

#10 Quality Improvement Plan:

After completing the environmental scan on developing and maintaining a competent workforce three opportunities emerged that would both shift our culture in a positive direction and allow the PIHP to provide needed technical assistance to providers in the areas of recruitment, hiring and retention of qualified staff and supervisors. This QI Plan will produce alignment between staff qualifications, strategies employed to maintain a high quality workforce, on-going performance and the organizational culture. These elements, when performed in alignment with the vision, produce better outcomes for the consumers, families and the community.

Promote a Culture of Trust and Safety

Several ARR sections refer to creating an environment that is based on safe and supportive practices; one that is welcoming both to consumers and to employees. To support a sustainable change in staff behavior with the consumers requires shifting the culture across the Southeast Partnership. The foundations of this already exist in our commitments to Shared Governance and Learning Organization principles but elements of a *culture of trust and safety* need to align with the current materials. The PIHP, through the work of the PI and the Professional Development committees will create a set of opportunities for employees to become familiar with the concepts of this culture, understand how to apply the concepts in their work, how to coach each other and sustain a culture of trust and safety. This culture will focus on relationship building with consumers, families and community partners and the trust required to have a safe environment that fosters treating each other with kindness, dignity and respect. A consistent orientation and training program will be made available to provider and local CMH staff on the use of gentle teaching methods to incorporate into consumer care and services. See ARR sections 2 and 3 for more information on how this will be used by staff.

Tools for management teams and supervisors will be created to encourage discussion, evaluation and continuous improvement of their work environment, hiring and retention strategies.

The training tools will be combined with an annual culture survey to assess the degree that the concepts are in practice and have taken hold in the organizations and in the care of consumers and families. Survey design will include successful tools used in Washtenaw (Organizational Capability Survey) in Livingston (Denison Culture survey) and examples of patient safety surveys used in hospital settings. The PIHP will also monitor the consumer satisfaction surveys, grievance and appeal and Rights Report data for positive data changes related to the culture shift. Following the survey each year will be targeted action planning by leadership. This

ensures the visibility of leadership sharing the vision and supporting this culture of trust and safety.

Identify Competencies for Direct Care staff

Human resources literature indicates that to attract and retain competent workers it is essential that you know the competencies that will make an employee successful in a particular job and that you hire and develop employees based on those competencies. In this QI plan, the PIHP will undertake a process to identify the core competencies associated with direct care staff positions, senior or lead direct care staff and supervisory positions in alignment with a *culture of trust and safety*. This will provide a clear pathway for developing staff and incentive for moving along a pathway of increasing skill development.

The PIHP will lead a collaborative process of identifying these competencies. This process will allow consistency across the affiliation and more applicability to the providers. Following the development of the competencies, the PIHP will assist providers to develop tools for recruitment and hiring using these competencies. Additional tools will be developed for assessing training and performance expectations. Through this project, providers will have additional strategies to recruit employees that best match the jobs, reducing turnover; and have the ability to target training and evaluation to specific competency requirements and recognize staff for their achievements toward these competencies.

Increase Training Accessibility

Training and development is encouraged for the CMH staff across the affiliation, however, the logistics and cost of attending training continues to challenge both CMHSPs and the contracted providers. Licensed social workers now need 45 hours of CEUs every three years and CAC and Children's Services require 24 hours annually. Training availability and accessibility is important in order to encourage participation. By creating a process and tracking system to make in-house CEU qualified courses available to other counties and local providers, it reduces the travel and cost required to meet these requirements.

Over the next year more of the successful instructor led courses will be added to a portfolio of on-line training available to the entire partnership, including provider staff. Basic Rights is scheduled to be available on line this year. Other courses will need to be assessed for their ability to translate the content to self study on-line. The courses most requested by staff include courses such as Motivational Interviewing, Co-occurring Disorders, CBT, DBT, Stage based treatment and others that contribute to recovery. In addition to EBP training, separate modules building supervisory skills will be made available in both instructor led and on-line forms.

2009 APPLICATION FOR RENEWAL AND RECOMMITMENT TO QUALITY AND COMMUNITY IN
THE MICHIGAN PUBLIC MENTAL HEALTH SYSTEM
Final: February 1, 2009

ATTACHMENT A TEMPLATE
Milestones and Timeframes

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ARR Section Number: 10

Note: add more rows as needed

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
(A) Establish and implement workgroup for culture survey content and format design		Begin: 6/15/09 End: 12/1/09	Authorized by AEC in June Implemented through PI Committee
(A) Begin performance improvement study on the trends related to Neglect III and treatment suitable to condition rights reports		Begin: 6/1/09 End: 6/1/10	Authorized as PI Project by AEC 2/23/09
(A) Disseminate survey to collect baseline data		Begin: 3/5/10 End: 3/15/10	On-line and paper survey for broadest participation
(A) Survey results analyzed and action planning to determine gaps		Begin: 4/1/10 End: 7/1/10	
(A) Leadership meetings to disseminate the results of the survey and launch the plan to further embed the concepts		Begin: 10/1/10 End: 11/30/10	
(A) Create tools for teams to coach on the culture of trust and safety concepts		Begin: 6/1/09 End: 10/1/09	
(A) Courses on culture of trust and safety available to organization 80% of target audience participates in at least one tier of courses		Begin: 10/1/09 End: 9/30/10	

Milestones	Baseline Data (where applicable)	Timeframe for Achieving Milestone: Begin* and end dates	Comments
(A) Annual survey disseminated in March of each fiscal year followed by analysis and action planning		Begin: 3/1/11 End: 3/1/14	
(B) Collect baseline data on data points for providers (turnover, incident reports, spending trends on training)		Begin: 9/1/09 End: 12/1/09	PI and PRU
(B) Establish workgroup for competency mapping for direct care and supervisory staff		Begin: 10/1/09 End: 2/1/10	Include members of Southeast partnership, providers and direct care staff
(B) Competencies approved for use		Begin: 2/1/10 End: 3/30/10	
(B) Review existing job descriptions and competencies for other positions for alignment with the culture of trust and safety		Begin: 2/28/10 End: 5/31/10	
(B) Tools available to providers for recruitment, hiring, evaluation		Begin: 6/15/10 End: 9/30/11	Evaluate use and success of tools after 1 year
(C) Agree on list of EBP courses that will be made available to providers or affiliate partners with authorized CEUs		Begin: 6/1/09 End: 8/1/10	Regional Professional Development Committee
(C) Agree on regional access to professional development trainings including EBPs and Supervisory		Begin: 6/15/09 End: 8/17/09	
(C) Establish a registration and tracking process accessible to the partnership and provider panel		Begin: 6/1/09 End: 10/1/10	
(C) Explore a process to review and authorize equivalent training provided outside of the CMHSPM		Begin: 10/1/10 End: 12/1/10	To allow providers and staff to count training provider by an acceptable source as compliance with training requirements