



Transformation Team Recommendations and Themes

Spring 2015

In the spring of 2015, the Transformation Teams provided the DBHDS Commissioner with recommendations that revolved around the following key issues:

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 Health and Human Resources 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.

Fall 2015

For Fall 2015, the Transformation Teams were asked to consider how to build open previous recommendations and how they would be best implemented.

What delivery structure best promotes quality, access and accountability in the Commonwealth in order to achieve the following outcomes?

1. Increased housing stability;
 2. Increased employment;
 3. Decreased hospitalizations;
 4. Decreased emergency room visits; and
 5. Decreased suicide numbers and rates.
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Teams were asked to specifically address:

Who will provide services to consumers? What is the role of private providers? What methods can be used to best ensure internal, cross system and primary integration? What are the areas where services should be targeted to address service inequities?

These recommendations presented to the Commissioner in December 2015 seek to reduce fragmentation of services, assure access to needed services and improve quality. Across all of the Transformation Team Recommendations, the following “themes” were gleaned:

- Utilization of Community Service Boards (CSBs) as the centralized coordinator for supports and services for persons within the Commonwealth’s Behavioral Health system
 - Consistent Application of Funding and Standards of Care across all CSBs
 - Bolstering of the workforces with licensed professionals and ancillary providers
 - Improve data systems to measure key performance indicators, track patient progress, and determine availability of community and inpatient resources throughout the Commonwealth
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Transformation Team Recommendation Matrix

	Adult Behavioral Health	Children & Adolescent	Justice-Involved	Developmental Disability
<p>What mandated services are necessary for persons in the Commonwealth?</p>	<ul style="list-style-type: none"> • Address specific workforce shortages by developing credentialing standards and criteria for psychiatric nurses to qualify as pre-screeners and crisis providers • Expand housing availability for individuals through various funding initiatives and supports • Expand employment opportunities by using finding initiatives for evidence based individual placement and support employment services • Target funding both to best practices and under-resourced areas through grant funds and allocation formulas 	<ul style="list-style-type: none"> • Services to be offered and funded consistently (through CSBs and CCBHCs) throughout the state: <ul style="list-style-type: none"> ○ Prevention and Wellness ○ Case Management ○ Crisis Response ○ Psychiatric Services ○ Parent Peer Support ○ Other services, as determined by a local planning process • Request DMAS to review children’s services within the state Medicaid Plan (Intensive In-Home, Crisis Intervention, Crisis Stabilization) with respect to rate structure, provider qualifications, quality review, claims history and other factors to determine if revisions are warranted to avoid unintended consequences. 	<ul style="list-style-type: none"> • Services available to all incarcerated individuals <ul style="list-style-type: none"> ○ Screening upon admission for the existence of behavioral health issues by staff qualified/trained to perform screenings ○ Screening upon admission & during the period of detention for suicide risk conducted by trained/qualified staff ○ Mechanisms and policies to refer those who score (+) on behavioral health screen or suicide screen to a trained mental health professional for a more in-depth assessment and when indicated the development of a treatment plan to address the needs ○ Presence of staff who are trained in crises de-escalation and active listening/problem solving skills ○ Access to medical care to include behavioral health care and to address any acute issues which may arise during the period of incarceration/detention • Services available to persons with Serious Mental Illnesses (SMI), IDD, DD, and TBI <ul style="list-style-type: none"> ○ Admission Behavioral Health Assessment (by qualified/trained staff) conducted within a 	

			<p>maximum of 72 hours post screening with indication of potential behavioral health issues</p> <ul style="list-style-type: none"> ○ Mechanism for the prompt notification of community treatment providers that client has been arrested and mechanism for the prompt sharing of treatment records from community providers with the jail/detention center treatment provider ○ Evidenced-based treatment (either individual or group) ○ Access to jail environment which supports psychiatric/ behavioral stability ○ Prompt access to inpatient psychiatric care when the need arises ○ Access to trained forensic peers and/or WRAP facilitators ○ Presence of staff that are trained in crises de-escalation, active listening/problem solving skills, and trauma informed care ○ Discharge planning services 	
<p>Who should provide the services?</p>	<ul style="list-style-type: none"> ● Public/private partnership between CSBs, public hospitals, and private providers 	<ul style="list-style-type: none"> ● Coordination between Certified Community Behavioral Health Centers (CCBHCs) and CSBs ● Functions such as Part C Early Intervention local Lead Agency Role to be provided by the CCBHC or CSB to increase consistency ● Integration with primary healthcare and pediatric services ● All providers must be certified by DBDHS to ensure adherence to System of Care principles 	<ul style="list-style-type: none"> ● A set of minimum standards for services rather than a designated provider were established for persons who are incarcerated. <ul style="list-style-type: none"> ○ CSBs should be involved and have a staff member responsible for discharge release planning, but ultimately do not have the adequate resources to manage care while persons are incarcerated ○ Jails should have one staff member who is responsible for coordinating release planning for individuals ○ The General Assembly should fund these positions ● CSBs to serve as the designated provider of 	

			services post-release as they are best equipped to serve this population and often rely on their services post release due to the population's insurance status	
What is the role of the CSBs?	<ul style="list-style-type: none"> • Serve as the single point of entry to the publicly funded systems <ul style="list-style-type: none"> ○ Roles of CSBs and relationships to private providers must be defined • Assure the availability of core/mandates services across the Commonwealth • Collaborate with private providers to expand service options, promote choice, and assure service coordination • Assure prompt emergency access to interventions • Serve as a safety net provider for all persons regardless of insurance status • Promote local planning, financial support, and local partnerships • Collaborate in regional activities to assure development of high cost/lower incidence services and effective utilization of inpatient resources 	<ul style="list-style-type: none"> • Development and utilization of CCBHC credentialing standards to ensure a standardized set of services provided by all CSBs • Provide a System of Care approach as designed by policies created by DBDHS • Provide emergency services and support services that are provided by CCBHCs • CCBHCs to assist with urgent care, larger psychiatric pool, crisis stabilization, and link persons back to CSBs and private providers • Contract with private priced for services 	<ul style="list-style-type: none"> • Retain a staff member whose primary responsibility is to coordinate with the detention facility to develop release planning for individuals slated to be released (to be funded by the General Assembly) • Continue to operate the existing jail diversion programs thus are better situated to refer individuals for diversion 	
What is the role of private providers?	<ul style="list-style-type: none"> • Develop and provide quality services to expand access and choice • Expand culturally and linguistically competent services • Develop and provide specialized services • Collaborate with CSBs to expand service options, promote choice, and assure service coordination • Participate in quality measurement and improvement activities • Participate in local service planning activities 	<ul style="list-style-type: none"> • Provide services that are designed to give children and their families non-emergency supports that best meet their unique needs • Adhere to the system of care principles • Work with CSBs to provide necessary services such as intensive In-Home care, psychiatry, outpatient counseling, and psychological evaluations to allow for seamless referral process between public and private providers 		

<p>How do we ensure internal, cross-system and primary care integration?</p>	<ul style="list-style-type: none"> • Improve the use of data by developing a single system to measure key performance indicators and outcomes measures that all public and private providers in the Commonwealth participate in and utilize • Move to an outcome based payment model • Utilize Medicaid innovations (DSRIP) for critical infrastructure support • Develop strategies that expand the use of best practices, promising practices, evidence based practices, and financial incentives 	<ul style="list-style-type: none"> • Develop of Assessment Centers at each CSB or CCBHC responsible for meeting with families, discussing their needs, and linking them to assistance that is appropriate • Workforce development funding to increase licensed professionals and parent peer support partners • Enable CSA funding to reach more children and youth 	<ul style="list-style-type: none"> • Hiring a jail based release planner and a CSB discharge planner to improve both internal and cross system collaboration/ integration • Developing a system for prompt exchange of information both coming in and going out of jail/detention to improve collaboration/ integration • Establishment of CCBHCs will enhance primary care integration which hopefully will infuse into treatment in justice involved settings 	
<p>Where in the Commonwealth should services be targeted to address service inequities?</p>	<ul style="list-style-type: none"> • Rebuild underdeveloped SUD Services to provide supports for uninsured and underinsured persons <ul style="list-style-type: none"> ○ Outpatient services and peer support ○ Funding for medication assisted treatment ○ Housing supports ○ Residential and detox services ○ Targeting young adults ○ Employment services and supports • Support service consistency by targeting funding both to best practices and to under resourced areas <ul style="list-style-type: none"> ○ Adopt a two pronged approach for new funding: <ul style="list-style-type: none"> ▪ Grant fund best practices and to fill service gaps. Allow reasonable flexibility to allow rural areas to compete. ▪ Develop an Allocation Formula 	<ul style="list-style-type: none"> • Make the core and mandated services available consistently everywhere in the Commonwealth, including rural underserved areas • Review child and adolescent service availability and service need within the Commonwealth on a regular basis • Use the results to prioritize enhancement of service delivery structures, workforce development and budget requests • Require regional coordination and public/private partnership in order to receive state funding • Utilize school based services: <ul style="list-style-type: none"> ○ Establish integrated physical and behavioral health services at a location or very near the school grounds ○ Utilize a team approach comprised of local service providers, student support service professionals, and administrative staff ○ Utilize planning process to examine the potential for mental health screening in elementary schools ○ Identify high-risk children and offer programming to build resilience on site in 	<ul style="list-style-type: none"> • Requirements for a selection of up to 8 pilot sites for review of this system: <ul style="list-style-type: none"> ○ A mix of urban and rural settings ○ A mix of regional and local jails ○ A mix of CSB as provider of jail based services and private provider as provider of jail based services. ○ Geographical diversity given the different regional cultures/service delivery systems 	

		schools with an emphasis on positive school environment		
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Additional Recommendations

In addition to providing responses to the Commissioner's Questions, the members of the **Developmental Disability Transformation Team** also indicated two areas where they would like to see additional investment and resources allocated.

- Emergency Slots for Individuals:
 - The team defined that an individual would be eligible for an emergency if all other service options have been explored and exhausted (Existing CSB Slots, CRC, RST, C3T) and they had met the criteria below:
 - Protective Services (Children or Adult) has substantiated abuse/neglect against the primary caregiver and has removed the individual from the home; or for adults, where abuse/neglect has not been substantiated but corroborating information from other sources (agencies) indicates there is an inherent risk present. There are no other unpaid caregivers available to provide support services to the individual.
 - Death of primary caregiver and/or lack of alternate unpaid caregiver coupled with the individual's inability to care for him/herself and will be dangerous to self or others without supports
 - Provide emergency slots for individuals who require immediate services and whose other service options have been explored and exhausted
- Classification of patient needs and services into three "tiers":
 - Priority 1: The service is needed within one year and the individual meets specific criteria
 - The primary caregiver's health status immediately limits their ability to care for the individual and no other unpaid caregivers are available to provide supports
 - There is a risk to the health or safety of the applicant, primary caregiver, or other person because of the individual's behavior, the individual's needs cannot be managed by the primary care provider, the individual lives in an institutional setting and has a viable discharge plan in place; or the individual is young adult transitioning and is no longer eligible for IDEA services.
 - Priority 2: The service is needed within two to five years and the individual meets specific criteria:
 - The primary caregiver's health status will limit their ability to care for the individual in the long term and no other unpaid caregivers are available to provide supports
 - The individual is at risk of losing employment supports
 - The individual is at risk of losing housing due to lack of adequate supports and services
 - The individual has desired outcomes that, with adequate supports, will significantly improve his quality of life
 - Priority 3: Considered the active planning phase, these needs apply to individuals who meet the criteria below, and who might need in more than five years :

- The individual is receiving a service through another funding source that meets current needs
 - The individual is not currently receiving a service but is likely to need a service in five or more years
 - The individual has desired outcomes that, with adequate supports, will significantly improve his quality of life
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