

COMMUNITY MENTAL HEALTH FOR CENTRAL MICHIGAN

Direct Care Training Initiative

Goals and Activities:

Train for Impact

- Train specific to the home environment with redesigned Group Home Curriculum (GHC)
- Train using time-tested learning points backed by veteran trainers
- Integrate the GHC with the consumer's plan
- Employ directly related training activity to demonstrate learning (e.g., intervention)
- Completed assignments indicate completion of training
- Provide immediate relevance to DCW training
- Reduce loss of comprehension using on-the-job learning

Reduce time to training completion by at least 50%

- Design training curriculum that expedites learning points
- Eliminate/reduce travel time to CMHCM
- Eliminate class waiting lists
- Enable just-in-time training by providers

Reduce cost of training for providers

- Eliminate travel pay/reimbursement to CMHCM
- Reduce hours to training completion
- Address increased provider trainer hours – some self-study is probable
- Comply with coverage requirements during on-the-job training

Retain group home curriculum consultative support from CMHCM

- Redesign GHC for impact and efficiency – uniform design with specific goals
- Consolidate traditional GHC topics with other contract-mandated topics
- CMHCM consultative support on training implementation/record-keeping
- Home Manager Trainer workshop option to certify on redesigned GHC
- Enhanced training monitoring during FY2007-2008
- Annual Trainer Forum – training updates and improvements; expedited refreshers

As trainers of DCWs for many years, CMHCM is truly sincere in our concerns:

- Training as a priority held by Home Managers
- Training as a competency demonstrated by Home Managers (training certification)
- Fidelity of training over time – compliance motivation vs. quality assurance
- Reading accommodations for those who have difficulty reading

As partners for a better future for all consumers, CMHCM is energized by our hopes:

- Consumers will notice a more timely and appreciable improvement in quality of care
- Direct Care staff will find the GHC meaningful, user-friendly and directly applicable
- Home Managers/dedicated trainers will contribute to the efficacy of the training design
- The redesigned GHC will inspire other training process improvements statewide
- Members of the CMHCM provider network will share in training resources
- Our communities will be enriched for all of our efforts.

8/16/07

COMMUNITY MENTAL HEALTH FOR CENTRAL MICHIGAN

Group Home Curriculum Redesign Project

August 28, 2007

Formation of Workgroup

Sharing of available materials

Curriculum Development

Identification of topics

MDCH Consultation

Requirements vary for family versus small or large group homes?

Core curriculum versus home specific topics

Contract requirements

Development of individual modules

Content

Enables focus to the plan and includes Recovery/Resiliency concepts

Meets compliance requirements

Time to training completion

Evidence of learning

Curriculum Delivery

Order of topics

Employee training timelines

Required by licensing

Recommended

Refresher requirements

Who delivers what trainings

Consumers, Self-study, Provider-delivered, Community resources, CMHCM

Trainer qualifications (per topic)

Best practices for effective and efficient training

Recordkeeping

Data collection process

Monitoring

Product Rollout

Announcement, Packaging and Delivery

Consultation follow-up

GHC Trainer Forum

Consumer participation

Ongoing purpose

Outcomes review

Training revisions

Reciprocity issues

Sharing of resources (trainers, trainings, technology)

Frequency

September 24, 2007

name
address
address

Re: Group Home Curriculum Project

To _____:

CMHCM has provided training for Direct Care Workers for several years and we have witnessed together many changes in what and how we train at CMHCM during that time. A major change underway that affects you is the creation of a group home curriculum training product for providers to use in the home. CMHCM will discontinue almost all group home trainings at CMHCM. Our trainers, Nancy Fry and Karen Bressette, are both regarded as leaders in their field of training by peers and providers alike and their contributions are truly appreciated. CMHCM plans to continue to employ their expertise in new ways that we believe will result in the achievement of new and exciting goals.

Four main goals have been identified for the transition to group home curriculum in-home training: 1. Train for impact, 2. Reduce time to training completion by at least 50%, 3. Reduce cost of training for providers and 4. Provide group home curriculum consultative support.

Using time-tested learning points in a new training manual designed by our veteran trainers, "Training for Impact" realizes that on-the-job training provides immediate relevance to the learning experience by incorporating the home environment and person-centered preferences. Goal 1 enhances additional consumer involvement in self-determined training opportunities, an added value that in and of itself makes this a worthwhile initiative.

"Reductions in Time to Train" will be achieved through curriculum that expedites learning points. With in-home training, travel time to CMHCM will be reduced and class waiting lists will be eliminated. Goal 2 enables 'just-in-time' training by providers – you can hire them and begin their training on the same day at your location.

"Reducing the Cost of Training" realizes that the cost of travel for direct care staff to attend training can be significant. Elimination of travel hours and overall reduction of actual training hours without compromising quality and outcomes is the main thrust of Goal 3. Goal 3 also realizes that staffing coverage requirements could coincide with on-the-job training from a trained worker.

"Continuing Consultative Support" from CMHCM focuses on the success of this initiative both at implementation and in partnership with an envisioned Group Home Curriculum Trainer Forum. Goal 4 is concerned with service outcomes linked to training, training revisions and training reciprocity with other organizations.

A workgroup has been formed to: identify and confirm regulatory training requirements and recommendations according to type of home; rewrite the curriculum; identify who and how best to deliver each topic to include increased consumer involvement in training; and simplify recordkeeping.

We are already beginning to test our curriculum revisions in abbreviated training sessions. It is our hope to complete the transfer of training to the homes sometime between November 1 and the end of this calendar year. A presentation of the revised training system will be scheduled in the near future when the project nears the implementation phase.

Please know that as providers of training for many years, we have both concerns and hopes in this transition to full in-home training. We are concerned that training be held as a priority, that well-trained staff will train new direct care workers, and that training content will be followed. In turn, our hopes are that consumers will notice more timely and appreciable improvement in their quality of care, that direct care staff will find training more meaningful and user-friendly, that trainers will contribute to the continuous improvement of the trainings, that providers will collaborate in training resources, and that our communities will be enriched for all of our efforts.

If you have any questions or comments, please feel free to call me at 989-773-5938.

Sincerely,

John Obermesik,
Deputy Director for Administration

pc: Linda Kaufmann, Executive Director
Bryan Krogman, Provider Network Manager

October 30, 2007

name
address
address

Re: Group Home Curriculum Project Update

To _____:

On September 24, 2007, I sent you a letter outlining the development of a group home curriculum product that your organization can use for training in your group homes instead of sending your employees to our Mt. Pleasant office. This is to inform you that we have crafted about half of the curriculum to date and are piloting those materials. We are hoping for a finished product by year's end. Recipient Rights training will not be a part of the final product and will continue to be provided by CMHCM Recipient Rights staff in both Midland and Mt. Pleasant with the addition of Big Rapids/Reed City for our partners in Western Michigan.

I outlined key reasons for this transition in my prior letter (i.e., consumer impact, provider time savings, provider cost savings) and want to communicate that the deeper we progress into this project, the more we realize the added value this change will provide to all stakeholders. I want you to be aware of our appreciation for the strong efforts made by the current workgroup consisting of representatives from Listening Ear Crisis Center, McBride Quality Care Services, and CMHCM and a special thank you to Valley Residential Services for piloting the draft curriculum and the Bureau of Regulatory Services for assisting with training requirements.

In the meantime, Nancy Fry and Karen Bressette are continuing to provide trainings at various locations until the product rollout occurs. During this transition, they have reduced the time to training completion to help you realize immediate savings with the same quality effort as in times past. Please follow your normal channels for scheduling your group home curriculum training needs.

If you have any questions or comments, please feel free to call me at 989-772-5930, ext. 1408.

Sincerely,

John Obermesik,
Deputy Director for Administration

pc: Linda Kaufmann, Executive Director
Bryan Krogman, Provider Network Manager
Letha Raymond, Human Resources Manager
Kris Stableford, Recipient Rights Officer

January 31, 2008

Name
Address
Address

Re: Group Home Curriculum Project

To _____:

This letter is to inform you that the Group Home Curriculum (GHC) workgroup has completed Phase One of our project: Training Requirements from all regulatory agencies (Licensing, Michigan Mental Health Code, Medicaid, OSHA, etc.) have been determined for initial and annual training. Qualifications and skills necessary for staff providing training to new employees have been identified, and forms have been developed to record/ track training. Finally and most important to many of you, the new, improved and completely updated curriculum is ready for review!

Please come to the Group Home Curriculum Trainer Forum scheduled at 10:30 a.m. on February 28, 2008. The meeting will be held at our main office located at 301 S. Crapo Street in Mt. Pleasant. This is the opportunity you have all been waiting for! At the meeting you will receive a draft copy of the curriculum, information on how to begin using, and answers to all your questions.

The GHC Trainer Forum will be one of the ways that CMHCM will continue to provide consultation and training support as we begin the transition to In-Home training. As you know, our GHC is a work- in- progress and we need your input and feed back to take this project to the next level. As you begin using the new materials we need to know:

- what works well
- what did we miss
- how can we provide more opportunities for consumers to train new staff

This is your opportunity to provide input and feed back about the new materials so that we can assure a high quality product that will meet all of your training needs.

Initially the Trainers Forum will meet monthly, once the transition to In-Home training is complete the meetings may then be scheduled on a quarterly basis. Frequency of meetings will be determined by the group, and what type of support, and/or other training needs have been identified. The Trainers Forum will also provide the opportunity to network with other Provider Agencies, look at current resources, stay updated on new training trends or requirements from regulatory agencies, and to assure that any required updates are done in a timely and user friendly manner. It is important that staff who will be directly involved in providing training at your agency be involved in this process to

assure a user friendly, high quality product and to assist with development of an internal training structure to support the use of the new materials.

I look forward to seeing you on February 28th. Please call to confirm your attendance by February 15, 2008 so I can assure that I have materials for everyone! You can call Amy Redman at (989) 772-5938 to confirm your attendance.

Thank you for your support and cooperation in making this project a success!

If you have any questions, comments, or training needs please feel free to call me at 989-772-5930 ext. 1384

Sincerely,

Karen A. Bressette
Training Coordinator

pc: Linda Kaufmann, Executive Director
John Obermesik, Deputy Director for Administration
Bryan Krogman, Provider network Manager
Letha Raymond, Human Resource Director
Nancy Fry, Training Coordinator

March 12, 2008

Department of Human Services/ Office of Children and Adult Licensing
Attn: Christopher Hibbler – Area manager
701 South Elmwood, Suite 11
Traverse City, MI 49684

Dear Mr. Hibbler,

Community Mental Health for Central Michigan (CMHCM) has provided training for Direct Support Professionals (previously called Direct Care Workers) for many years. We are in the process of implementing a new and improved training system for our Provider Network. We have developed a group home curriculum training program for our Provider Agencies to use in licensed group homes.

Four main goals were identified for this transition to In-home training: 1. Train for impact, 2. Reduce time for training completion by at least 50%, 3. Reduce cost of training for providers and 4. Provide group home curriculum consultative support. Please see the correspondence section of the curriculum for more details.

Our new and improved training system entitled “CenTrain” is based on the 1995 DCH Group Home Curriculum, with revisions and updated materials to reflect the current trends, standards, and Michigan laws for providing person centered care and supports. Many of the units have been re-named to correspond with the requirements listed in Rule 330.1806(2). We hope that this will make it easier for licensing consultants to see that the required training is provided. A draft of CenTrain was recently given to our provider agencies for review and feedback. I am also very interested in feed back from area licensing consultants on these materials. Please feel free to contact me with any questions, concerns, and recommendations. We have two more units to complete: Medication Administration and Crisis Intervention. Copies of these units will be forwarded when they are completed.

This first draft of CenTrain is only a small piece of our vision for the future of training at CMHCM. We are developing a “Trainers Manual” to assist providers in implementing training. All materials will be converted to a PDF format and made available to our provider agencies and the general public on our intranet. We have also initiated a Trainer’s Forum which will meet quarterly to assure quality training, address provider concerns and provide updated training materials as necessary. Please feel free to forward this to any one you think may be interested in reviewing CenTrain!

Please feel free to contact me with any questions you may have regarding these materials.

Sincerely,

Karen A. Bressette
Training Coordinator
(989) 772-5930 ext. 1384
kbressette@cmhcm.org

Enclosure

pc: Linda Kaufmann, Executive Director
John Obermesik, Deputy Director of Administration
Letha Raymond, Human Resource Director

Bryan Krogman, Contract Manager
Nancy Fry, Training coordinator
Area Licensing Consultants



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

November 16, 2005

Mr. David Kooi, President
Mental Health Association of Trainers
c/o Macomb County CMH Services
10 N. Main Street, 5th Floor
Mt. Clemens, Michigan 48043

Dear Mr. Kooi:

This is in response to your letter of October 13, 2005, to Mr. Ed Dore, Chief Deputy Director of the Michigan Department of Community Health (MDCH), requesting feedback on the Mental Health Association of Trainers' recommendations for new training guidelines. Mr. Dore requested that I respond on his behalf.

As the document points out, the MDCH group home curriculum is out-dated, and is irrelevant as a growing number of individuals live in independent settings. There are no longer internal resources to keep a curriculum current, provide direct care staff training, or to approve alternative curricula. At the same time, MDCH has observed increased variability in the quality of care across the state and would like to establish standards for care to reduce the variability. A minimum set of core competencies required of individuals who will provide, or who are already providing, direct care would promise a better likelihood of quality care. In addition, potential care providers may need certain additional competencies in order to meet specific needs of the consumer(s) they will serve. It is the department's role to assure that direct care providers possess the minimum competencies and that assurance is done primarily through the Medicaid site reviews of Prepaid Inpatient Health Plans (PIHPs).

I agree that, with input from MDCH, the local public mental health system (Community Mental Health Services Programs [CMHSPs], PIHPs, and providers), through the Michigan Association of Community Mental Health Boards and the Mental Health Association of Trainers, should establish and reach consensus on training guidelines that:

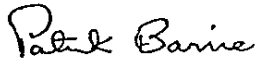
- Promote the inclusion of consumers in the development and delivery of training programs.
- Include the concepts of "recovery" for adults with serious mental illness and "resiliency" for children with serious emotional disturbance.
- Encourage the system to share resources (trainers and training programs) and ideas and information.

Mr. David Kooi
November 16, 2005
Page Two

- Specify minimum qualifications for trainers on certain topics.
- Promote the use of technology, such as web-based learning, to reduce travel costs and time commitments of the direct care workers.
- Promote the use of other community resources (e.g., hospitals, health departments, community colleges) that have already established training programs on CPR, First Aid, or managing diabetes, for example.
- Encourage a CMHSP, PIHP, or provider to accept the training that a potential or newly-hired direct care worker has received from another recognized entity.

Thank you for the opportunity to review the recommendations. It is clear that the Association put a great deal of thought and effort into the document.

Sincerely,



Patrick Barrie, Deputy Director
Mental Health and Substance Abuse Administration

c: Ed Dore
Judy Webb
Jody Lewis
Dave LaLumia
Scott Dzurka