

Transformation Team Recommendation Matrix ***Spring 2015***

Transformation Team Recommendation Themes

Across all of the Transformation Team Recommendations, the following ten core “themes” were gleaned:

1. Formalize and fund core services and supports across a continuum of care – focus on the Right Services and the Right Place at the Right Time
 2. Require reimbursement for case management services
 3. Strengthen the community-based system of services and supports statewide
 4. Standardize quality of care expectations statewide
 5. Align and maximize effectiveness of available funding streams
 6. Harness the power of data across agencies in the Secretariat to utilize and improve health outcomes
 7. Integrate behavioral health with physical health and social services
 8. Strengthen the workforce to ensure access to services
 9. Promote through policy and reimbursement a person-centered approach to care, merging the activities and processes of mental health, substance abuse, and DD/ID with those of child welfare, juvenile justice, educational, and health services
 10. Develop and conduct customized trainings to organizations who interact with populations – Employers, Schools, Jails, etc.
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	Adult Behavioral Health	Developmental Disability	Children & Adolescent	Justice-Involved
SERVICES				
Crisis Response Services and Criminal Justice Diversion	<ul style="list-style-type: none"> • Ensure comprehensive emergency service/crisis continuum of care interventions. • Provide medically supervised detoxification in a variety of settings. 		<ul style="list-style-type: none"> • Offer crisis response (broader than current Emergency Services). 	<ul style="list-style-type: none"> • Provide education to judges on the Risk Need Responsivity model to increase judges' understanding of the screening process, what the research shows about the positive effect of diverting low-risk offenders, and to be trained in how to use the risk screening as a guide in determining level of supervision. • Support all law enforcement agencies in developing comprehensive CIT programs to include widespread access to CIT Assessment sites as a means of decriminalizing the mental health crisis process.
Prevention and Treatment Services	<ul style="list-style-type: none"> • Ensure availability of screening/assessment referral services. • Promote wellness activities. 	<ul style="list-style-type: none"> • Array of services must include prevention services as well, particularly as this relates to health services (i.e. wellness education, futures planning, etc.). 	<ul style="list-style-type: none"> • Mandate prevention/wellness services. • Fund and implement public awareness campaign to decrease stigma and increase awareness of services. • Provide In-home services. • Child psychiatry including telemedicine and consultative approaches. 	

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SERVICES				
Case Management	<ul style="list-style-type: none"> • Mandate case management with caseload standards. • Strengthen case manager/practitioner skills in understanding and coordinating care. 	<ul style="list-style-type: none"> • Be available to all. • Be required for individuals receiving publicly funded services. • Be reimbursed. • Promote agency/provider collaboration. • Offer a tiered approach: <ul style="list-style-type: none"> ○ <i>Active</i>: Assessment, Planning, Linking, Information and Referral, Coordination, Integration, Monitoring, Education and Counseling, Enhanced Support. ○ <i>Follow Along</i>: Assessment, Linking Individuals to Requests, Information and Referral, Coordination, Education and Counseling, Status Check (phone, e-mail, letter). 	<ul style="list-style-type: none"> • Provide case management services for all children, regardless of insurance status (not just those that are covered by Medicaid). 	
Coordination of Services	<ul style="list-style-type: none"> • Target services for individuals with both high physical and behavioral health needs. • Create and capitalize on opportunities to co-locate primary care in CSB settings. • Facilitate CSBs to be health homes for persons with serious mental illness (SMI) and chronic serious co-morbid physical health conditions. • Use community health workers to provide and maximize outreach. • Research and identify ways to better support employment services. • Convene work group with DBHDS, CSBs and private hospitals to develop strategies to better serve clients denied admission due to co-morbid conditions or behavioral health challenges. 	<ul style="list-style-type: none"> • Expand services array to include housing, transportation, education, employment, community engagement, advocacy, quality assurance and healthcare. <ul style="list-style-type: none"> ○ In addition to services being based on person centered thinking they should also be provided in accordance with the following seven tenets: (1) Available, (2) Affordable, (3) Accommodating, (4) Accessible, (5) Accountable, (6) Safe/secure, and (7) Equitable. 	<ul style="list-style-type: none"> • Provide parent peer support services. 	<ul style="list-style-type: none"> • Develop mechanisms for notification and ongoing communication between jails/detention centers/correctional centers and CSBs to allow for a more seamless transition between incarceration and the community and when unavoidable from community to incarceration.

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ACCESS				
Adopt Best Practice Standards	<ul style="list-style-type: none"> Review the continuum of services that DMAS currently funds in light of the goals and priorities of DBHDS. Re-establish a personal level of support. Adopt industry standard access targets to measure the progress of the system in increasing access. Expand basic substance use disorder treatment capacity. Offer peer provided services and recovery supports. Strengthen outpatient counseling/therapies, including psychiatry/medication Increase availability of medication assisted treatment. 	<ul style="list-style-type: none"> Implement waiver redesign to include needs-based supports. Develop more clearly defined responsibilities between agencies/providers to increase public understanding of roles. Work to ensure seamless processes for the consumer. Simplify documentation to facilitate access to services. 	<ul style="list-style-type: none"> Ensure a uniform set of core BH services localities must provide to assure access and consistency statewide. Establish quality standards for each core service, including access standards that define max wait times for services. Allow services to be provided by public or private providers, except those required by code for CSB. Localities may add other services within their discretion and available funding. Identify one entity to have the authority, responsibility and accountability for the secondary and tertiary BH needs of children consistent with system of care principles. Design a statewide system of navigation for families to improve family access to services for their children. Communities should create local systems of care that include the core mandated services and other services that meet community needs and improve access for families (Once a consistent state core mandated set of services is established). 	<ul style="list-style-type: none"> Ensure access to psychotropic medications for all individuals with behavioral health needs, when appropriate. Implement a standardized system for prompt screening, assessment and identification of BH, ID/DD issues, in every jail, detention and correctional center. Set standards requiring jails/detention centers/correctional facilities to have a certain % of their staff who have received advanced training in BH and ID/DD issues (to include identifying individuals with MH/ID/DD issues, responding therapeutically to individuals with MH/ID/DD issues and responding to individuals in crisis). Support localities in developing mental health dockets. Develop legislation to allow judges to order pre-trial mental health evaluations to aid judges in making bail/bond determinations. Develop an oversight system of evaluators who conduct pre-trial evaluations to ensure the evaluations meet the standard of practice.

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ACCESS				
<p>Use Data to Drive Care and Policy Decisions</p>	<ul style="list-style-type: none"> Assure use of validated assessment tools for co-occurring disorders in both SUD and MH programs. Develop a strategy for combining data from several sources and utilizing such data. Expand HHR Secretary dashboard to include “real life” outcomes measures like housing stability, employment and community integration. 	<ul style="list-style-type: none"> A robust waiting list management information system is a key to effectively managing access to HCB waiver services on a priority of need basis. 	<ul style="list-style-type: none"> Allocate resources for core services based on population health data analytics methods to determine children’s behavioral health resource and service array needs at the local, regional, and statewide levels. Considerations include: <ul style="list-style-type: none"> Population-based methodology; Time and distance from a provider; Availability to services regardless of ability to pay; and Access – emergent, urgent, standard. Use predictive analytics and community prevention assessments prior to onset of a disorder. Prevention should be structured under core strategies: <ul style="list-style-type: none"> ID and assessment/referral; Information dissemination; Education; Alternative (resiliency building); and Community collaboration. 	

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ACCESS				
Work to Appropriately Fund Services	<ul style="list-style-type: none"> • Re-evaluate Medicaid rates for all substance use disorder (SUD) services to increase provider participation. • Explore Medicaid reimbursement for persons under an ECO/TDO. • Leverage Federal Medicaid funds for innovative services/ services for uninsured. • Establish rotating discretionary fund to provide one-time assistance to peer-run organizations. • Align use of DMAS and DBHDS funding to support integrated approach to serving clients with SMI. • Create a Medicaid benefit for peer services. 		<ul style="list-style-type: none"> • Structure funding to support philosophy of prevention and wellness. • “Braided funding” streams for children. 	<ul style="list-style-type: none"> • Increase capacity of jails, detention centers and correctional centers to provide a minimum standard of BH (comparable to outpatient level).
Strengthen the Workforce	<ul style="list-style-type: none"> • Require organizational self-assessment by all providers of publicly funded BH. • Improve identification of SUD issues by requiring specific CME for licensed healthcare professionals. • Conduct workforce assessments to identify provider availability and capabilities. 	<ul style="list-style-type: none"> • A recurring theme for the adult developmental services team was ensuring that individuals, families, providers, and professionals are trained in best practices in the support of individuals with developmental disabilities. 		