

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

**Overall Description and Summary**

LifeWays' Quality Improvement Plan for Renewal and Recommitment to Quality and Community in the Michigan Public Mental Health System shall first and foremost focus on consumer care, consumer input, consumer opportunities, consumer quality of life, and consumer recovery. Consumers shall feel welcomed and treated with gentleness and compassion from the first point of contact at Access and throughout their experience with the LifeWays System of Care. Consumer voices shall be heard and respected for their choices and consumers shall be provided opportunities to assure community inclusion, participation, independence and productive activity.

To ensure that consumer voices are heard, LifeWays shall create a culture of gentleness that embraces consumers, their family members, their peers and other stakeholders who advocate on behalf of consumers. Every quality improvement initiative will be built on a foundation of consumer and stakeholder input. Every policy, procedure, program and service will be based on the philosophy that the consumer is the ultimate customer and their satisfaction with outcomes is LifeWays' measure of success. LifeWays' Leadership Council will ensure that all meetings within LifeWays, the Provider Network and the Community provide for the inclusion of consumers through input or participation. LifeWays plans to highlight its emphasis on customer care by seeking consumer input with youth and families.

The ARR calls for improving the Culture of Systems of Care. LifeWays believes that real change calls for changing the Culture of Systems of Care, from a culture of providing to you, (system-based) to providing with you, (Customer based). Intensive training for LifeWays employees and the Provider Network in the areas of Customer Service, Gentle Teaching, Person Centered Planning and Self Determination will be implemented. LifeWays staff will model consumer-friendly and focused behavior and expect that LifeWays Network Providers display these behaviors as well. Increased value will be placed on consumer satisfaction with LifeWays Providers and individuals within Provider organizations. Access will be highlighted as the point of first contact for a welcoming, caring and compassionate experience. Persons accessing the Public Mental Health System will be treated kindly and provided the necessary supports to understand their rights to receive timely treatment based on choice.

In recent years, LifeWays has made significant gains toward a System of Care based on Evidence-Based Practice. LifeWays is fully committed to continuing this trend to include a System of Care for Children that concentrates a focus on supporting the needs of the child and family to sustain the family unit into the future. LifeWays has significantly improved the array of services to include MST (Multi Systemic Therapy) and Wraparound Services. Juvenile Diversion is a focus of LifeWays' current Strategic Plan. LifeWays has renewed its effort to collaborate with local schools and ISD (Intermediate School District) in the care and treatment of children. Supporting Evidence-Based Practice is necessary to instill a trauma informed system of care for children and adults. Identifying trauma as a significant event in the creation of, or increasing the severity of a disability, must be recognized by every care provider for PIHP: LifeWays Quality Improvement Plan

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every consumer. Training, monitoring and accountability for recognizing, identifying and treating trauma as a holistic treatment effort are underway in LifeWays' System of Care.

Recovery for persons with Mental Illness and Active Engagement for persons with Developmental Disabilities is the ultimate outcome. While it is necessary to have a competent, caring Provider Network with an array of services, providing services without a clear vision of the end result can render those services ineffective. Recovery can be an elusive concept, as it has different meaning for every person. In a system that values consistency and standardization, individualization is easily lost. Standard forms, procedures and methodology must be flexible to reflect the individuality of each person. Recovery, achieving best quality of life based on consumer strengths and desires must be respected and supported with clinicians focusing on creating supportive and trusting relationships that will inspire consumers to expand their personal vision of recovery. LifeWays will focus on supporting policies and procedures that respect and reinforce that relationship without sacrificing compliance to standards.

It must be recognized at the state level that promoting active engagement for persons with developmental disabilities is a medically necessary treatment. This recognition requires a standard of care, in writing that provides guidelines to PIHP's (Prepaid Inpatient Health Plans) for provision of services -- specifically community inclusion. LifeWays has been conservative in its interpretation of medical necessity and is anxiously anticipating a definition of medical necessity as it applies to persons with developmental disabilities accessing community resources. LifeWays will continue to support and encourage meaningful, relational, gentle activity in the home and community. LifeWays is dedicated to creating a culture of gentleness which is a foundation for fostering caregivers who commit to quality of care and active engagement whether it is medically necessary or in their job description.

LifeWays recognizes the importance of Community Partnerships to support consumer success. LifeWays is committed to expand opportunities for Supported Employment utilizing the Evidence-Based Practice model and increased focus on provider outcomes. LifeWays has well developed relationships with partners in the criminal justice system that regularly expand LifeWays' ability to provide care in appropriate settings and divert persons with mental illness from correctional facilities. LifeWays has a strong relationship with Center for Family Health, the provider of physical health care for the uninsured, and has active plans for integration of physical and behavioral health in our communities.

LifeWays is committed to efficient and effective use of public funds for the care and recovery of those who seek services. LifeWays' Quality Management Team excels in planning, reporting, and identifying opportunities for improvement within the System of Care and administrative functions. LifeWays faces challenges in the form of improving capacity for electronic medical record keeping and sustaining services while funds diminish. It is not LifeWays' intention to allow these challenges to reduce the expectation that all consumers be treated with dignity and respect as individuals

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deserving of the best efforts to facilitate their wellness. In summary, LifeWays' focus will be on education, training and modeling a culture change that respects, supports and cares about each person who walks through the door.

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**Section #1:** Partnering with Stakeholders in the design, delivery and evaluation of the  
Public Mental Health System.

**WHAT LIFEWAYS NEEDS IN ORDER TO MEET THE EXPECTATION**

LifeWays is committed to partnering with its stakeholders in the design, delivery and evaluation of the Public Health System. Stakeholders currently have opportunities for involvement on LifeWays' Board, Advisory Councils, Improving Practices Leadership Teams, and its Anti-Stigma Group. To continue to expand stakeholder involvement in the planning, monitoring and program development, LifeWays will develop methods to recruit, retain and ensure meaningful stakeholder participation.

**CHALLENGES AND OPPORTUNITES FOR IMPROVEMENT**

- Lack of stakeholder participation and involvement in opportunities for feedback in annual public forum.
- Diversify stakeholders: Stakeholder participation tends to be the same group of consumers.
- Ensure agenda is always relevant to the stakeholders present at meetings.
- Increase awareness of the variety of opportunities available for stakeholder involvement.
- Lack of youth and family involvement.

**METHODS EMPLOYED TO MAKE IMPROVEMENTS**

- Improved marketing and communication to stakeholders to increase involvement at annual public forums.
- Improve recruitment efforts to increase diversity of stakeholders.
- Improve communication and education to all types of stakeholders on opportunities to get involved, i.e., website, surveys, bulletin boards, and suggestion boxes.
- Recruitment of youth and family members by providers at time of discharge.

**METHODS USED TO MEASURE SUCCESS**

- Increase attendance at annual public forum over the next five years.
- Monitor the diversity of the stakeholders. Stakeholders should represent the diversity of the population of those we serve.
- Increase the number of methods used to communicate and educate stakeholders on opportunities for involvement.
- Create a youth advisory council.
- Increase number of family members.

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ATTACHMENT A TEMPLATE  
**Milestones and Timeframes**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	1

Note: Add more lines if needed

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
Increase primary consumer, youth, family member, advocate stakeholder involvement by 5% over baseline FY 08.	<u>Baseline FY 08</u> Consumers: 36 Youth: 1 Advocates: 4 Family Members: 8	Begin: 6/1/2009 End: 9/30/2014	
Increase the types of involvement by stakeholders by 10% over baseline FY 08.	<u>Baseline FY 08</u> Advising: 7 Decision Making: 5 Administrative Function: 1	Begin: 6/1/2009 End: 9/30/2014	
Increase the diversity of stakeholders by 10% over baseline FY 08.	<u>Baseline FY 08</u> SMI: 7 SED: 4 DD: 5 SUD: 5 Co-Occurring: 7	Begin: 6/1/2009 End: 9/30/2014	

\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

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**ATTACHMENT B TEMPLATE  
Stakeholder Characteristics**

PIHP	LifeWays
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ARR Section #	1

Note: Add more lines if needed

<b>Stakeholder Category</b>	<b># Per Population Type</b>	<b>Type of Diversity Represented</b>	<b>Count(ies) Represented</b>	<b>Involvement **</b>
Individuals Receiving Services	SMI: 6 SED: 0 DD: 0 SUD: 0	Caucasian	Jackson Hillsdale	ES QIP
Family Members	SMI: 10 SED: 1 DD: 0 SUD: 0	Caucasian	Jackson Hillsdale	ES QIP
Advocates	SMI: 0 SED: 0 DD: 0 SUD: 0	Caucasian	Jackson Hillsdale	ES QIP IP
Contract Providers (List Organization Names)	Catholic Charities Integro FSCA JCXC Highfields Allegiance	Caucasian	Jackson Hillsdale	ES QIP IP
Community representatives (List Organizations Names)	Family Court Jackson Public Schools Prosecutors Office Work Services Jackson County Youth Center (JCYC) United Way	Caucasian African American	Jackson Hillsdale	ES QIP IP

\*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

\*\*Diversity: note any racial, ethnic or cultural diversity that is represented

\*\*\* Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

PIHP: LifeWays Quality Improvement Plan

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**Section #2: Improving the Culture of Systems of Care**

**WHAT LIFEWAYS NEEDS IN ORDER TO MEET THE EXPECTATION**

LifeWays strives to create a welcoming environment for those in need. Over the past few years LifeWays has moved toward a single access point for behavioral health services: an individual needs only enter one access point for assessment and triage. To take the next step and promote an unconditional “culture of gentleness” requires a change of culture and “mindset” of Providers, through education, training and monitoring. Ultimately, LifeWays requires funding to support the methods proposed.

**CHALLENGES AND OPPORTUNITES FOR IMPROVEMENT**

**Welcoming**

- Too many documentation requirements and forms to complete; triage workers are not able to focus on the needs of individuals at intake.
- Increased rules and regulations are passed down to the Providers, where their preference is to focus on quality of care.
- New individuals are “confused” on how to access behavioral health services and community resources.

**Trauma**

- Training for local law enforcement to recognize and interact with individuals with mental illness to avoid re-traumatizing.
- Therapy is time-limited due to funding constraints, yet addressing trauma takes time.
- A new individual has to repeat his/her story to several Providers before reaching assigned therapist/clinician.

**Culture of Gentleness**

- High direct care worker staff turnover.
- Changing the culture from using therapeutic interventions to treat behaviors to looking at antecedents. Changing the old mindset.
- Training is expensive; resources are limited.
- Training is a change in practice that is needed for families and guardians.

**Recovery**

- Recovery is currently not an integral part of all services.
- Current economy limits employment opportunities for the disabled.

**Stigma**

- Media sensationalizes those with mental illness. Lack of coverage on the success and achievements of those with mental illness in our community.

**Children System of Care**

- Lack of coordination to assist with transition planning when a child leaves a system of care (schools) and transitions to LifeWays.
- History of poor relationship and coordination between the ISD and LifeWays.

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**METHODS EMPLOYED TO MAKE IMPROVEMENTS**

- Customer Service Training to Access Providers to ensure a caring culture is provided to all individuals.
- Develop Specialists to help individuals and families navigate the behavioral health system and community resources.
- Modify standardized forms to assist clinicians to identify issues that may contribute to behaviors.
- Provide “Gentle Teaching Training” to physicians, Providers and their direct care staff.
- Develop Recognition process to reward providers and staff who embrace the culture of gentleness.
- Develop Trauma Model for adults in outpatient therapy.
- Update and utilize current Electronic Medical Record (EMR).
- Develop Resource Manual to assist families in transitioning their child from school to the mental health system.
- Develop Systems of Care for DD and SED children.

**METHODS USED TO MEASURE SUCCESS**

- Develop Peer Supports as Navigation Specialists.
- Modify standardized forms.
- Number of staff in the network trained in Gentle Teaching.
- Number of staff recognized for embracing Gentle Teaching
- Mystery Shopper satisfaction data
- COFIT survey results.
- Develop Resource Manual
- Develop systems of care for DD and SED children.

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**ATTACHMENT A TEMPLATE  
Milestones and Timeframes**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	2

Note: Add more lines if needed

**ELEMENT #1 WELCOMING**

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
90% of all Access Staff will receive Customer Services Training.	<u>Baseline FY 08</u> 0 Staff Trained	Begin: 10/1/2009 End: 9/30/2014	
Mystery Shopper reports consumers being treated with dignity and respect 90% of the time.	<u>Baseline FY 08</u>	Begin: 6/1/2009 End: 9/30/2014	
COFIT ( Comprehensive continuous Integrated Systems of Care Outcome Fidelity and Implementation Tool) Survey Annual Survey will improve over FY 08 baseline.	<u>Baseline FY 08</u> Element #1: O Element #2: S Element #3: C Element #4: R Element #5: O Element #6: R  R= Rarely O= Occasionally S= Sometimes C= Consistently	Begin: 10/1/2009 End: 9/30/2014	
LifeWays will develop a Navigation Specialist position to assist individuals in navigating the mental health system and community resources.	N/A	Begin: 10/1/2009 End 9/30/2014	Contingent on availability of funding.

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**ELEMENT #2 CULTURE OF GENTLENESS**

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
LifeWays will restructure the behavior risk procedure to include new standards.	N/A	Begin: 6/1/2009 End: 9/30/2014	
LifeWays will modify the standardized assessment tool to assist clinicians in identifying precipitants to the challenging behaviors.	N/A	Begin: 10/1/2009 End: 9/30/2014	Conduct a Literature review and determine if tool is available that is support by research.
The number of network providers trained on the Gentle Teaching Methods will increase by 50%.	<u>Baseline FY 08</u> Number of providers trained in Gentle Teaching: 2	Begin: 5/1/2009 End: 9/30/2014	Contingent on availability of funding.
Behavior Risk Committee will see a 5% decrease annually in the number of individuals receiving medication for behavior control.	<u>Baseline FY 08</u> Number of individuals receiving medication for behavior control: Adults: 80 Children: 6	Begin: 10/1/2009 End: 9/30/2014	
Develop Recognition process for Providers and their staff to reward those who embrace the Culture of Gentleness.	Not Applicable	Begin: 10/1/2009 End: 9/30/2014	
The turnover rate for direct care workers will decrease by 5% annually over FY 08 baseline.	<u>Baseline FY 08</u>	Begin 10/1/09 End 9/30/2014	Will need to obtain baseline data.

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**ELEMENT #3 TRAUMA INFORMED SYSTEM OF CARE**

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
10% increase in the number of children referred to Trauma Focused Cognitive Behavioral Therapy.	<u>Baseline FY 08</u> Consumers referred to TFCBT: 10	Begin: 6/1/2009 End: 9/30/2014	
LifeWays will identify trauma model for adults in outpatient therapy.	<u>Baseline FY 08</u> Adult Outpatient Therapy Services focusing on Trauma Model: 0	Begin: 10/1/2009 End: 9/30/2014	
95% of those identified at triage as having experienced trauma are referred to a trauma service.	<u>Baseline FY 08</u> No Baseline for FY 08. Data not available.	Begin: 10/1/2009 End: 9/30/2014	Done 4/2009. LifeWays modified the triage assessment tool to include questions aimed at identifying trauma. This will assist the access workers in referring to appropriate trauma service.
Update and utilize current Electronic Medical Record to its fullest potential.	No Baseline for FY 08	Begin: 10/1/2009 End: 9/30/2014	Contingent on availability of funding.

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**ELEMENT #4 CHILDREN SYSTEM OF CARE**

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
LifeWays will develop a Navigation Specialist to assist families in navigating the system and community resources.	<u>Baseline FY 08</u> Not Applicable, as one does not currently exist.	Begin: 10/1/2009 End: 9/30/2014	Contingent on availability of funding.
LifeWays will develop a Resource Manual for families in the ISD (Intermediate School District) containing tips on planning for their child's future.	<u>Baseline FY 08</u> Started in Hillsdale County.	Begin: 6/1/2009 End: 9/30/2014	Incorporate families and the ISD in the development of this manual  Contingent on availability of funding.
LifeWays will develop Systems of Care for children with SED and DD.	<u>Baseline FY 08</u> Started Jackson: 5/2009 Hillsdale: 5/2009	Begin: 10/1/2009 End: 9/30/2014	

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**ELEMENT #5 RECOVERY**

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
LifeWays will increase the number of Peer Support Specialist by 10% annually over FY 08 baseline.	<u>Baseline FY 08</u> Peer Support Specialists: 10	Begin: 6/1/2009 End: 9/30/2014	
LifeWays will increase the number of individuals utilizing independent facilitators by 5% annually over FY 08 baseline.	<u>Baseline FY 08</u> FY 08: 30	Begin: 6/1/2009 End: 9/30/2014	LifeWays will need to revise the process providers use to educate and inform consumers on this option.
LifeWays will increase by 10% the number of consumers utilizing recovery models that are facilitated by Certified Peer Support Specialists over FY 08 baseline. (i.e., Travelers Guide)	<u>Baseline FY 08</u> Travelers Guide FY 08: 10 Consumers	Begin: 6/1/2009 End: 9/30/2014	

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**ELEMENT #6 ANTI-STIGMA**

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
Anti-Stigma Education regarding individuals with co- occurring disorders.	Baseline FY 08  Currently no marketing or education related to this population.	Begin: 10/1/2009 End: 9/30/2014	Contingent on availability of funding.
Anti- Stigma Education regarding Developmentally Disabled.	Baseline FY 08  Currently no marketing or education related to this population.	Begin: 10/1/2009 End: 9/30/2014	Contingent on availability of funding.
Include in the local paper, once per quarter, a feature article that talks positively and highlights the success of those with mental illness or developmental disabilities in our communities.	Baseline FY 08	Begin: 10/1/2009 End: 9/30/2014	

\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

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ATTACHMENT B TEMPLATE  
**Stakeholder Characteristics**

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ARR Section #	2

Note Add more lines if needed

Stakeholder Category	# Per Population Type	Type of Diversity Represented	Count(ies) Represented	Involvement **
Individuals Receiving Services	SMI: 10 SED: 1 DD: 0 SUD: 0	Caucasian Hispanic	Jackson Hillsdale	ES QIP IP
Family Members	SMI: 0 SED: 0 DD: 2 SUD: 0	Caucasian Other	Jackson Hillsdale	ES QIP IP
Advocates	SMI: 1 SED: 0 DD: 1 SUD: 0	Caucasian African American	Jackson Hillsdale	ES QIP IP
Contract Providers (List Organizations Names)	Hope Network Allegiance FSCA HCHC McCoulloch Vargas Integro llc Consumer Services Inc. (CSI) Segue Inc. Anjali Mehta, M.D. LifeSpan Advanced Care Recovery Technology New Passages Renaissance	Caucasian African American Hispanic		
Community representatives (List Organization Names)	JCDOA (spell out first time)	Caucasian	Jackson	ES QIP

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<b>Section #3: Assuring Active Engagement</b>
<b>WHAT LIFEWAYS NEEDS IN ORDER TO MEET THE EXPECTATION</b>  In 2007 LifeWays developed a quality of life planning tool for residential homes with the primary goal to assist the direct care workers in helping individuals have an improved quality of life by seeking out their choices related to their daily living. This evaluates everything from sleep and personal hygiene to enjoyment activities. This tool has resulted in improved consumer choice related to living in residential settings. Progress to the next step to ensure consumers have more choice in community outings requires additional funding. Currently, it is more cost effective for providers to take a group of consumers out into the community than individuals. Moving toward allowing more individualized activities requires additional staff and resources.
<b>CHALLENGES AND OPPORTUNITES FOR IMPROVEMENT</b> <ul style="list-style-type: none"><li>• Lack of “formal definition” of active engagement and meaningful activities.</li><li>• Lack of Grant opportunities for the Developmentally Disabled (DD) population.</li><li>• Stigma related to providing consumer activities that foster community integration.</li><li>• Providing meaningful activities to meet medical necessity does not always align with regulatory requirements.</li><li>• The length of time to succeed at goals is longer than the standard length of service for the DD population.</li><li>• Limited discretionary funds of consumers who wish to participate in activities that cost money.</li><li>• Providers get in a “rut” and have difficulty “thinking outside the box” to provide new activities.</li></ul>
<b>METHODS EMPLOYED TO MAKE IMPROVEMENTS</b> <ul style="list-style-type: none"><li>• Enhance Person-Centered Planning training specific to direct care workers. Training should include the concept of meaningful activities for the DD Population.</li><li>• Facilitate collaboration between providers and consumers that have an interest in reducing costs.</li><li>• Develop a Community Activity Resource Manual that identifies details of community opportunities.</li><li>• Explore ways to increase natural supports to reduce staffing costs.</li><li>• Elicit in-kind donations from the community that providers could pool, to provide services to those with limited finances.</li></ul>
<b>METHODS USED TO MEASURE SUCCESS</b> <ul style="list-style-type: none"><li>• Clinical Records reviewed will demonstrate improvement with identifying meaningful activities.</li><li>• Annual Focus Groups evaluate consumer satisfaction of community activity choices.</li><li>• Program Policy Guidelines (PPG) performance data will improve.</li><li>• Develop a Community Activity Resource Manual.</li></ul>

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ATTACHMENT A TEMPLATE  
**Milestones and Timeframes**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	3

Note: Add more lines if needed

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
LifeWays will develop “active engagement” training curriculum for Direct Care Workers.	N/A	Begin 10/1/2009 End 9/30/2014	Contingent on availability of funding.
DD adults will have an average between two and four activities of their choice per week.	<u>Baseline FY 08</u> 321/629= 51%	Begin 10/1/2009 FY 10: 60% FY 11: 70% FY 12: 80% FY 13: 90% FY 14: 95%	Contingent on availability of funding.
LifeWays will develop Activity Resource Manual in conjunction with the DD IPLT.	Baseline FY 08 Not Applicable.	Begin 10/1/2009 End 9/30/2014	Contingent on availability of funding.

\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

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**Stakeholder Characteristics**

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ARR Section #	3

Note: Add more lines if needed

Stakeholder Category	# Per Population Type	Type of Diversity Represented	Count(ies) Represented	Involvement **
Individuals Receiving Services	SMI: 0 SED: 0 DD: 0 SUD: 0	0	0	0
Family Members	SMI: 0 SED: 0 DD: 1 SUD: 0	Caucasian	Jackson	ES QIP
Advocates	SMI: 0 SED: 0 DD: 1 SUD: 0	Caucasian	Jackson Hillsdale	ES QIP IP
Contract Providers (List Organizations Names)	Integro Angali Mehta, M.D. Hope Network LifeSpan	Caucasian Other	Jackson Hillsdale	ES QIP IP
Community representatives (List Organization Names)	None	0	0	0

\*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

\*\*Diversity: note any racial, ethnic or cultural diversity that is represented

\*\*\* Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

PIHP: LifeWays Quality Improvement Plan

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<b>Section #4: Supporting Maximum Consumer Choice and Control</b>
<b>WHAT LIFEWAYS NEEDS IN ORDER TO MEET THE EXPECTATION</b>  LifeWays has a range of options and mechanisms available to facilitate choice and control. The results of the environmental scan indicate a need for education regarding these options. This education is needed both at the provider staff level and the consumer/family/guardian level. It is not clear that individuals really understand the benefits to be gained by accessing these options of choice and control. In order to continue to make improvements in this area funding is necessary to support the resources to provide education and training.
<b>CHALLENGES AND OPPORTUNITES FOR IMPROVEMENT</b> <ul style="list-style-type: none"><li>• Focus on documentation compliance and not on the true concept of Person-Centered Planning (PCP) principles.</li><li>• Format of standardized forms is focused on the elements of PCP.</li><li>• Consumers/families/guardians do not really understand the concept of PCP.</li><li>• Difficult to identify and engage natural supports in the PCP process.</li><li>• Choice Voucher process is confusing and cumbersome.</li><li>• Budgeting process is difficult for consumers/families/guardians to understand.</li><li>• State standard timelines present difficulties in utilizing Independent Facilitators.</li><li>• Stakeholders are not properly educated on the benefits of utilizing an Independent Facilitator.</li></ul>
<b>METHODS EMPLOYED TO MAKE IMPROVEMENTS</b> <ul style="list-style-type: none"><li>• Revise standardized forms to be more focused on the person.</li><li>• Educate to consumers/families/guardians regarding PCP.</li><li>• Streamline the Choice Voucher Process.</li><li>• Educate all involved regarding services and responsibilities in choosing Choice Voucher.</li><li>• Educate consumers/families/guardians of benefits of utilizing an independent facilitator at the onset of services.</li><li>• Educate providers regarding Choice Voucher and independent facilitators.</li></ul>
<b>METHODS USED TO MEASURE SUCCESS</b> <ul style="list-style-type: none"><li>• Revise standardized forms.</li><li>• Provide ongoing education to providers, consumers/families and guardians on PCP, Choice Voucher and Independent Facilitators.</li><li>• Streamline the process for utilizing Choice Vouchers</li><li>• Revise monthly budgeting reports to be more user friendly.</li><li>• Increase the number of consumers choosing to participate in the Choice Voucher.</li><li>• Increase in the number of consumers choosing Independent Facilitation services.</li></ul>

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**Milestones and Timeframes**

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ARR Section #	4

Note: Add more lines if needed

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
Revise the standardized forms.	Not Applicable	Begin 6/1/2009 End 9/30/2014	
Develop a Consumer Choice and Control Education Curriculum for consumers/families /guardians.	Not Applicable	Begin 10/1/2009 End 9/30/2014	Contingent on availability of funding.
Develop a Consumer Choice and Control Education Curriculum for Providers.	Not Applicable	Begin 10/1/2009 End 9/30/2014	This will include a list of all Independent Facilitators that will be given at the pre-planning meeting, as well as a biographical sketch on each (the "BIO Book").  Contingent on availability of funding.
Review and revise the current flow chart to improve clarity regarding the process for choice voucher.	Not Applicable	Begin 10/1/2009 End 9/30/2014	

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Revise the monthly budgets report to be more user-friendly.		Begin 10/1/2009 End 9/30/2014	
The number of consumers choosing to participate in the Choice Voucher will increase annually over FY 08 baseline.	<u>Baseline FY 08</u>  Choice Voucher MI: 43 DD: 88	Begin 6/1/2009 End 9/30/2014	
The number of consumers choosing independent facilitation services will increase annually over FY 08 baseline.	<u>Baseline FY 08</u>  Independent Facilitation : # 30	Begin 6/1/2009 End 9/30/2014	

\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

ATTACHMENT B TEMPLATE  
**Stakeholder Characteristics**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	4

Note Add more lines if needed

<b>Stakeholder Category</b>	<b># Per Population Type</b>	<b>Type of Diversity Represented</b>	<b>Count(ies) Represented</b>	<b>Involvement **</b>
Individuals Receiving Services	SMI: 6 SED: 0 DD: 0 SUD: 0	Caucasian	Jackson Hillsdale	ES QIP
Family Members	SMI: 10 SED: 1 DD: 0 SUD: 0	Caucasian	Jackson Hillsdale	ES QIP
Advocates	SMI: 0 SED: 0 DD: 0 SUD: 0	Caucasian	Jackson Hillsdale	ES QIP IP
Contract Providers (List Organization Names)	Catholic Charities Integro FSCA JCXC Highfields Allegiance	Caucasian	Jackson Hillsdale	ES QIP IP
Community representatives (List Organization Names)	Family Court Jackson Public Schools Prosecutors Office Work Services Jackson County Youth Center United Way	Caucasian African American	Jackson Hillsdale	ES QIP IP

\*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

\*\*Diversity: note any racial, ethnic or cultural diversity that is represented

\*\*\* Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

<b>Section #5: Expanding Opportunities for Integrated Employment</b>
<b>WHAT LIFEWAYS NEEDS IN ORDER TO MEET THE EXPECTATION</b>  For several years LifeWays has been an outlier on the state-supported employment benchmarks. There are Providers who provide the service, but are not receiving referrals from the primary clinicians. These Providers have marketed themselves at provider meetings to no avail. Research supports that employment is a key component for an individual's recovery. As a result of the environmental scan one of the biggest barriers appears to be the lack of partnerships with other entities in the community that provide supported employment opportunities. In order to move forward and improve opportunities for Integrated Employment these partnerships must be built.
<b>CHALLENGES AND OPPORTUNITES FOR IMPROVEMENT</b> <ul style="list-style-type: none"><li>• Individuals must first exhaust community resources before afforded the opportunity to access the PIHP for Supported Employment.</li><li>• Michigan Rehabilitation Services requires consumers to go through "many hoops."</li><li>• Lack of referrals from current Providers to LifeWays' Supported Employment Providers.</li><li>• Current economy and high unemployment makes it extremely difficult for consumers to locate jobs.</li><li>• Community businesses unwilling to carve out pieces of a job to provide opportunities for consumers.</li><li>• Lack of communication between the employer and the Supported Employment Specialist makes it difficult for consumer(s) to retain employment.</li><li>• Transportation may be a barrier.</li></ul>
<b>METHODS EMPLOYED TO MAKE IMPROVEMENTS</b> <ul style="list-style-type: none"><li>• Education and marketing to the Network Providers and community regarding Supported Employment services and benefits.</li><li>• Develop community initiative aimed at improving opportunities for integrated employment, to include community employment services, such as employees, MRS, ISD, Michigan Works and other agencies.</li><li>• Work with Chamber of Commerce to increase awareness; educate businesses regarding benefits to employing individuals with disabilities.</li><li>• Supported Employment Evidence-Based Practices for persons with mental illness.</li></ul>
<b>METHODS USED TO MEASURE SUCCESS</b> <ul style="list-style-type: none"><li>• Develop Supported Employment community initiative.</li><li>• Market Supported Employment services at Chamber of Commerce Events.</li><li>• Supported Employment Service Providers will improve performance with Evidenced-Based Practice fidelity reviews over FY 08 baseline.</li><li>• Number of consumers receiving Supported Employment services will increase by 10% annually over FY 08 baseline.</li><li>• Number of consumers in competitive employment will increase by 10% annually</li></ul>

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over FY 08 baseline.

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

**ATTACHMENT A TEMPLATE  
Milestones and Timeframes**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	5

Note: Add more lines if needed

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
Development of a supported employment community initiative.	Not Applicable	Begin: 10/1/2009 End: 9/30/2014	
Market Supported Employment services at Chamber of Commerce Events.	Not Applicable	Begin: 10/1/2009 End: 9/30/2014	
Supported Employment Service Providers will improve performance with Evidenced-Based Practice fidelity reviews over FY 08 baseline.	<u>Baseline FY 08</u>  LifeSpan: 64% New Passages: 73%	Begin: 6/1/2009 End: 9/30/2014	
Number of consumers receiving supported employment services will increase by 10% annually over FY 08 baseline.	<u>Baseline FY 08</u>  0.68% (263/831)	Begin: 6/1/2009 End: 9/30/2014	
Number of	<u>Baseline FY 08</u>	Begin:6/1/2009	

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consumers in competitive employment will increase by 10% annually over FY 08 baseline.	18.6% (712/3,831)	End: 9/30/2014	
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\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

ATTACHMENT B TEMPLATE  
**Stakeholder Characteristics**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	5

Note: Add more lines if needed

Stakeholder Category	# Per Population Type	Type of Diversity Represented	Count(ies) Represented	Involvement **
Individuals Receiving Services	SMI: 0 SED: 0 DD: 0 SUD: 0	0	0	0
Family Members	SMI: 0 SED: 0 DD: 1 SUD: 0	Caucasian	Jackson	ES QIP IP
Advocates	SMI: 1 SED: 0 DD: 1 SUD: 0	Caucasian	Jackson Hillsdale	ES QIP IP
Contract Providers (List Organizations Names)	Integro Anjali Mehta, M.D. Hope Network LifeSpan Renaissance Advanced Care Recovery Technology CSI New Passages	Caucasian African American Hispanic Other	Jackson Hillsdale	ES QIP IP
Community representatives (List Organization Names)	JCDOA	Caucasian	Jackson	ES QIP IP

\*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

\*\*Diversity: note any racial, ethnic or cultural diversity that is represented

PIHP: LifeWays Quality Improvement Plan

Contact: Maribeth Caldwell E:mail: [maribeth.caldwell@lifewaysmco.com](mailto:maribeth.caldwell@lifewaysmco.com)

Phone: 517-780-3321

## Application for Renewal and Recommitment to Quality and Community in the Michigan Public Mental Health System

\*\*\* Involvement: enter ES for environmental scan, QIP for quality improvement plan, and IP for implementation of the plan

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<b>Section #6:</b> Assuring Opportunity for needed treatment for people in the criminal Justice System
<b>WHAT LIFEWAYS NEEDS IN ORDER TO MEET THE EXPECTATION</b>  In 2008 LifeWays implemented the Mental Health Court for Jackson County. This service reflects formalized shared responsibility between the judicial system and LifeWays to divert adults with mental illness from incarceration. Youth are also diverted from incarceration due to collaboration with the juvenile justice systems and LifeWays. Funding is needed to provide these services to uninsured individuals.
<b>CHALLENGES AND OPPORTUNITES FOR IMPROVEMENT</b> <ul style="list-style-type: none"><li>• Coordination of care after the initial screening.</li><li>• Ensure that appropriate resources are provided at the onset.</li><li>• Utilize CAFAS consistently in making clinical decisions.</li><li>• Managing increase in demand for children needing services while funding decreases.</li><li>• At initial contact, police often lack training on how to properly screen for a mental illness.</li><li>• Lack of knowledge in the community judicial system (police, courts and probation) regarding the access and providers of behavioral health services.</li></ul>
<b>METHODS EMPLOYED TO MAKE IMPROVEMENTS</b> <ul style="list-style-type: none"><li>• Mental Health Court and Adult Jail Diversion as an alternative to incarceration for offenders with a mental illness.</li><li>• Provide education and training to law enforcement to assist with screening at the initial contact with system.</li><li>• Provide an Evaluator to conduct screenings/evaluations of all individuals booked.</li><li>• Develop resource guide to assist law enforcement personnel and probation officers on services and Providers.</li><li>• Conduct annual focus group to evaluate the effectiveness of education efforts.</li></ul>
<b>METHODS USED TO MEASURE SUCCESS</b> <ul style="list-style-type: none"><li>• Increase in the number of individuals enrolled in the Mental Health Court and diversion programs.</li><li>• Satisfaction results of annual focus groups.</li><li>• Education sessions provided to local law enforcement.</li><li>• Develop resource guide/manual to probation officers and law enforcement.</li><li>• Increase number of youth who complete diversion services through Diversion Provider Network.</li><li>• Increase number of adults who have an evaluation /screening within 24– 48 hours of booking.</li></ul>

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

ATTACHMENT A TEMPLATE  
**Milestones and Timeframes**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	6

Note: Add more lines if needed

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
Number of individuals enrolled in Specialty Courts will increase annually over FY 08 baseline.	<u>Baseline FY 08</u> MH Court: 9 Juvenile Drug Court: 10 Family TX Court: No Baseline for FY 08	Begin 6/1/2009 End 9/30/2014	Contingent upon availability of funding.
Results of annual focus groups report satisfaction with juvenile and diversion services.	Not Applicable	Begin 10/1/2009 End 9/30/2014	
Education and training sessions provided to local law enforcement at least 2 times a year.	<u>Baseline FY 08</u> Training: 1	Begin 6/1/2009 End 9/30/2014	Contingent upon availability of funding.
Develop resource guide/manual.	Not Applicable	Begin 10/1/2009 End 9/30/2014	Contingent upon availability of funding.
Increase in the number of youth who complete diversion services through Diversion Provider Network.	<u>Baseline FY 08</u> Youth Completed: 69	Begin 6/1/2009 End 9/30/2014	Contingent upon availability of funding.
Increase in the number of adults who complete	<u>Baseline FY 08</u> Adults	Begin 6/1/2009 End 9/30/2014	Contingent upon availability of funding.

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diversion programs.	Completed: 0		
Increase in the number of adults who have an evaluation/screening post booking.	<u>Baseline FY 08</u> Screened: 62	Begin 6/1/2009 End 9/30/2014	Contingent upon availability of funding.

\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

ATTACHMENT B TEMPLATE  
**Stakeholder Characteristics**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	6

Note: Add more lines if needed

Stakeholder Category	# Per Population Type	Type of Diversity Represented	Count(ies) Represented	Involvement **
Individuals Receiving Services	SMI: 0 SED: 0 DD: 0 SUD: 0	0	0	0
Family Members	SMI: 0 SED: 0 DD: 0 SUD: 0	0	0	0
Advocates	SMI: 1 SED: 0 DD: 0 SUD: 0	Caucasian	Jackson Hillsdale	ES QIP IP
Contract Providers (List Organization Names)	Allegiance Health PCS	Caucasian	Jackson	ES QIP IP
Community representatives (List Organization Names)	Prosecuting Attorney Jackson Police Probation Defense Attorney	Caucasian	Jackson	ES QIP IP

\*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

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**Section #7: Assessing Needs and Managing Demand**

**WHAT LIFEWAYS NEEDS IN ORDER TO MEET THE EXPECTATION**

The results of the environmental scan clearly indicate that needs of the unserved and underserved population for Jackson and Hillsdale Counties will continue to grow within 12 months, 24 months and within five years. Taking into consideration the growth in the unemployment rate for both of these counties, the need is even greater. The services provided for this population are paid for by General Fund monies. This funding has seen a continued decrease over the past few years, with projected decreases into the future. To meet the needs and increased demand for behavioral health services an increase in funding is necessary.

**CHALLENGES AND OPPORTUNITES FOR IMPROVEMENT**

- Lengthy process for a beneficiary to receive Medicaid.
- Capacity of capped caseloads for specialty programs.
- Child Psychiatric needs in Hillsdale County.
- Continued decrease in General Funding with an ongoing increase in demand for services for uninsured and under insured.
- Poor economy and high unemployment rate lead to increase in population not typically served by the public mental health system.
- Evidence-Based Practice Services with proven outcomes are not available for the indigent population.
- MDCH's requirement for implementation of "Waiting List" without clear guidelines.

**METHODS EMPLOYED TO MAKE IMPROVEMENTS**

- Hold ongoing Behavioral Health Summits that include participation by community stakeholders to strategize ways to address needs of growing uninsured population.
- Legislative advocacy efforts at the state level to fund services for the growing uninsured and indigent population.
- Education to the community which clarifies services available to the uninsured and underserved population.
- Recruit behavioral health Providers to donate services through Project Access.
- Educate community Primary Care Physicians regarding mental health screening tools.
- Promote Evidenced-Based practices for prevention and treatment to the behavioral service Providers.
- Expand access to psychotropic medications.

**METHODS USED TO MEASURE SUCCESS**

- Quarterly Behavioral Health Summit meetings.

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- Prepare an advocacy piece that effectively communicates the behavioral health needs of the uninsured and indigent to Legislators.
- Develop educational material that outlines the services available to the uninsured and indigent.
- Increase the number of behavioral health Providers enrolling with Project Access who provide pro-bono services.
- Education activities to community Primary Care Physicians.
- Improve 2-1-1 data base to include resources about free or reduced-price medications.

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

ATTACHMENT A TEMPLATE  
**Milestones and Timeframes**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	7

Note: Add more lines if needed

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
Hire Eligibility Specialist to assist individuals to obtain and maintain Medicaid.	Not Applicable	Begin: 10/1/2009 End: 9/30/2014	Contingent on availability of funding.
Quarterly Behavioral Health Summit meetings.	First Meeting Held February 10, 2009	Begin: 5/1/2009 End: 9/30/2014	
Write and distribute a position paper on the behavioral health needs of the uninsured and underserved in our communities.	Not Applicable	Begin: 6/1/2009 End: 9/30/2014	
Develop marketing material that outlines the services available to the uninsured and underserved.	Not applicable	Begin: 10/1/2009 End: 9/30/2014	
Increase number of behavioral health Providers enrolled	<u>Baseline FY 08</u> <u>Project Access:</u>	Begin: 6/1/2009 End: 9/30/2014	

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with Project Access to provide pro-bono services.			
Improve 2-1-1 data base to include resources for free or reduced-price medications	<u>Baseline FY 08</u>	Begin: 10/1/2009 End: 9/30/2014	
Education activities to community Primary Care Physicians.	Not Applicable	Begin: 10/1/2009 End: 9/30/2014	Contingent on availability of funding.
Increase by 20% the average number of consumers utilizing support groups towards recovery.	<u>Baseline FY 08</u> Bi-Polar Group: 9 STAND group: 2 Schizophrenics: 6	Begin: 6/1/2009 End: 9/30/2014	
LifeWays will improve the penetration rate for the uninsured by 1% annually based on FY 08 baseline.	<u>Baseline FY 08</u> Uninsured 68%	Begin 6/1/2009  FY 09: 69% FY 10: 70% FY 11: 71% FY 12: 72% FY 13: 73% FY 14: 74%  End 9/30/2014	The penetration rate will decline if funding does not increase as the demand for services has increased.

\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

ATTACHMENT B TEMPLATE  
**Stakeholder Characteristics**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	7

Note: Add more lines if needed

<b>Stakeholder Category</b>	<b># Per Population Type</b>	<b>Type of Diversity Represented</b>	<b>Count(ies) Represented</b>	<b>Involvement **</b>
Individuals Receiving Services	SMI: 3 SED: 0 DD: 0 SUD: 0	Caucasian	Jackson	ES QIP IP
Family Members	SMI: 0 SED: 0 DD: 2 SUD: 0	Caucasian Other	Jackson Hillsdale	ES QIP IP
Advocates	SMI: 3 SED: 2 DD: 2 SUD: 2	Caucasian	Jackson Hillsdale	ES QIP IP
Contract Providers (List Organization Names)	Integro Anjali Mehta, M.D. Hope Network LifeSpan Renaissance Advanced Care Recovery Technology CSI New Passages Allegiance McCollough Vargas FSCA\HCHC Segue Inc Catholic Charities Mid South SA Highfields	Caucasian African American Hispanic	Jackson Hillsdale	ES QIP IP
Community	JCDOA	Caucasian	Jackson	ES

PIHP: LifeWays Quality Improvement Plan

Contact: Maribeth Caldwell E:mail: [maribeth.caldwell@lifewaysmco.com](mailto:maribeth.caldwell@lifewaysmco.com)

Phone: 517-780-3321

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

representatives (List Organization Names)	Hospice Jackson Public Schools Center For Family Health Department on Aging			QIP IP
--	---	--	--	-----------

\*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

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Public Mental Health System

<b>Section #8: Coordinating and Managing Care</b>
<b>WHAT LIFEWAYS NEEDS IN ORDER TO MEET THE EXPECTATION</b>
To be of service to individuals with multiple needs, LifeWays must develop a system of care that is inclusive of all community service organizations. This requires improved relationships with various community organizations. LifeWays also needs to look at developing an integrated health model. Successful implementation of this model is contingent on federal and state funding.
<b>CHALLENGES AND OPPORTUNITES FOR IMPROVEMENT</b>
<ul style="list-style-type: none"><li>• Lack of communication between primary care physicians and psychiatrists, need to move beyond just paperwork.</li><li>• Lack of services to address developmentally disabled with co-occurring substance abuse.</li><li>• Lack of outcome tool to identify the at-risk situations to be monitoring related to physical and behavioral health integration.</li><li>• DD Children’s System of Care needed for Jackson County.</li><li>• SED Children’s System of Care needed for Hillsdale County.</li><li>• Lack of resources to address dementia.</li><li>• Community Physicians lack the knowledge base related to co-morbidity and treatment for the DD population.</li></ul>
<b>METHODS EMPLOYED TO MAKE IMPROVEMENTS</b>
<ul style="list-style-type: none"><li>• Develop an SED children’s system of care in Hillsdale County.</li><li>• Develop a DD system of care in Jackson County.</li><li>• Seek grant funds to provide an integrated treatment approach to behavioral and physical health needs.</li><li>• Develop and pilot a screening tool for Case Managers and Supports Coordinators to identify at-risk situations to coordinate care for co-morbid conditions.</li><li>• Develop generic release that allows better coordination among Providers and community.</li></ul>

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**METHODS USED TO MEASURE SUCCESS**

- Develop children's SED system of care in Hillsdale County.
- Develop DD Children's system of care in Jackson County.
- Provide an integrated treatment model to treat behavioral and physical health needs through LifeWays' Physicians Unit and the Center for Family Health.
- Utilize screening tool and coordinate with PCP to address co-morbidity issues.
- Increase in the number of children in multiple systems of care receiving services.
- Increase in the number of individuals having their needs met who are DD with co-morbidity.
- Increase in the number of individuals with SMI unserved, meds only, SMI with co-occurring SUD, older adults, or those with dementia being served.

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

ATTACHMENT A TEMPLATE  
**Milestones and Timeframes**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	8

Note: Add more lines if needed

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
Develop children's SED system of care in Hillsdale County.	Not Applicable	Begin 5/1/2009 End 9/30/2014	
Develop DD children's system of care in Jackson County.	Not Applicable	Begin 5/1/2009 End 9/30/2014	
Provide an integrated treatment model to treat both behavioral and physical health needs at LifeWays and at the Center for Family Health.	<u>Baseline FY 08</u>  Number Served: 0	Begin 5/1/2009  Application Submitted 5/26/2009  End 9/30/2014	Contingent upon award of grant funds.
Development and Implementation of a screening tool to address co-morbidity issues.	Not Applicable	Begin 10/1/2009 End 9/30/2014	
The number of children in multiple systems of care receiving services will increase annually over FY 08 Baseline.	<u>Baseline FY 08</u>  MST: 45 Wrap Around: 16 Home Based: 174 Juvenile Diversion: 69	Begin 6/1/2009 End 9/30/2014	Contingent upon availability of funding

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Increase in the number of individuals identified who are developmentally disabled with co-morbidity having their needs met.	<u>Baseline FY 08</u> DD co-morbidity: 249	Begin 6/1/2009 End 9/30/2014	Contingent upon availability of funding
Increase in the number of individuals with SMI unserved, meds only, SMI with co-occurring SUD, older adults, or those with dementia being served.	<u>Baseline FY 08</u> SMI Unserved: 0 SMI Meds Only: 310 SMI Co-Occurring: 1,573 SMI Older Adults: 391 Dementia: 15	Begin 6/1/2009 End 9/30/2014	Contingent upon availability of funding

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Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

ATTACHMENT B TEMPLATE  
**Stakeholder Characteristics**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	8

Note: Add more lines if needed

<b>Stakeholder Category</b>	<b># Per Population Type</b>	<b>Type of Diversity Represented</b>	<b>Count(ies) Represented</b>	<b>Involvement **</b>
Individuals Receiving Services	SMI: 0 SED: 0 DD: 0 SUD: 0	0	0	0
Family Members	SMI: 0 SED: 0 DD: 1 SUD: 0	Caucasian	Jackson	ES QIP IP
Advocates	SMI: 3 SED: 2 DD: 2 SUD: 2	Caucasian	Jackson Hillsdale	ES QIP IP
Contract Providers (List Organization Names)	Integro Anjali Mehta, M.D. Hope Network LifeSpan Renaissance Advanced Care Recovery Technology CSI New Passages Allegiance McCollough Vargas FSCA HCHC Segue	Caucasian African American Hispanic Other	Jackson Hillsdale	ES QIP IP
Community representatives (List Organization Names)	JCDOA	Caucasian	Jackson	ES QIP IP

Application for Renewal and Recommitment to Quality and Community in the Michigan  
Public Mental Health System

**Section #9: Improving the Quality of Supports and Services**

**WHAT LIFEWAYS NEEDS IN ORDER TO MEET THE EXPECTATION**

LifeWays has very competent quality management and Network Provider management staff. Ongoing monitoring that occurs as part of the credentialing process ensures Network Providers are providing the highest quality of supports and services. For LifeWays to continue to provide high quality services, it must implement a Network-wide electronic medical record (EMR). Implementing an EMR will improve LifeWays' ability to monitor and ensure that consumers achieve desired outcomes. Additional funding will be needed to support this endeavor.

**CHALLENGES AND OPPORTUNITES FOR IMPROVEMENT**

- Regulatory requirements are extensive and do not allow contract managers to provide the support needed to ensure quality of the network.
- Lack of mechanism to impose financial sanctions to improve Provider compliance with contract requirements.
- Providers are monitored and audited by so many departments within LifeWays that it leads to duplication and sometimes different interpretations of standards.
- Difficult to monitor referrals from Provider-to-Provider to ensure that consumer choice is occurring.
- Competition for referrals amongst Providers is an area of potential risk to ensure self referrals or conflicts of interests are not occurring.
- Some critical services like Case Management and Outpatient Therapy do not have an approved SAMSHA EBP, making it difficult to identify proven outcomes.
- Not able to monitor episodes of care to track outcomes.
- LifeWays and Provider staff lack sufficient training and education related to sentinel events and conducting a root cause analysis.

**METHODS EMPLOYED TO MAKE IMPROVEMENTS**

- Develop audit team that consists of staff from many departments to reduce duplication, increase consistency with interpretation of standards and reduces the administrative burden on Providers.
- Implement financial sanctions to hold Providers more accountable.
- Develop process for monitoring Provider-to-Provider referrals.
- Monitor outcomes of EBP to ensure consumers achieve desired outcomes.
- Provide training to LifeWays and Provider quality management staff related to sentinel events and root cause analysis.
- Update and utilize current EMR to its fullest potential.
- Continue to identify and implement other Evidenced-Based models to improve outcomes.

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**METHODS USED TO MEASURE SUCCESS**

- Reduction in the number of redundant on-site audits conducted at Provider sites.
- Number of financial sanctions imposed on Providers.
- Provider-to-Provider referrals that document that consumer choice has occurred.
- Monitor provider EBP outcomes.
- Update and utilize current EMR to its fullest potential
- Sentinel event trainings.

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ATTACHMENT A TEMPLATE  
**Milestones and Timeframes**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	9

Note: Add more lines if needed

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
The average number of annual on-site visits with Providers will be reduced over FY 08 baseline.	<u>Baseline FY 08</u> Cert Reviews: 1 Billing Verification: 1 or more Residential: 1 RR Review: 1 UM Case Review: 4 or more Follow Up audits: 2 or more  Total: 10 site visits	Begin 10/1/2009 End 9/30/2014	
LifeWays will implement a financial sanction procedure for Provider non compliance with contract requirements.	<u>Baseline FY 08</u> No financial sanctions.	Begin 10/1/2009 End 9/30/2014	
95% of Provider-to-Provider referral has documentation to support that consumer choice was given.	<u>Baseline FY 08</u> No data currently available.	Begin 10/1/2009 End 9/30/2014	Need to develop a means to collect the data electronically.
EBP Outcome Reports will report that Providers have achieved 80% of	<u>Baseline FY 08</u> No data.	Begin 4/15/2009 End 9/30/2014	

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established targets.	First Outcome reports due 4/15/09 for: ACT IDDT FPE MST Supported Employment Wrap Around		
Update and utilize current Electronic Medical Record to its fullest potential.	Not Applicable	Begin 4/1/2009: Evaluating the different electronic medical records available.  End 9/30/2014	Contingent on availability of funding.

\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

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ATTACHMENT B TEMPLATE  
**Stakeholder Characteristics**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	9

Note: Add more lines if needed

Stakeholder Category	# Per Population Type	Type of Diversity Represented	Count(ies) Represented	Involvement **
Individuals Receiving Services	SMI: 0 SED: 0 DD: 0 SUD: 0	0	0	0
Family Members	SMI: 0 SED: 0 DD: 0 SUD: 0	0	0	0
Advocates	SMI: 8 SED: 8 DD: 8 SUD: 8	Caucasian African American	Jackson Hillsdale	ES QIP IP
Contract Providers (List Organization Names)	None	0	0	0
Community representatives (List Organization Names)	None	0	0	0

\*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

\*\*Diversity: note any racial, ethnic or cultural diversity that is represented

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**Section #10: Developing and Maintaining a Competent Work Force**

**WHAT LIFEWAYS NEEDS IN ORDER TO MEET THE EXPECTATION**

Developing and maintaining a competent work force is critical to LifeWays' success. To meet this need, LifeWays requires additional funding. All elements of staff development, training, and strategies for retaining competent employees have a fiscal impact.

**CHALLENGES AND OPPORTUNITIES FOR IMPROVEMENT**

- Difficult to make the LifeWays' Strategic Plan's Values part of the LifeWays culture: decisions don't always align with the Mission and Values.
- Difficult to ensure staff diversity, as employment laws prevent identifying the ethnic origin of applicants.
- Succession planning is difficult to implement, due to the small size of the agency.
- Difficult to recruit interns in the behavioral health field, as it would require significant travel for most.
- With ongoing budget cuts, administrative costs have to be cut and funding to support ongoing training is limited.
- Supervision is not consistent across the agency.
- Lack of supervisory training provided to Directors and leadership staff.
- Providing the flexibility to work at home creates challenges in managing staff performance.
- Every year the decrease in funding requires a reduction in employee benefits, to keep administrative costs at 10% or less.
- Providers have difficulty providing consistent Clinical supervision of staff.

**METHODS EMPLOYED TO MAKE IMPROVEMENTS**

- Develop a culture where decisions and daily operations throughout the agency align with LifeWays' Mission, Vision and Values.
- Review recruiting and screening practices to ensure compliance with the law while supporting diversity.
- Evaluate positions in the agency where bilingual competency should be a recommendation/requirement of the job description.
- Develop a succession plan for key administrative functions of the agency that is not specific to a person, but rather is specific to the job function.
- Continue to work with local colleges to recruit interns.
- Develop and monitor team budgets so teams could prioritize training needs.
- Provide training to leadership on how to be an effective supervisor.
- Improve orientation of new employees to include more focus on LifeWays' Mission and Values.
- Apply for grant funding to provide clinical supervision training to Provider Network.

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**METHODS USED TO MEASURE SUCCESS**

- Design and schedule staff training to reinforce the agency's Mission, Vision and Values.
- Revise Recruitment and Screening procedures.
- Add bilingual preference to appropriate positions for future hires.
- Develop an agency-wide Succession Plan for key administrative functions.
- Increase the number of interns.
- Reduce turnover rate.
- Provide training to leadership around how to be an effective supervisor.
- Monitor Provider clinical supervision logs.

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**ATTACHMENT A TEMPLATE  
Milestones and Timeframes**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	10

Note: Add more lines if needed

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
Provide staff training around the Mission, Vision and Values of the organization at least annually.	<u>Baseline FY 08</u> FY 08: 0 Trainings	Begin 10/1/2009 End 9/30/2014	
95% of applicable Providers are providing clinical supervision at least monthly.	<u>Baseline FY 08</u> Trainings: 0	Begin 10/1/2009 End 9/30/2014	Contingent upon available funding.
The diversity of LifeWays staff will be representative of the community in which we live.	<u>Baseline FY 08</u>	Begin 6/1/2009 End 9/30/2014	Collect data on current staff diversity.  Compare diversity data to most recent Census data.
100% of LifeWays' key administrative functions have a succession plan.	<u>Baseline FY 08</u> FY 08: 0/8= 0%	Begin 10/1/2009 End 9/30/2014	
Increase the number of student Interns over FY 08 baseline.	<u>Baseline FY 08</u> Interns: 2	Begin 6/1/2009 End 9/30/2014	
Annual employee turnover rate will be below 10%.	<u>Baseline FY 08</u> Turnover rate: 11%	Begin 6/1/2009 End 9/30/2004	

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\* At least some of the quality improvement activities must begin June 1, 2009. The plan must be in implementation no later than October 1, 2009.

ATTACHMENT B TEMPLATE  
**Stakeholder Characteristics**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	10

Note: Add more lines if needed

<b>Stakeholder Category</b>	<b># Per Population Type</b>	<b>Type of Diversity Represented</b>	<b>Count(ies) Represented</b>	<b>Involvement **</b>
Advocates	SMI: 9 SED: 9 DD: 9 SUD: 9	Caucasian	Jackson Hillsdale	ES QIP IP

\*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

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<b>Section #11: Achieving Administrative Efficiencies</b>
<b>WHAT LIFEWAYS NEEDS IN ORDER TO MEET THE EXPECTATION</b>  LifeWays is very committed to ensuring the agency is a good steward of public funds. As such it has worked diligently over the past five years to reduce its administrative costs. Administrative costs in FY 08 were below 10%. For LifeWays to continue to reduce administrative efficiencies, support is needed to reduce the administrative requirements and burdens placed on a PIHP.
<b>CHALLENGES AND OPPORTUNITES FOR IMPROVEMENT</b> <ul style="list-style-type: none"><li>• Identify ways to reduce administrative costs without affecting salaries and benefits.</li><li>• Manage ongoing administrative cuts to employees while still providing a benefits package that will retain employees.</li><li>• Being a standalone PIHP makes it difficult to comply with all the administrative requirements that require staff resources, yet stay within the 10% [administrative costs] threshold.</li><li>• Unfunded legislative mandates adversely affects operations.</li><li>• Staff resistance to change.</li><li>• Additional cost associated with implementing new technology.</li><li>• The challenge of paperwork reduction for Providers while simultaneously expected to meet MDCH documentation requirements.</li><li>• Service costs vary greatly from the state averages.</li></ul>
<b>METHODS EMPLOYED TO MAKE IMPROVEMENTS</b> <ul style="list-style-type: none"><li>• Update and utilize current Electronic Medical Record to its fullest potential.</li><li>• Request for Proposal for Health Benefits to choose a package that retains employees yet creates administrative efficiencies.</li><li>• Advocate for uniform reporting of administrative expenses across the state.</li><li>• Review current internal expenses to ensure accurate journal entries: administrative versus clinical.</li><li>• Explore partnering with other agencies to pool resources.</li><li>• Explore options to align service costs with state averages.</li></ul>
<b>METHODS USED TO MEASURE SUCCESS</b> <ul style="list-style-type: none"><li>• Update and utilize current EMR to its fullest potential.</li><li>• Number of services that are within 5% of the state averages for cost.</li><li>• Administrative costs for employee Health Benefits are reduced over FY 08.</li></ul>

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**ATTACHMENT A TEMPLATE  
Milestones and Timeframes**

PIHP	LifeWays
E-Mail Contact Person	<a href="mailto:Maribeth.Caldwell@lifewaysmco.com">Maribeth.Caldwell@lifewaysmco.com</a>
ARR Section #	11

Note: Add more lines if needed

<b>Milestone</b>	<b>Baseline Data If applicable</b>	<b>Timeframe for achieving milestone Begin and end dates</b>	<b>Comments</b>
Update and utilize current Electronic Medical Record to its fullest potential.	Not Applicable	Begin 4/1/2009 End 9/30/2014	Contingent upon availability of funding.
80% of rates for services are within 5% of the state averages for cost for service.	Baseline FY 08	Begin 10/1/2009 End 9/30/2014	Develop initial baseline report.
80% of costs per case for services are within 5% of the state averages.	Baseline FY 08	Begin 10/1/2009 End 9/30/2014	Develop initial baseline report.
LifeWays' cost for employee health benefits are reduced over FY 08 Baseline	Baseline FY 08	Begin 10/1/2009 End 9/30/2014	Develop baseline.

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**Stakeholder Characteristics**

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ARR Section #	11

Note Add more lines if needed

Stakeholder Category	# Per Population Type	Type of Diversity Represented	Count(ies) Represented	Involvement **
Individuals Receiving Services	SMI: 3 SED: 0 DD: 0 SUD: 0	Caucasian	Jackson Hillsdale	ES QIP IP
Family Members	SMI: 0 SED: 0 DD: 1 SUD: 0	Caucasian	Jackson Hillsdale	ES QIP IP
Advocates	SMI: 9 SED: 9 DD: 9 SUD: 9	Caucasian	Jackson Hillsdale	ES QIP IP
Contract Providers (List Organization Names)	Not Applicable	0	0	0
Community representatives (List Organization Names)	Not Applicable	0	0	0

\*Population type: adults with serious mental illness (SMI) including people with co-occurring substance use disorders, children with serious emotional disturbance (SED), people with developmental disabilities (DD), people with substance use disorder (SUD). For each category, enter the number of representatives for each of the four populations

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