivery, and were involved in the decision-making for all improving practices goals for FY 2007.

The activities of the COD work group and the Improving Practices Leadership Team are routinely reported to the SCCMHA Quality Team. SCCMHA incorporated EBP and COD/IDDT policies into the provider network policy manual during FY 06 as well.

The COD/IDDT workgroup met monthly in FY 2006, and is moving to bi-monthly meetings in FY 2007. The FPE group began meeting in October and is meeting on a monthly basis. During the third quarter FPE met March 26th and April 23rd. We did not meet in May as the meeting fell on Memorial Day.

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

The request for this block grant was coupled with a request for a case management block grant. The reason for this request was that it had become apparent that SCCMHA could not move forward with Recovery, FPE or even good person centered planning unless we addressed the high case loads of staff serving persons with mental illness. During the first quarter of FY 07, we added two additional case management providers to our network. One was brand new and the other had served only a small number of consumers that had stepped down from ACT. With this change, we have begun lowering case loads with a goal for case loads to be no higher than 35 and even lower for clinicians attempting to implement an evidence based practice such as FPE. This system change will significantly impact our ability to move forward with evidenced based practices.

3. Summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

This block grant was not written just for SCCMHA direct run programs. It was the expectation that the two new case management providers participate as well. We have all worked together through the Family Psychoeducation Group to accomplish this goal. In addition, at the first meeting of the Family Psychoeducation Group, it was decided that the Assertive Community Treatment Team should participate as well even though that had not been written into the grant plan originally.

4. Describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter:

Project Activity	Start Dates	Responsible Party	Progress to Date
Implementation of family psycho education	10/1/07 and ongoing	Improving Practices Leadership Team/Family Psycho education work group, participants	Progress continues to be made with all four case management teams planning to have their first joining meeting in the fall of 2007.
Will develop mechanism to track referrals and use data for outreach to consumers and families	10/1/07 and ongoing	Improving Practices Leadership Team/Clinical Director	Continuing to develop reports and tracking mechanisms through the Encompass Medical Record.
Provide education forums	10/1/07 and ongoing	Improving Practices Leadership Team/Family Psycho education Workgroup, participants	Will be pursued through our continuing education program.
Build capacity for expansion of groups	10/07 to 5/08	Improving Practices Leadership Team/Family Psycho education Workgroup	Have submitted a second year grant request to allow for the training of additional staff so that more teams can be implemented.
Create a local level evaluation capacity to monitor performance	10/07 to 5/08	Improving Practices Leadership Team/Family Psycho education Workgroup	Will be choosing an adult outcome tool during the next quarter as State plans appear to be on hold.
Identify and document local innovation	10/1/07 and ongoing	Improving Practices Leadership Team/Family Psycho education Workgroup, participants	Documentation continues
Ongoing training	10/1/07 and ongoing	Improving Practices Leadership Team/Family Psycho education Workgroup, participants	On overview of the model has been included in our continuing education plan.

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

When the group met on November 27, 2007, copies of the SAMHSA FPE toolkits were distributed. This included the fidelity scale. A Family Psychoeducation policy has been written. This also included the fidelity scale.

Heidi Wale participates on the workgroup and she will be responsible for providing direction regarding data collection. Once, groups are up and running, it is our intent to complete quarterly fidelity reviews as we currently do for our other evidence-based practices (ACT and Supported Employment).

It continues to be of concern to SCCMHA to move forward with implementation of evidence-based practices without an outcome tool. Based on the fact that selection of an adult outcome tool by the State appears to be stalled we plan to choose a clinician scored outcome tool during the next quarter.

- 6. 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.)**

The target population will be adults with mental illness. We did not serve any specific consumers during this first quarter as we are still in the implementation phases.

- 7. What administrative barriers from the state have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the state to address those barriers? What else would be helpful for the state to provide or do to facilitate progress?**

The fact that the State still has not moved forward with identifying an adult outcome tool is a barrier to moving ahead with evidence-based practices. We need to have an outcome tool and did not want to spend money on a tool, train staff and then have the State mandate a different tool and start all over again. At this point, we will choose a clinician scored tool to implement in the near future and assume that the State will proceed at some point with the consumer scored tool.

The timeliness of information continues to be a struggle. As a new grant recipient, we have struggled to get on distribution lists for information.

- 8. What internal administrative or clinical barriers have you encountered this quarter, and what efforts have you made to overcome them? What technical assistance have you received in this quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?**

We are pleased with the progress we have made to date. We could have encountered a large barrier as we were also implementing a new software system at this time. Additionally, two of the providers that are participating were going through massive changes. One was expanding its case management team and the other became a brand new case management provider for us. Both of these changes became effective on October 1, 2007. We are implementing various evidence base practices at the same time. So the fact that we have been able to continue to meet our goals this third quarter is very promising for our ability to move forward in a timely manner. Staff and workgroup members express much enthusiasm about this practice. There is a great deal of energy and planning underway at this time.

The only challenge has been to determine how to best logistically offer non-business hour times to meet the group start up needs at various sites. No barriers or technical needs to date have been encountered.

- 9. Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.**

No new training occurred this quarter. Sixteen persons attended the three day FPE training in Romulus, four of the 16 persons were team supervisors. A fifth supervisor planned to attend but was unable to do so due to a family death; he and a sixth supervisor, who had planned vacation at that time will need to attend the next offered McFarlane training. Materials from the training were brought back by attendees and disseminated and discussed with other team members as well as the FPE workgroup. Most of the case managers training will be directly involved in starting the FPE groups within their respective case management teams this year.

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

At this point it is anticipated that allocated resources will be needed. We will be sending additional staff to the September training.

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

*Teams will continue their implementation plans for group start ups later this year, including consumer and family member participant identification and scheduling of dates and times for meetings. SCCMHA will monitor the next offered training sessions to ensure that the two remaining supervisor, as well as any other appropriate staff (peer support specialists or case managers) receives the training. We hope to add another consumer or family member to the workgroup soon. **We are trying to make** arrangements with Jeff Capobianco to meet with our FPE group to assist with questions that members have related to next steps. We are also planning to have a representative from Training and Treatment Innovations come to our next meeting to talk about their experiences with implementing the model.*

Completed by: *Linda Schneider, Director of Clinical Services (989) 797-3528.*

**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: April 1, 2007 through June 30, 2007

PIHP: Venture Behavioral Health

Program Title: Family Psychoeducation

MDCH Specialist: Karen Cashen

Chief Operating Officer: Brad Casemore

Address: 100 Country Pines Lane, Battle Creek, MI 49015

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

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

PCA #: 20717 Contract #: 20071289 Federal ID: 38-3318175

A. Summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team. Describe the activities and actions taken by the IPLT to improve overall system of care.

During this quarter, the IPL Team has continued to meet monthly as we had reorganized the team last quarter to include all EBPs and CCISC/IDDT under the IPL Team to provide more consistency and better coordination of our EBPs systems/organizational transformation efforts. One focus of the IPL Team this quarter has been on co-occurring, as we utilized the IPL Team to review and provide input on the IDDT block grant for which we applied. We have been working on our Welcoming Policy as well as identifying other barriers and successes in our efforts toward co-occurring capability.

We have been discussing how we intend to maintain Family Psychoeducation services in our region beyond the completion of the Block Grant. We have been tracking and providing feedback to affiliates on rates of encounters by county. We also will complete a fidelity assessment in August as one of our PIHP Board metrics due by the end of the fiscal year. This has consisted of additional technical assistance from the EBP Project Coordinator to two counties that have had some difficulty maintaining consistent FPE services due to staff turnover. Furthermore, we have been identifying clinicians who will receive additional training in FPE in the Train-the-Trainer model so that we have future capacity within our region to address peer supervision and support of FPE.

The IPL Team continues to work to develop a training capacity within the affiliation to train, enhance and promote sustainability of two of our EBPs- Cognitive Therapy (CT) and

Dialectical Behavior Therapy (DBT). We have identified staff at each of the affiliates interested in becoming trainers in these two EBPs and are developing a plan in coordination with the Beck Institute and Behavioral Tech to implement a train-the-trainer model. These trainers will be expected to provide trainings as well as be the champion for these EBPs within their affiliate and provide consultation and fidelity assessments to the other affiliates to further ensure fidelity to the models, sustainability and development/enhancement of the programs at each of the affiliates. It is anticipated that developing a trainer group for each of these programs will facilitate systems transformation by further promoting the EBPs, enhancing skills of the staff and focusing on fidelity to the models.

We are also in the process of developing an electronic medical record with an assessment process that will be standard across the affiliation, which will include an integrated substance use assessment and will facilitate the identification of evidence-based practices that consumers may benefit from. The implementation of the UNCOPE in January has already produced a significant impact on the identification of substance use disorders throughout the region (as evidenced by our Performance Improvement Project which focuses on Improving Identification of Co-occurring Disorders in the Venture region). This has been effective in promoting our efforts toward co-occurring identification and assessment.

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

The Improving Practices Leadership Team functions as a forum for sharing information and assisting in the systems change process. Each affiliate continues to be at a different place (although all making progress) with the implementation of the EBPs and we are able to use the experience of those on the IPL Team to look at barriers and problem solve.

The IPL Team has also begun looking at fidelity of the EBPs that have been implemented throughout the region and discussing outcomes of these EBPs. We have begun to assess fidelity of the FPE teams in the region and provide feedback to the teams for improvement and sustainability. As we have begun looking at fidelity, we have found systemic barriers that have been slowing down the implementation and may later be a barrier for sustaining the model. As we address fidelity within the team, we are also addressing the organizational factors as specified in the General Organizational Index. This has been a helpful process for the teams and the IPL Team.

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

Each affiliate continues to build consensus with both internal and external stakeholders. Affiliates continue to provide regular updates to their boards and meet with stakeholders to discuss progress.

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

Phase 1- Consensus Building

Awareness: We have successfully accomplished all activities that we had planned in our work plan according to specific time frames. The affiliates continue to provide information to key stakeholders and organizations about Family Psychoeducation and other EBPs.

Education: Staff attended the Learning Collaborative held in June to develop their skills and knowledge of the model. We have accomplished all of our training and educational goals. The IPL Team has committed to developing a trainer group for FPE and affiliates will be sending eligible staff to the train the trainer track if it is offered in September. There are 5 staff across the affiliation who have expressed interest in being trained as a trainer in FPE.

Structural and Clinical Improvement: All activities planned for the first quarter has been accomplished.

Adaptation and Evaluation: The PI Process is currently being developed in the PI committee, with input and feedback of the Improving Practices Leadership Team. We have begun looking at utilization data and the IPL Team coordinator has initiated a fidelity and program monitoring process, with data and feedback going to the IPL Team. Data is also being supplied to the University of Michigan for evaluation on an ongoing basis.

Phase II: Enacting

Awareness: All activities planned for this quarter has been accomplished. The IPL Team leader has been meeting with staff and each of the Clinical Directors has provided/obtained feedback to each of their respective Boards and a presentation has been made to the Venture Board. A presentation is planned for the Member Advisory Council for the 4th quarter as well as the Annual Survey.

Structural and Clinical Improvement:

1. The FPE Coordinator received fidelity assessment training during this quarter and has begun to go to each affiliate to begin the fidelity assessment process. Feedback will be given to each of the teams/Clinical Directors at the affiliates as well as the Improving Practices Team to address any barriers or issues that are identified through the fidelity assessment process.
2. We have identified a need to have staff within the affiliation who can provide training on FPE. The affiliates have identified staff that are eligible to be trained as trainers and there are plans to send these staff to the next train-the-trainer training when it is offered, hopefully in September.
3. The IPL team is actively engaged in planning for additional EBPs, with training and implementation of EMDR as the newest EBP being implemented in the region (at three affiliates). We are further developing training capacity across the affiliation for CT and DBT to further implement and sustain these EBPs.

- The IPL Team has been discussing planning for the third year of the project, but a specific work plan has not been developed as of yet. It was agreed that a work plan will be developed from the outcomes of the fidelity assessment process.

Phase III: Sustaining

Awareness

- There were no activities planned for this quarter.

Education

- This is an ongoing process with affiliates providing information to key stakeholders throughout the year.

Structural and Clinical Improvements

- The IPL team, along with the affiliates, is working to develop capacity at each affiliate to implement two groups. Two affiliates have accomplished this, one affiliate is working on establishing their second group, and the other two affiliates are working on establishing their first group. Each of these affiliates have had staff turnover which has prevented them from implementing groups.
- The IPL team has agreed to use the OQ as an outcome measure. The affiliates have begun piloting this with consumers who are receiving Cognitive Therapy and DBT, with additional EBPs, including FPE, being added in the future.

E. 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.)

Barry County has two FPE groups, Summit Pointe has two FPE groups and Pines has one FPE group and another FPE group planned. Both Riverwood and Van Buren have had difficulties implementing FPE due to staff turnover, but are working to engage consumers for the start of their FPE groups by the end of the fiscal year. During this quarter, 29 unduplicated consumers and 39 unduplicated support persons have been served.

Client #	Age	Gender	Race	Diagnostic Code	Diagnosis	New to FPE*? (Y/N)
1	42	Female	Caucasian	295.6	Schizophrenia, residual type	N
2	46	Female	Caucasian	296.9	Mood disorder	N
				301.22	Schizotypal Personality Disorder	
3	43	Male	Caucasian	295.3	Schizophrenia, paranoid type	N
4	69	Female	Caucasian	295.3	Schizophrenia, paranoid type	N
5	40	Male	Caucasian	295.7	Schizoaffective Disorder	N

				295.3	Schizophrenia, paranoid type	
6	30	Male	Caucasian	295.7	Schizoaffective Disorder	N
7	22	Female	Caucasian	295.1	Schizophrenia, disorganized typ	Y
9	39	Male	Caucasian	295.7	Schizoaffective Disorder	N
10	31	Male	Caucasian	295.3, 296.22	Schizophrenia Par, MDD	N
11	59	Female	Caucasian	298.9, 294.8, 296.32, 303.9	Psychotic Dis NOS, Dementia NOS, Major Depression, Recurrent, Moderate, Alcohol Dependence	N
12	50	Male	Caucasian	295.3	Schizophrenia, Paranoid Type	N
13	30	Female	Caucasian	296.04	Bipolar I Disorder, Single Manic Features	N
14	52	M	W	295.61	Schizophrenia	Y
15	28	F	W	296.44	Bipolar I, Severe w/ Psychosis	Y
16	40	F	W	295.32	Schizophrenia	Y
17	47	F	W	295.3	Schizophrenia	Y
18	43	F	W	295.32	Schizophrenia	Y
19	56	M	W	295.7	Schizoeffective	Y
20	37	M	B	295.9	Schizophrenia	Y
21	46	M	W	295.7	Schizoeffective	Y
22	(18-25)	Male	Caucasian	298.9	Psychotic Dis NOS	N
23	(18-25)	Male	Caucasian	295.3	Schizophrenia	N
24	(26-35)	Male	Caucasian	295.7	Schizoaffective Disorder	N
25	(26-35)	Female	Caucasian	298.9	Psychotic Dis NOS	N
26	(36-45)	Female	Caucasian	295.7	Schizoaffective Disorder	N
27	(46-55)	Female	Caucasian	295.3	Schizophrenia	N
28	(46-55)	Male	Caucasian	295.7	Schizoaffective Disorder	N
29	(46-55)	Female	Caucasian	295.7	Schizoaffective Disorder	N

F. What administrative barriers from the state have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the state to address those barriers? What else would be helpful for the state to provide or do to facilitate your progress?

There were no administrative barriers from the state that emerged as issues during the last quarter.

G. Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

10 staff and one consumer attended the FPE Learning Collaborative on June 22, 2007. The training was utilized for new and seasoned staff to increase their knowledge and skills by learning from other affiliate staff implementing FPE and getting their questions answered.

Attendees:

Chase Francl- Pines Behavioral Health
Vicky Petty- Pines Behavioral Health
Laura Howell- Pines Behavioral Health
April Bluhm- Barry County
Cheryl Bolton- Barry County- Peer Support Specialist
Lisa Baptiste- Barry County
Brian Brook- Van Buren County
Wendy Fox- Riverwood Center
Sherry Reed- Riverwood Center
Dana Skidmore- Riverwood Center
Deb Kerschbaum- Riverwood Center

H. 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?

Currently, the PIHP is utilizing grant dollars to implement FPE. Each affiliate is developing their FPE programs to be sustainable after the grant is completed by incorporating the program into their current spectrum of services and using Medicaid dollars for Medicaid eligible consumers for service provision. The PIHP will continue to monitor FPE at all affiliates through the current Improving Practices Leadership Team and Performance Improvement.

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

1. Implement FPE groups at affiliates who have not yet implemented a group.
2. Conduct the annual survey of members.
3. Review the PI process within PIHP for ongoing program evaluation and monitoring and make adjustments as necessary.
4. Continue to plan local implementation of additional EBPs (such as Integrated Treatment of Individuals with Co-Occurring Disorders (IDDT, CT, etc.).
5. Use the OQ to measure outcomes for consumers involved in FPE.
6. If offered, send identified staff to the train-the-trainer training in September, 2007.
7. Complete fidelity assessments.



Program Narrative Quarterly Report

Reporting Period: April - June 2007 – Third Quarter

PIHP: Community Mental Health Partnership of Southeastern Michigan

Program Title: Multiple Family Group Psychoeducation Implementation Initiative

Executive Director: Kathy Reynolds

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Attention: Karen Cashen – Adult Block Grant Coordinator

PCA #: 20718 **Contract:** 20071283 **Federal ID:** 38-3562266

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

The IPLT continues to meet monthly to coordinate EBP implementation, clinical program monitoring, and clinical policy and procedure. Each county has at least one FPE group in place.

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

Staff running the groups have been meeting with their FPE supervisor to review tapes and receive feedback. The sites continue to work to integrate the model into the existing case management workflow and agency services array. The system change occurring at this level includes teams being asked to replace some of what they have typically done with this new model (e.g. conducting some case management during group instead of during individual meetings with the consumer). Another aspect of system change that is an ongoing discussion is the use of the FPE group to address person centered planning goals. This quarter staff have reported that using the PCP goals as the target problem solving has helped to make the PCP a practical tool for recovery.

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

The primary contacts with outside agencies continue to be with the National Alliance on Mental Illness of Livingston and Washtenaw. In Washtenaw NAMI members have been meeting with case management staff to discuss “family friendly” orientations to services. In Livingston the NAMI members continue to attend the family psychoeducation groups. Staff from Wayne County (Community Care Services) has observed FPE groups in Washtenaw County.

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
Completed
6. Implement at least one group in each county during 2006
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 & Roles

Staff attended a June Learning Collaborative in Lansing.

Technical Assistance

Supervision meetings continue to occur with all staff implementing FPE. This quarter approximately twenty staff took part in supervision. The DCH EBP list serve continues to be accessed by staff for education and information. Dr. Mary Ruffolo provided CMHPSM fidelity and demographic data toward the end of this quarter. This data will be reviewed by the IPLT and FPE staff next quarter.

Program Development & Practice Improvement

It was learned this quarter that Livingston County had not submitted data to Dr. Ruffolo-as previously thought. This was reconciled. All other groups are now providing data for the evaluation of the model.

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

As discussed last quarter there have been staff positions lost which has slowed the development of additional groups. Each of the four affiliates plan to send approximately fifteen to twenty staff to the fall training.

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

Data collection, supervised by Dr. Ruffolo and her staff, continues at each site. See the attached report.

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 has been no change in this area with fourteen FPE groups being conducted in the CMHPSM. Total consumers served this quarter are approximately seventy-five. The largest population is people with thought disorders.

I. Describe the PIHP 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?

This quarter carry forward money was approved.. These funds will be used to train staff in the fall and pay for mileage and supplies including group facilitation aides (e.g. posters).

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

Next quarter we will be focusing on:

- ❖ Continued training of staff on the importance of linking the PCP to the group problem being solved.
- ❖ Staff from across the affiliation will attend the August FPE Learning Collaborative.
- ❖ Further recognition for all affiliation staff the accomplishments of PFE implementers
- ❖ Presentation of the pilot site work flow evaluations and work plan to the IPLT team for the implementation of the next group in each affiliate.

