State Strategic Business Plan

INTRODUCTION

Blueprint for Change is the state's plan for reforming the mh/dd/sas system. This technical document, the State Strategic Business Plan, is part 2 of the State Plan and outlines the responsibilities and tasks of the Division of MH/DD/SAS that are required to implement the reform. The strategic plan incorporates the mission and principles of the State Plan in its processes and outcomes, which is also required of local business plans.

The State Strategic Business Plan incorporates both the task list and the state business implementation plan from the initial November 30, 2001 edition of the Blueprint for Change. It is now designed to be consistent with the local business plan format to demonstrate the dynamic processes necessary to implement reform. Goals and objectives must be achieved in concordant areas at both the state and local levels for the vision to become a reality.

I. PLANNING

Planning is an essential component of the mental health, developmental disability and substance abuse service system reform effort. Initially, planning at the state level will cover a wide array of activities that are necessary in the transition from the old to the new. The Division must establish both short and long-term planning strategies that are both collaborative across the state system and coordinative with LMEs and providers. These strategies must direct the transition by clearly articulating through its tasks, strategies, outcomes and products the vision of the new system.

Contemporary support service systems affirm the principles of community inclusion, integration, participation and accommodation. These systems recognize that children and adults with serious mental illness, developmental disabilities and substance use disorders have certain attributes, impairments, limitations or circumstances that constrain their functional capabilities, personal autonomy, life choices and achievement opportunities. To reduce or minimize these constraints, state government along with local entities managing public policy are expected to ***plan*** to provide treatment, interventions, services, supports and accommodations that:

- Maximize community alternatives to more restrictive care.
- Involve individuals in the system of governance.
- Address cultural diversity in service planning and care decisions.
- Promote participatory choice wherever possible.
- Seek support arrangements that facilitate independence, personal responsibility and involvement in community life and promote wellness.

Consumer and family participation on governing boards may already be significant in the current system. However, progressive organizations in the current environment are expected to go beyond the current level of participation and directly seek out stakeholder input and community concerns. The Division of MH/DD/SAS is responsible for planning and enforcing a system that obtains, assimilates, applies and implements stakeholder recommendations into all planning activities.

A. The Division will implement a long term planning strategy.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
I.A-1 The Division will oversee the mh/dd/sas reform effort.	a) Assess the impact of State Plan implementation on reform. b) Identify gaps and needed changes in State Plan. c) Conduct an annual 45-day public comment period on State Plan requirements and implementation. d) Hold two community forums annually to assess implementation and solicit comments and recommendation for change.	Report of the assessment provided by the Director's Advisory Committee and added to the annual revision of the State Plan. Analysis of public comments, including those received at forums, added to annual revisions. A revised mh/dd/sas State Plan submitted to Legislative Oversight Committee (LOC).	April 15, 2003 and annually thereafter Public comment period: Feb.–March 2003–2007 Forums held in fall & spring of each year A revised State Plan presented to LOC July 1, 2003 –2007
I.A-2 The Division will ensure ongoing	a) Assign tasks from State Strategic Business Plan to committees, workgroups	Division publishes a quarterly tracking report of outcomes/products	Oct. 1, Jan. 1, April 1 & July 1, 2003-2007

implementation of the State Plan.	and/or sections. b) Review products for consistency with State Plan mission and principles. c) Assess progress of State Plan implementation. d) Solicit assessment feedback from the Director's Advisory Committee quarterly. [See II.B-1.]	accomplished and reports to LOC.	
I.A-3 The Division will ensure that all planning is done in collaboration with all stakeholders.	a) Publish list of stakeholders involved in all ongoing planning/ implementation activities. b) Establish guidelines to ensure consumer involvement and/or participation. c) Establish methods of gathering feedback from consumers and families and other stakeholders. d) Develop mechanisms that support meaningful and ongoing involvement of consumers/families in all sub-plans required by this strategic plan.	List of stakeholders involved in planning process included in each sub-plan and annual revision of State Plan submitted to the LOC. Director's Advisory Committee assesses the Division's progress in obtaining meaningful involvement of consumers and families in planning activities and presents report to the LOC annually.	Oct. 1, Jan. 1, April 1 & July 1, 2003-2007 A revised State Plan presented to LOC July 1, 2003 –2007
B. The Division will oversee the transition from the existing system to a reformed system consistent with the vision in the State Plan.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
I.B-1 The Division will oversee a state-level transition strategy to assist the reform.	a) Establish new roles and responsibilities of Division to provide leadership and state policy development. b) Identify functions necessary to carry out new roles and design a framework to enable Division to perform its new functions. c) Identify competencies and sets of skills necessary for staff to carry out new responsibilities. d) Create and implement staff development plan to assist staff in obtaining new skills and competencies. e) Develop tracking system to identify reform milestones and uncover barriers or	Transition strategy outlined and an assessment of progress included in quarterly progress reports to LOC. Transition reports put on web site.	Oct. 1, Jan. 1, April 1 & July 1, 2003-2007 Oct. 1, Jan. 1, April 1 & July 1, 2003-2007

	obstacles to reform. f) Initiate and engage in constructive problem-solving activities to overcome barriers. g) Report on transition activities as one component of State Plan implementation.		

II. Management and Administration

The reform statute (North Carolina Mental Health, Developmental Disabilities and Substance Abuse Reform Statute, Chapter 122C) mandates that the state provide management and oversight of a system of services and supports that is equitable across the state and provides for greater accountability and value for the dollars spent. The Division of MH/DD/SAS is responsible for providing the necessary tools and assistance to enable local management entities to administer a local system of services and supports that conforms to standards of best practice.

A. The Division of MH/ DD/ SAS will be restructured to support mh/ dd/ sas reform.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
II.A-1 The Division will undergo a reorganization to support the mh/dd/sas State Plan.	a) Prepare a new organizational structure within the Division.	The Secretary of DHHS announces an organizational chart of the new Division structure.	July 1, 2002
B. The Division will develop mechanisms to ensure consumer/ family and citizen involvement in policy formulation and implementation.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
II.B-1 Division staff will organize and support the Director's Advisory Committee on implementation of mh/dd/sas reform.	a) Develop a proposal for convening the Director's Advisory Committee with approval by the Secretary that addresses: • Committee make up. • Member selection process. • Committee purpose and work-plan. • Times, dates and places of meetings. • Support to consumer/family members to ensure meaningful participation. • The committee's reporting process. b) Establish a working relationship between the Division's implementation process and the processes of the Director's Advisory Committee so committee members are informed and empowered in their role of assessing and advising on implementation.	The Secretary receives and approves the proposal. The Director's Advisory Committee convenes. Quarterly progress reports provided to the Secretary and added to Division reports. See above. Members assigned to various workgroups and implementation teams and supported in their participation.	September 1, 2002 On or before Nov. 1, 2002 Jan. 1, 2003 and quarterly thereafter Jan. 1, 2003 and ongoing

II.B-2 The Division will create an Office of Advocacy & Customer Services.	a) Establish office as part of re-organization. See above. b) Prepare job descriptions and qualifications for approval by Office of State Personnel. c) Implement specific recruitment procedures to ensure that qualified consumers/family members are available in the applicant pool.	The Office of Advocacy & Customer Services staffed by consumer and family members and participates at the Division of MH/DD/SAS executive staff level.	Jan. 1, 2003
II.B-3 The Division will sponsor an annual consumer conference and other conferences as approved by the Director.	a) Plan and hold an annual consumer conference with the Office of Advocacy & Customer Services as lead agency in determining/ arranging for: • Most appropriate time, date and place. • The agenda and speakers. • Appropriate supports for consumer/family member attendees. b) Assess viability of all conferences sponsored by the Division and consolidate as appropriate.	A consumer conference held annually. Schedule of Division sponsored conferences approved by the Director and published in the Division training calendar online.	2003 and annually thereafter Jan. 1, 2003
II.B-4 The Division will provide guidance and oversight of meaningful participation/ involvement by consumers/families at the local policy level.	a) Disseminate guidelines for consumer involvement and/or participation to prospective LMEs. [See I.A-3 (b).] b) Review local business plans for adherence to guidelines. c) Include appointment of consumers/family members to boards, commissions, advisory bodies, planning groups, etc. by LMEs as a performance indicator for public reporting.	Consumer/family guidelines disseminated and added to LOC quarterly report. Local consumer and family advisory committees submit reports with local business plan final submission.	Oct. 1, 2002 April 1, 2003

II.B-5 The Division will assure appointment of consumers/family members to state-level boards, commissions, advisory bodies, planning groups and other appropriate bodies.	a) Establish a process for recruiting and supporting consumers/family members as participants on boards & commissions. b) Assign responsibility for implementation and oversight of necessary and effective supports for consumers/ family members to ensure ongoing participation and meaningful involvement. c) Develop a list/database of consumer and family members interested in participating on commissions and boards. d) Collect sufficient information to match potential appointees with work in their areas of interest. e) Provide liaison with the appointment staff in the Governor's office and all department-level and Council of State offices to promote such appointments.	The Office of Advocacy & Customer Services establishes list of people (self disclosed) with disabilities (mh/dd/sa) willing to participate state boards, commissions, advisory councils and planning/policy workgroups. List kept current and appointments listed in each quarterly report to LOC. Office of Advocacy & Customer Services reviews and distributes a satisfaction survey to consumers/families on boards/planning groups and to board/workgroup chairs to determine level of satisfaction with participation/involvement. Findings reported on state report card. [See VII.A-.1 (c).]	July 1, 2003 and ongoing July 1, 2003 Oct. 1, 2004

C. The Division will administer all regulatory functions necessary to implement reform.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
II.C-1 The Division will assure that all statutes, rules and policies that are inconsistent with mh/dd/sas reform are identified, amended and/or deleted. In cases where federal and/or state statutes cannot be modified or waived, the Division will assure that mh/dd/sas policy is in compliance.	a) Produce an annual update of the *Rules Report* contained in *State Plan 2001: Blueprint for Change.* b) Participate in a departmental process for ongoing statutes/rules review consistent with LOC for MH/DD/SAS subcommittee recommendations. c) Assess and modify the process for announcing new and amending existing rules, to expedite mh/dd/sas reform. d) Identify statutes that are inconsistent with mh/dd/sas reform and make recommendations for needed changes. e) Initiate rule changes identified as needed for mh/dd/sas reform implementation. f) Develop tracking system for rule/statute changes necessary to the reform.	Initial departmental report completed. Department-wide rules review process reported to LOC. Division personnel participate in Department-wide review of rules and statutes. Updates to the *Rules Report* included in annual revision of State Plan presented to LOC. Rules revision-tracking report added to quarterly reports to LOC, including proposed new rules. A report of recommended statute changes submitted and tracked semi-annually in progress reports to LOC.	Oct. 1, 2002 Oct. 15, 2002 Oct. 15, 2002 July 1, 2003 Oct. 1, Jan. 1 & April 1, 2002 – 2007 Oct. 1 & April 1, 2002 – 2007

II.C-2 The Division/ Department will conduct an analysis of the state statutes to ensure congruity with foundations and models of best practice.	a) Collaborate with the DD Council project with the University of Kansas to review NC statutory base. b) Provide training to Division staff in use of computer tools used by the DD Council project for ongoing statutory and rules analysis. c) Collaborate with LOC to promote statutory revisions as recommended by The Beach Center report. d) Collaborate with LOC to implement Human Services Research Institute (HSRI) report recommendation to explicitly embed person-centered principles into state statutes. e) Collaborate with LOC to implement approved MGT report recommendations for incorporating substance abuse and child mental health services into state statute.	DD Council project recommendations submitted to DHHS. Division staff competent in computer tools and assigned to ongoing statute review. Recommendations for statute changes resulting from analysis included in reports to LOC as noted above.	Dec. 1, 2002 July 1, 2003 February 2003 and ongoing
II.C-3 The Division will create a regulatory and policy framework to facilitate mh/dd/sas reform.	a) Assess current Division policies and regulations for inconsistency with State Plan mission and principles. Specifically address items that create disincentives to reform and use of best practices. b) Establish regulatory framework to address: • Standards/ certification/licensure for agencies providing non-facility based services. • Standards/ certification/licensure regulations/rules for prevention programs. • Policies/regulations governing effective consumer safeguards. [See VI.A-6 (g).]	Policy/regulation assessment incorporated into *Rules Report* and revised annually. New policies and regulations adopted and implemented.	July 1, 2003 Jan. 1, 2004

D. The Division will implement standardized administrative functions consistent with DHHS policies.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
II.D-1 The Division will develop all statewide contracts necessary to implement mh/dd/sas reform and ensure that each is processed expeditiously.	a) Develop solicitation (RFP/RFA/RFI) documents needed to procure a statewide contractor for crisis hotline and referral using specifications established for statewide single access point. [See V.A-2 (a).] b) Develop solicitation (RFP/RFA/RFI) documents for procurement of contractor for statewide utilization management (UM) function using criteria and specifications established for UM system. [See IV.D-1 (a – b).] c) Develop annual agreement between the Division and the LMEs specifying conditions for funding. d) Create a process and agreement form for statewide direct enrollment of providers into payment system.	A crisis-hotline and referral system contract executed. A utilization management contract executed. Memoranda of agreement (MOA)/contract approved by DHHS. Direct enrollment agreement approved by DHHS.	July 1, 2003 July 1, 2003 Dec. 30, 2002 April 1, 2003

III. Local Management Entity Development

The local management entity (LME) must conform to one of the forms of governance described in the reform statute. Within this governance structure, each LME is required to establish an organizational framework that provides for public policy management and administrative accountability. The Division must oversee the establishment of LMEs and provide statewide standards as well as technical assistance to ensure the viability of a consistent and equitable system across the state. The Division is committed to supporting the development of a viable local public system that will manage a service/support system that is embedded in the mission and principles of the State Plan.

A. The Division will develop mechanisms to support the transition to a system of strong local management entities across the state.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
III.A-1 The Division will develop a technical assistance/ communication strategy to assist counties with choosing a method of governance.	a) Provide information and assistance to county managers, county commissioners, area directors and board members.	Letters of intent with choice of local governance and appointment of LME received and reviewed by Division.	Oct. 1, 2002
III.A-2 The Division will ensure that local business plans are submitted in accordance with reform statute and are consistent with State Plan requirements.	a) Revise and disseminate the specifications and criteria for certification of local business plans. b) Review letters of intent from counties. c) Review LME information forms. d) Include document specifications in local business plan for both a readiness review pre-submission site visit and a post-submission verification on-site review.	The revised local business plan document included with annual revision of State Plan. Letters of intent from counties indicating phase-in preference received by Division. Local business plans received by Division. Verification on-site visits conducted as necessary and results with final scoring submitted to LMEs and to the Secretary. The Secretary certifies LMEs if specifications are met.	July 1, 2002 Oct. 1, 2002 Initial submission Jan. 2, 2003; final submission April 1, 2003 Between May 2003 and December 2003 July 1, 2003, Jan. 1, 2004 & July 1, 2004
III.A-3 The Division will provide standardized protocols and documents for use by the LMEs to ensure consistency across the state.	a) Develop a model membership agreement for use by LMEs in establishing qualified provider networks. b) Develop a model memorandum of agreement (MOA) for use among	Provider enrollment agreements approved by DHHS. MOA for communities approved by DHHS. MOA for consumer/family	Jan. 1, 2003 April 1, 2003 Oct. 1, 2002

	community agencies and organizations to support performance of core functions and other collaborative efforts. c) Develop a model MOA for use between LMEs and consumer/family advisory committees. d) Develop protocols, standard forms/elements and others as necessary for use by LMEs in collection of outcome data, monitoring of providers and quality improvement activities to be aggregated statewide. e) Develop procedures and reporting forms for use by LMEs in providing for dispute resolution and arbitration with providers, consumers and families.	advisory committees approved by DHHS. Protocols approved and standard forms/elements disseminated ongoing as standards finalized.	Oct. 1 2003 – July 1, 2007

B. The Division will ensure the consolidation of the local system.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
III.B-1 The Division will provide guidance and oversight to ensure that targets and parameters for consolidation in the reform statute are met.	a) Develop a consolidation plan that meets population and geographic size parameters of the reform statute. • Upon receipt of LMEs' information forms and local business plans, prepare a report on the status of voluntary consolidation with recommendations for Division/Department action necessary to meet targets. • Implement recommendations of above report, such as county specific, fiscal viability analysis, technical assistance, and/or negotiation with county commissioners. • Prepare a state directed geographic (catchment) area consolidation plan with supporting data and analysis, if necessary. b) Prepare implementation plan for consolidation for legislative approval. c) Implement legislatively approved activities to complete consolidation.	A report on voluntary consolidation effort submitted to the Secretary and LOC. A report on state level activity and the status of consolidation submitted with annual revision of State Plan. The Secretary's area authority/county program consolidation plan presented to LOC with recommendations for action to meet targets. Implementation plan to meet targets submitted and approved by LOC. Total number of LME's reduced to no more than 20.	July 1, 2003 July 1, 2004 Dec. 31, 2004 April 1, 2004 July 1, 2007

C. The Division will provide information and technical assistance to facilitate the transition of the local system.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
III.C-1 The Division will develop and oversee training and technical assistance to assist in development of local management entities.	a) Conduct a series of meetings/trainings in preparation for submission of local business plans in collaboration with the County Commissioners Association and the Council of Community Programs. b) Assign Division staff to work with prospective LMEs across the state. c) Provide technical assistance with local business plan as needed.	Schedule of meetings/ events held and topics addressed included in quarterly reports to LOC. List of assigned staff and report of technical assistance provided with presenting issues and resolutions incorporated into State Plan quarterly reports.	Oct. 1, Jan. 1, April 1 & July 1, 2003-2007 Oct. 1, Jan. 1, April 1 & July 1, 2003-2007
III.C-2 The Division will oversee the transition from the current local system to a strong LME public management system.	a) Collaborate with those counties that indicate interest in phasing-in components of the new LME structure (Phase In Group) to guide the transition. b) Convene monthly meetings of the Phase-In-Group (PIG) to explore necessary topics and resolve issues and concerns. c) Disseminate information about policy and procedural decisions or modifications that result from work with the PIG to all county managers, area programs and other stakeholders. d) Complete and disseminate throughout the state products necessary for implementation (such as reports, forms and data) as identified by this group. e) Develop a mechanism for tracking and reporting ongoing LME transitional issues.	A description of the role, membership and outcomes expected, and a schedule of meetings of the Phase In Group included in quarterly progress reports to LOC. Completed products resulting from this work approved by DHHS and included in State Plan revisions annually.	Oct. 1, 2002 and quarterly thereafter July 1, 2003 and annually thereafter

State Strategic Business Plan - Part 2a

IV. Service Management

The Division of MH/DD/SAS is responsible for management of state operated services and facilities and is held to the same quality and best practice standards as are local management entities in overseeing local service delivery. In addition, the Division is accountable for oversight of the local public management system and for providing statewide standards to ensure consistency and equity across the state.

A. The Division will provide adequate management of state operated services.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
IV.A-1 The Division will oversee the implementation of state rules, policies and standards in state facilities.	a) Review all state rules, policies and standards governing the operation of state services for consistency with the State Plan mission, principles and goals. b) Develop a uniform set of rules, policies and standards for operation of state services and facilities, consistent with those established for all providers of mh/dd/sa services. c) Provide a plan for coming into compliance with any new rules/policies.	Report on rules and policies governing state services/facilities, with accompanying recommended changes as required for uniformity, included in annual revision of State Plan. Implementation of compliance plan noted in quarterly State Plan updates.	July 1, 2003 Jan. 1, 2004
IV.A-2 The Division will provide adequate monitoring and oversight of state services and facilities.	a) Assess monitoring and oversight standards and protocols applicable to state services, including: • Comparison with those required of community services and supports. • Identification of gaps and overlaps in existing monitoring by federal, state and independent national agencies. b) Create an internal Division/LME monitoring protocol consistent with state quality management (QM) efforts, to address any gaps reported above, and identify: • Who will perform the monitoring. • System performance indicators. • Consumer outcomes.	Report of monitoring assessment and new protocol included in revised State Plan as part of overall quality management revision.	July 1, 2003

	c) Incorporate monitoring of downsizing goals into protocol as developed. [See IV.B-2.2.1 – 2.2.4.]		
IV.A-3 The Division will facilitate the collaboration between state-operated services and LMEs.	a) Develop policy to require application of consistent procedures for enrollment of state operated services into designated LME qualified provider networks. b) Create technological supports to enable LMEs to access quality management data, including person specific data to implement local quality improvement requirements. c) Develop statewide uniform policy and procedures to facilitate entry and exit of persons between state operated services and community services.	New policies and procedures included into revised State Plan. Technological capacity for quality management operational throughout state.	July 1, 2003 Jan. 1, 2004
B. The Division will develop and implement a plan for reducing the state's reliance on institutional services.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
IV.B-1 The Division will adopt statewide uniform procedures for all facilities to expedite movement of individuals into community.	a) Adopt consistent procedures for identifying and prioritizing individuals for discharge from all facilities and incorporate into the Olmstead assessment processes. b) Develop a protocol, including person-centered planning models of best practice, for creating out-placement teams for each individual identified via IV.B-1 (a). c) Create a tracking mechanism for all individuals leaving state institutions to ensure continuity of care.	Out-placement team protocol approved and incorporated into state policy and reports to LOC. Out-placement teams in operation in each state facility, and tracking information included in State Plan quarterly reports and available to local QM systems. Expanded Olmstead tracking system operational.	Oct. 1, 2002 April 1, 2003 July 1, 2003
IV.B-2 The Division will develop and implement category-specific downsizing plans, including strategies for bed/census	a) Review original benchmarks for downsizing and community service development to ensure accuracy in current fiscal environment. b) Establish new targets and	The census and number of certified beds in all state-operated facilities at target levels. Community service capacity meeting new demand with reduction in state services	July 1, 2007 July 1, 2003 and ongoing.

reductions and community capacity development.	timeline for Director approval of downsizing plans.	as reported by LME service need assessments.	
IV.B-2.1 Psychiatric hospitals will be downsized to meet State Plan requirements.	a) Analyze array of service/support/ treatment needs of population in each hospital, using community service need assessments (local business plan process) and ensuring reliance on only evidence-based and emerging best practices in array. b) Based on analysis, develop strategies, resources and incentives with LMEs for creating community capacity for services, treatment and support in each hospital region. Include specific tasks and outcomes to be completed in each region. c) Develop a bed-closing plan that identifies specific beds/units in each hospital to be de-certified (as in the original task list) and incorporates safeguards for those instances in which community development does not enable individuals to move into community. d) Establish state-imposed penalties for LMEs that do not enhance service capacity to meet the bed-closing plan.	Analysis report added to quarterly progress report to LOC. Regional-specific community capacity-enhancement plans, approved by the Division Director, compiled into a report to LOC and includes rewards and sanctions for community performance. Annual State Plan revision incorporates tasks and strategies per community capacity enhancement initiatives. Bed closing plan included with analysis report above. A reduction in certified available psychiatric hospital beds meets targets.	Jan. 1, 2003 July 1, 2003 July 1, 2003 Jan. 1, 2003 July 1, 2007
IV.B-2.2 The Division will adopt a plan to divert individuals in the substance abuse target population from state psychiatric hospitals.	a) Establish regional capacity requirements for each level of the American Society of Addiction Medicine (ASAM) service continuum, using community service need assessments (LBP process). b) Adopt and implement a standardized assessment & treatment protocol to be applied in community and state operated settings. c) Implement requirements of NC Treatment Outcome & Program Perform System (NC-TOPPS) or current tool	Regional requirements published and used in LBP submissions. Protocol adopted and incorporated into state policy. Assessment instruments for all children and adults receiving substance abuse services in compliance with mandatory outcomes reporting of outcomes in the Substance Abuse Performance Treatment Block Grant (SAPT).	July 1,2002 Dec. 1, 2002 July 1, 2003

	identified the Division. d) Prepare and implement a plan for increasing capacity of Alcohol and Drug Abuse Treatment Centers (ADATCs) in the state to assist in substance abuse diversion from state hospitals. e) Develop additional community-based substance abuse crisis triage units with intensive outpatient treatment programs throughout state. f) Establish a full array of services for children and adults with alcohol, tobacco or other drug disorders utilizing adult and child ASAM Continuum of Care.	Plan for ADATC capacity expansion added to state strategic plan in quarterly report. Fifteen (3 five-bed) crisis triage units operational. Assessment of service array confirms implementation of a full array of services in compliance with the ASAM Continuum of Care.	Oct. 1, 2002 Five by 7/01/04 Five by 7/01/05 Five by 7/01/06 July 1, 2007
IV.B-2.3 The Division will adopt and implement a plan for decreasing by 50% the long-term census of the state's mental retardation centers (MRCs).	a) Analyze the array of service/support needs in each region, using community service need assessments (LBP process) and ensuring a reliance on only evidence-based and emerging best practices in the array. b) Develop strategies, resources and incentives with LMEs for creating community capacity for services and supports in each MRC region based on the analysis. Include specific tasks and outcomes to be completed in each region and state-imposed rewards or sanctions for community performance. c) Increase statewide service and support capacity in areas specifically identified in HSRI Report: (tasks & strategies included in community enhancement plans above). d) Develop statewide policy on the role of day and vocational services. e) Increase capacity to provide	Analysis report added to quarterly progress report to LOC including bed/unit closing plan. Community capacity enhancement plan, approved by the Division Director, includes: • Progress on implementation of HSRI specific recommendations. • Strategies for integration of private intermediate care facilities for the mentally retarded (ICFs/MR) into mh/dd/sa system. • Specific tasks and outcomes to be completed in each region. • Rewards and sanctions for community performance. Annual State Plan revision incorporates tasks and strategies per community capacity enhancement initiatives.	Jan. 1, 2003 July 1, 2003 July 1, 2003

	quality behavioral services for people with developmental disabilities. f) Increase community capacity to provide quality primary health services to people with disabilities. g) Develop and implement a sub-plan for integration of private ICFs/MR into mh/dd/sa system. Include mechanisms to ensure enrollment in LME provider networks. The plan will address the downsizing of large private ICFs/MR, as well as the conversion of non-state ICF/MR group homes to HCBS waiver funding. h) Develop a plan that identifies specific beds/units in each center to be de-certified as ICF/MR and incorporates safeguards for those instances where community development does not enable individuals to move into communities. Identify mental retardation centers to be closed and timeline if necessary to implement plan.	Mental retardation centers long-term census reduced by 50%.	July 1, 2007
IV.B-2.4 The Division will adopt and implement a plan for eliminating state-operated facilities for SED children and youth and expanding System of Care (SOC) in communities.	a) Prepare a plan for eliminating state operated child mental health facilities. Address the following: • Timeline for closure. • Replacement of capacity for services of comparable intensity with respect to the size (# of children) and geographic locations of new service sites. • Collaborative initiatives with LMEs & providers for conversion from state to privately operated services. b) Review and implement the plan for expansion of System of Care throughout the state. Tasks/strategies are identified	Plan for elimination of state-operated services added to quarterly report to LOC. Plan to expand SOC in communities revised and added to quarterly report to LOC. Plan includes benchmarks and timelines for implementation. Progress reports on implementation of SOC are incorporated into quarterly reports to LOC. Necessary modifications made annually and added to State Plan revisions.	Oct. 1, 2002 Jan. 1, 2003 Beginning April 1, 2003 and quarterly thereafter

	in existing task list.		
C. The Division will develop oversight mechanisms to ensure adequate local management of public policy.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
IV.C-1 The Division will approve and monitor performance goals submitted via local business plans (LBPs).	a) Disseminate specifications for establishment of performance goals in local business plans. b) Adopt and implement standards for review and approval of local business plans. c) Establish protocols for monitoring/verifying compliance with performance goals through data submissions, standardized reporting and onsite visits.	Specifications for performance goals included in *Local Business Plans* document in State Plan. Review and approval procedures disseminated. Local business plan approval process initiated.	July 1, 2002 July 1, 2002 April 1, 2003
IV.C-2 The Division will oversee compliance of LMEs with LBP planning and/or approved local business plans.	a) Establish and disseminate specifications and reporting formats for quarterly reports on LME planning (prior to certification) and/or local business plan implementation. b) Adopt and implement review and comment procedures for response to quarterly reports. c) Aggregate quarterly LME reports into statewide reporting mechanism. d) Develop and provide technical assistance to LMEs when quarterly reporting indicates poor performance or non-compliance issues.	Quarterly reporting specifications, formats, review and response procedures published and disseminated to LMEs upon receipt of all letters of intent. Aggregate LME reports added to quarterly reports to LOC. Technical assistance is provided as necessary and reported in quarterly reports to LOC.	Dec. 1, 2002 Beginning Oct. 1, 2003 and quarterly thereafter Beginning Oct. 1, 2003 and quarterly thereafter
IV.C-3 The Division will manage annual agreements/ contracts with LMEs to govern funding allocations.	a) Develop memorandum of agreement (MOA)/ contract format and procedures and timelines for annual execution required for LME funding. b) Determine procedures for benchmarking progress of local business plan implementation. c) Establish unique benchmarks for each approved local business plan for	MOA/contract format, timelines, negotiation and reporting procedures, incentives and sanctions published and disseminated to LMEs, county mangers/ commission chairs, and area program directors/ board chairs. Benchmarks established through a negotiated process and each MOA/contract executed.	April 1, 2003 July 1, 2003

	incorporation into Division/LME annual MOA/contract. d) Include specifications for reporting on MOA/ Contract performance in quarterly reporting mechanism delineated in IV.C-2 above. e) Establish incentives and sanctions for MOA/contract compliance/non-compliance.		

State Strategic Business Plan - Part 2b

IV. Service Management

D. The Division will implement a utilization management system.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
IV.D-1 The Division will oversee development and management of a new utilization management (UM) system throughout the state.	a) Define UM functions required by State Plan and develop criteria for performing each function including designation of each function as centralized or locally directed. b) Establish specifications for conducting centralized UM functions. c) Provide information to LMEs and all stakeholders on the role and responsibilities of external utilization management. d) Adopt and implement statewide reporting mechanisms on UM data from both central and local operations. e) Set criteria for consolidating UM functions under the new LME system.	UM function requirements and specifications published and disseminated to all stakeholders. Statewide reporting procedures and technological capability operational. Criteria for consolidating UM functions under new LME system published and disseminated to all stakeholders. LMEs performing UM functions in compliance with state policy.	Nov. 1, 2002 July 1, 2003 July 1, 2003 July 1, 2007
IV.D-2 The Division will develop disability-specific service/care authorization criteria.	a) Establish disability-specific criteria that trigger need for external authorization, categorized by type, frequency/level of intensity or amount of service/treatment or funding allocation. b) Develop and provide training and technical assistance (TA) on utilization management (UM) mechanisms/ strategies for LMEs. c) Establish guidelines to promote UM criteria that incorporate and provide incentives for models of best practice.	"Trigger points" (points at which external oversight is required) established and disseminated to LMEs. UM training/TA package for LMEs available and training/TA events scheduled, tracked and reported to LOC quarterly. Guidelines to promote models of best practice included in UM contract specifications.	April 1, 2003 July 1, 2003 Nov. 1, 2002

E. The Division will move the system to one that incorporates best practice platforms and models of practice.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
IV.E-1 The Division will oversee system development based on best practice foundations and practice platforms.	a) Develop and disseminate information and educational materials on practice platforms (philosophical or theoretical frameworks on which models of practice are based), including person centered planning (PCP), consumer driven, recovery, cultural competence, self-determination and others as identified. b) Produce guidelines for establishing practice platforms above, beginning with person centered planning. [See IV.E-1 (a).] c) Create requirements for inclusion of the principles and practice models in local business plans (LBPs).	Information and educational materials available and on Division web site. Initial set of guidelines for PCP adopted; additional sets of guidelines adopted (one per quarter) throughout reform. Revised local business plan criteria have weighted scoring elements to promote adherence to guidelines.	July 1, 2002 Oct. 1, 2002 and quarterly thereafter as applicable July 1, 2003
IV.E-2 The Division will provide leadership in transformation to a system with best practices as its foundation.	a) Develop cross-agency policy recommendations for statewide best practices consistent with State Plan. b) Create an infrastructure that will embrace the principles in the State Plan, including: • Comprehensive financing strategy and fiscal mechanisms to support it. • Technological supports to manage a more flexible and decentralized (consumer directed) system. • Personnel system that incorporates the values and principles of State Plan into its hiring and grading system.	Policy guidance presented to DHHS for implementation among agencies as appropriate. Specific outcomes/products to support new infrastructure implemented (see VIII, IX & X).	July 1, 2004 July 1, 2007
IV.E-3 The Division will develop a comprehensive training strategy to support the principles of the	a) Develop and provide training and technical assistance on adopted state guidelines (see above) to all stakeholders. b) Develop and provide training and technical assistance to	Training & technical assistance packages on guidelines available and training schedule initiated (beginning with person centered planning.)	Jan. 1, 2003 and quarterly thereafter (Training & TA packages should be available the quarter following

State Plan.	state staff on the challenge of change and practices to support it. c) Develop specific technical assistance materials and onsite training for LMEs to promote consistency with the State Plan vision and mission and to facilitate change. d) Create training and information opportunities, including material development and financial and other supports, to support the education and leadership development of consumers and families. e) Establish guidelines and technical assistance packages for working with provider agencies to promote change in service delivery consistent with the mission and values of the State Plan. f) Develop information and training packages for use by LMEs in carrying out community education and public awareness activities consistent with principles of best practice. g) Institute a training/education methodology directed specifically at state and local policy makers.	Curriculum on change available for use at state and local level. Training (and other supports) specifically addressing consumer leadership being conducted and schedule of events available on Division training calendar. Guidelines and technical assistance specifically targeted to providers being conducted and events tracked and reported quarterly to LOC. Community education and public awareness materials available to LMEs. Training and technical assistance specifically targeted to policy makers being conducted and events tracked and reported quarterly to LOC.	adoption of specific set of guidelines.) [See IV.E-2 above.] July 1, 2003 July 1, 2004 July 1, 2004 Jan. 1, 2004 Beginning with presentations to the LOC, April 2002 and ongoing

F. The Division will provide oversight to ensure adequate local management of core functions.

Objective	Task/ Strategy	Outcome/ Product	Completion Date
IV.F-1 The Division will oversee development, implementation and evaluation of core functions by the LMEs.	a) Adopt statewide standards for screening, assessment and referral to facilitate consistent access into the local mh/dd/sa system. b) Develop specifications with respect to the types and availability of emergency/crisis services to all individuals who present in	Statewide standards and guidelines adopted, disseminated to LMEs and reported to LOC. Evaluation of core function operations validated and pre-test data collected in PIG LMEs.	July 1, 2002 July 1, 2003

	need (core functions). c) Develop guidelines for disaster response as a function of overall emergency/crisis response system in each LME catchment area. d) Establish guidelines for provision of service coordination as a community core function with accompanying expected outcomes and community benefit analysis protocol. e) Institute guidelines for providing consultation, education and prevention as core functions. f) Develop a methodology evaluating core function operations, including assessment of community benefit to be conducted and submitted by each LME.		
IV.F-2 The Division will provide guidance to local communities with respect to building community capacity and resource enhancement.	a) Expand array of community supports, both paid and non-paid, available to individuals both in and out of the target populations, including services provided by generic community agencies and organizations, self help groups, and faith-based organizations. b) Develop training and technical assistance (TA) on community resource enhancement strategies, such as community mapping, community organization, systems advocacy and community collaboration. c) Develop guidelines to encourage LMEs to conduct outreach activities to identify individuals who are inappropriately served.	Using community service need assessments (LBP process) as baseline data, a report of annual progress with respect to availability of community resources included in state evaluation reports. (See VI & VII.) Training and TA packages available, training events scheduled and published on Division Training Calendar. Outreach guidelines included in practice guideline development in IV.E-1 (b).	July 1, 2004 Jan. 1, 2005 See IV.E-1 (b).

G. The Division will provide oversight to ensure adequate local management of services, treatment and supports to target populations.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
IV.G-1 The Division will develop uniform service definitions to enhance the array of services/supports/ treatment to target populations based on models of best practices in identified essential life areas.	a) Develop service definitions consistent with evidence-based, best and emerging best practices, to provide an array of options in the life areas of: • Housing/residential. • Work/day activity/leisure. • Transportation. • Staffing supports. • Specialized services. b) Create service definitions that enable participants to direct their own services/supports and treatment. c) Create service definitions with payment incentives for use by LMEs to ensure that providers implement a rehabilitation/ recovery/ personal supports model for consumers of adult services.	Service definitions approved for benefit packages and established in Integrated Payment and Reporting System (IPRS). Additional/revised service definitions incorporated into IPRS. Payment incentives operational through IPRS.	July 1, 2003 for implementation and annually thereafter April 1, 2004 – 2007 July 1, 2004
IV.G-2 The Division will develop uniform practice standards based on models of best practices in essential life areas.	a) Develop mh/dd/sa protocols based on evidence-based practices and/or national standards of best practices, using foundation guidelines in IV.E-1. b) Update clinical guidelines for client assessment, schizophrenia, psychiatric issues in persons with mental retardation, mood disorders, substance-related disorders and others as appropriate. c) Develop and disseminate practice guidelines/ standards to ensure that consumers have choice and are included as full citizens in their communities.	MH/DD/SAS service practice standards and specific protocols approved and disseminated.	Jan. 1, 2003 and quarterly thereafter
IV.G-3 The Division will develop standards and practices to enhance system-wide focus on	a) Identify an array of prevention approaches/models, including specific service designs, accepted as national best practice for all mh/dd/sa	Activities IV.G-3 (a) & (b) to enhance prevention services specific to substance abuse included in comprehensive substance abuse plan developed to	July 1, 2003

prevention.	disabilities. b) Develop prevention service definitions and practice standards where appropriate. c) Establish rates & reimbursement mechanisms for prevention services. d) Incorporate prevention activities and programs for all disabilities, as applicable.	divert people from psychiatric hospital admission. [See IV.B-2.2.] Evaluation of state performance includes assessment of prevention effort and increase in prevention focus. [See VII.A-1 & A-2.]	Oct. 1, 2004

State Strategic Business Plan - Part 3

V. ACCESS

Statewide consistency regarding access to services is a critical component of the mental health/developmental disabilities/substance services reform effort. Access to services must be ensured to all individuals who are Medicaid-eligible and/or meet a target population as identified in the State Plan. Individuals who rely on public sector systems often lack resources to obtain services from complex systems and their disability(ies) affect their ability to pursue access. These individuals may require specialized supports to access the services they need.

Prompt access to services, supports and treatment is necessary to make the most of opportunities to address crisis and to initiate treatment when it is needed. Time standards related to crisis response, pre-admission screening, assessment and entry to ongoing services are established. Access systems must accommodate the needs of all persons, including those from different cultural backgrounds and with limited-English proficiency, as well as persons with mobility impairments. Services must be available within a reasonable distance of an individual's residence.

A. The Division will implement a uniform portal of entry and exit system.			
Objective	**Task/Strategy**	**Outcome/Product**	**Completion Date**
V.A-1 The Division will design the statewide system of uniform portal (standardized access to services).	a) Adopt standardized access criteria for use throughout the state, including: • Ratio of designated access points per population and/or geographic area. • Any restrictions as to type of agency/ location of designated access points. • Minimum duties/ responsibilities of initial access points. • Any limits on other services/supports provided at access points.	Access criteria approved and disseminated to LMEs, included in annual State Plan revision on local business plans. MOA among all agencies participating in the DHHS I&A program signed with descriptions of relationship between the I&A system and each agency's specific access system. Waiting list policy and procedures approved and disseminated to LMEs, included in annual State Plan revision on local business plans.	Oct. 1, 2002 July 1, 2006 April 1, 2003
	b) Determine interface between local access systems and the DHHS information & assistance program (I&A).		
	c) Develop state policy and procedures regarding maintenance of waiting lists.	Standardized protocols to facilitate consistent access process approved and disseminated to LMEs and other stakeholders.	April 1, 2003
	d) Develop standardized protocols for: • Screening. • Assessments, including risk-assessments and all assessment tools	Tracking system operational. Rules submitted for permanent rulemaking.	July 1, 2003 July 1, 2003

	approved for use in state. • Referrals. • Prioritization of waiting lists. e) Create database tracking system for uniform portal of entry and exit. f) Draft rules for implementation of uniform portal of entry and exit.		
V.A-2 The Division will provide for a single statewide access point to work in tandem with local systems.	a) Develop specifications for statewide contract for uniform portal referral system. b) Provide information and technical assistance (TA) to LMEs to promote linkages with statewide contractor for uniform portal referral system. c) Develop technology to enable all parties (Division, LMEs and providers) to access data provided by statewide contractor, as appropriate.	Contract specifications completed and submitted for RFA development. [See I.D-1 (a).] Information and TA to LMEs available from the Division and the contractor. Real-time access data available to all appropriate parties.	Oct. 1, 2002 July 1, 2003 Jan. 1, 2004
B. The Division will provide oversight of local access systems			
Objective	**Task/Strategy**	**Outcome/Product**	**Completion Date**
V.B-1 The Division will institute access system performance standards.	a) Develop performance indicators specific to system access based on population served and availability of non-LME providers in network. b) Monitor referrals to non-LME providers, as well as self-referrals, to determine if performance indicators are necessary.	Performance indicators included in quality management system for statewide reporting. Referrals outside of the network and self-referrals (in the cases of provider-LMEs) included in first and second year monitoring protocol. (Transition issue.)	July 1, 2003 July 1, 2003 through June 30, 2005
V.B-2 The Division will develop reporting procedures regarding access.	a) Develop quarterly reporting protocols and formats, including sanctions for not reporting or late reporting. b) Create an aggregate state access report.	Access reporting received quarterly and reported on statewide tracking reports. Sanctions for not reporting or late reporting included in annual State Plan revision.	Oct. 1, 2003

VI. SERVICE MONITORING AND OVERSIGHT: QUALITY MANAGEMENT

Development of a quality management system is one of the fundamental building blocks of mh/dd/sas reform. The Division must ensure the health, safety and welfare of all service recipients and must create a system of continuous quality improvement at all levels. In order to be effective, the quality management system must integrate and analyze information from multiple sources and functions within the organization, such as customer services, access, consumer advisory groups and programs, as well as external sources. Quality management processes in public systems must be accountable to all stakeholders, including funding sources, policymakers, participants and the general public. The system must report its findings, including the assessment of quality improvement activities in a state level report and via local report cards.

A. The Division will create and implement a quality management system			
Objective	**Task/Strategy**	**Outcome/Product**	**Completion Date**
VI.A-1 The Division will develop and execute a comprehensive quality management (QM) system focusing on continuous quality improvement.	a) Complete design of a multilevel, integrated quality management structure that provides consistency from the level of the individual consumer to the Division and is consistent with State Plan.	Internal QM structure designed fully and reported to LOC in a revised *Quality Management Plan* (included in *State Plan 2001: Blueprint for Change*). Design includes roles and responsibilities of consumers and specifies means for general citizen involvement.	Jan. 1, 2003
	b) Develop specific roles, responsibilities and qualifications for consumers and families in all components of QM system at all levels.	Memorandum of agreement among necessary agencies signed and designates responsibilities and relationships between/among the mh/dd/sas QM system and other participants.	Jan. 1, 2004
	c) Create mechanisms throughout QM structure that provide for citizen involvement.		
	d) Describe both internal and external components of the system, delineating the relationship between the two.	Technology necessary to support the QM system operational.	July 1, 2003
	e) Ensure that all data and technological systems support and facilitate operation of the QM process.	Quality assurance (QA) & quality improvement (QI) activities adopted, procedures delineated and published in State Plan revision.	July 1, 2003
	f) Designate specific QM activities required throughout the system, including but not limited to: • Monitoring for health safety and welfare. • Incident and death reporting. • Abuse, neglect & exploitation investigations.		

	• Monitoring use of physical and chemical restraints.		
VI.A-2 The quality management system will be outcome-based.	a) Identify all existing outcome tools and data collection efforts. Develop an integrated data set to measure the indicators regarding specified outcome domains consistent with State Plan. b) Finalize comprehensive outcome measures and pilot for reliability and validity.	Outcome measures approved and disseminated to all stakeholders. Reported in quarterly report to the LOC. Outcome measures tested and monitoring system initiated.	July 1, 2002 Oct. 1, 2002 July 1, 2003
VI.A-3 The Division will develop performance indicators for all levels of the system to be included in the quality management process.	a) Review current performance agreement to identify most robust data currently being collected and its utility to all parties. b) Develop performance indicators for those issues determined to most effectively measure the impetus of the reform effort, such as: • Access standards. • Financial accountability measures. • Resource equity. • Efficacy of service delivery. c) Incorporate performance indicators into comprehensive outcome measurement plan and pilot for reliability and validity.	Performance indicators approved and disseminated to all stakeholders. Reported in quarterly report to LOC. Performance indicators tested and monitoring system initiated.	Oct. 1, 2002 Jan. 1, 2003 July 1, 2003
VI.A-4 The Division will develop measurement criteria for models of best practice to be included in QM system.	a) Making use of Robert Wood Johnson/SAMHSA and other national tool kits (educational resources & communications materials), as appropriate, review & evaluate standards on person centered planning, cultural competence, assertive community treatment, psychiatric rehabilitation, case management and other models of best practice. b) Based on the review above, establish measurement criteria for models of best practices designated as performance indicators and	Initial measurement criteria for models of best practices adopted and included in first year implementation of monitoring system.	July 1, 2003

	included in report cards.		
VI.A-5 The Division will develop a monitoring and oversight process as part of the QM system.	a) Establish monitoring protocols for each level of the system: the individual consumer, provider, LME and state/Division. Describe the interface among all levels. b) Set qualifications and responsibilities of monitors/auditors. c) Credential monitors/auditors at all levels, including consumers and family members. d) Ensure coordination and collaboration with all other monitoring and oversight agencies to ensure non-duplication of effort and that any redundancy is intentional as a safeguard. Specifically work with Division of Facility Services (DFS) on issues pertaining to licensure review. e) Determine role of national accreditation within the Division's QM system. f) Develop framework for report cards that includes results of monitoring against outcome measures and performance indicators in QM Plan. g) Implement comprehensive outcome measurement/ performance indicator plan and issue initial report cards.	Monitoring protocols approved and reported in quarterly report to LOC. Qualifications and duties of monitors/auditors adopted and disseminated to all stakeholders. Monitors/auditors recruited, trained and credentialed. MOA coordinating state-level monitoring and oversight of local public and private system signed by all appropriate participants. Revised *Quality Management Plan* includes recommendations regarding national accreditation. [See VI.A-1 (a).] Framework for reporting system using a report card methodology adopted and information and technical assistance on its operation available. The first year results of outcome measure/ performance indicator monitoring completed and report cards issued.	Jan. 1, 2003 Jan. 1, 2003 July 1, 2003 July 2003 Jan. 1, 2003 Jan. 1, 2004 Oct. 1, 2004
VI.A-6 The Division will incorporate consumer rights, protections, appeals and grievances into the overall QM system.	a) In collaboration with DHHS and the Governor's Advocacy Council on Persons with Disabilities (GACPD), finalize report on how to best consolidate and/or work with other advocacy and ombudsman efforts in state system. b) Based on recommendations above, develop plan to provide a mh/dd/sa consumer protection system.	Final report with recommendations on consolidation of advocacy/ombudsman efforts submitted to the Secretary. Upon approval by the Secretary, report added to the quarterly report to LOC. Plan for Division operated consumer rights and protection program	Oct. 1, 2002 Jan. 1, 2003 July 1, 2003

	Specifically address role, responsibilities and operational procedures for any internal (Division based) consumer rights and protection programs and how they interface with external advocacy programs.	completed with interface to external system and submitted to the Secretary. Program operational. Revised *Quality Management Plan* includes state policy requirements	 Jan. 1, 2003 Oct. 1, 2003.
	c) Establish state policy with respect to requirements for consumer rights, protections, appeals and grievances at each level of the mh/dd/sa system.	regarding consumer rights, protections, appeals and grievances. Also included are procedures for arbitration and dispute resolution. [See VI.A-1 (a).]	
	d) Develop procedures for arbitration and dispute resolution for consumers and family members. e) Produce information and educational materials on consumer rights, protections, appeals and grievances for use throughout the state.	Information, educational materials, training and technical assistance packages available for all target audiences on consumer rights and protections as well as exercising the rights of full citizenship.	April 1, 2004
	f) Create training and technical assistance materials to support LME and provider staff in assisting adult service recipients to exercise their full rights as citizens. g) Establish new and effective consumer safeguards tailored to the requirements of a participant-driven system.	Practice guidelines and/or protocols for employing appropriate safeguards adopted and disseminated to all stakeholders.	July 1, 2004

B. The Division will promote a qualified workforce as a component of the quality management system.

Objective	Task/Strategy	Outcome/Product	Completion Date
VI.B-1 The Division will establish competency requirements for all segments of the mh/dd/sa workforce.	a) Complete competency requirements for all staff levels, including disability specific criteria as necessary.	Revised competency document of State Plan inclusive of VII.B-1 (a) & (b) submitted to LOC.	Jan 1, 2003
	b) Ensure competency requirements are based on best practices and include appropriate professional certifications/licensure and performance standards.	Qualified prevention professional for substance abuse services adopted in rule. The applicability of a prevention specialist in other disability categories determined in revised	Dec. 1, 2002
	c) Adopt competencies for qualified prevention professional, specifically addressing national substance	competency document of State Plan. (See above.)	

	abuse criteria. Determine if these competencies are relevant for all disabilities.		
VI.B-2 The Division will manage a comprehensive training and education strategy to support the new quality management system.	a) Develop and maintain a mh/dd/sa competency, education and training system that is coordinated among system members and is based on best practices. b) Establish a staff development plan for state level staff to facilitate system reform. c) Create curriculum components necessary to support a competency- based system. d) Establish criteria/qualifications for faculty/trainers including inter-rater reliability.	An education and training plan for maintaining the competency-based system completed and added to the LOC quarterly report. Staff development activities targeted to state-level staff occurring and events reported in quarterly progress reports. Curricula developed and available through all appropriate public education and training venues across the state and qualified trainers conducting classes/events.	Jan. 1, 2003 July 1, 2002 and ongoing Jan. 1, 2005

VII. EVALUATION

Internal and external evaluation of the state mh/dd/sas system is fundamental to reform and must be based on outcomes and performance indicators that are comparable to those applied to other components of the system. The state system is accountable to executive and legislative policy makers and North Carolina taxpayers and therefore must widely publish results of evaluations and assessment. In a time of system reform, an assessment of both progress and impact of change must be included in any evaluations. The Division will participate in independent studies at the state and national level, as appropriate, and report the findings.

A. The Division will create capacity for self-evaluation within the Division.			
Objective	**Task/Strategy**	**Outcome/Product**	**Completion Date**
VII.A-1 The Division will conduct internal evaluations of state performance for public review.	a) Establish performance indicators for Division operations, plan implementation and progress in system reform, including such items as: • Meeting State Plan timelines. • Timely/accurate responsiveness to LMEs. • Indicators of prevention focus. • Statewide consistency in operations. • Decreased reliance on institutional services. b) Design and implement a process for internal assessment of performance. c) Present state-level system report card covering State Plan implementation, consumer outcomes and system reform.	State-level performance indicators adopted and tested for reliability and validity. Internal evaluation procedures adopted and implemented. Initial statewide system report card issued.	April 1, 2003 July 1, 2003 Oct. 1, 2004
VII.A-2 The Division will create a methodology for conducting continuous quality improvement (CQI) for state operations.	a) Establish quality improvement policy and procedures specific to state performance. b) Designate staff from all components of Division to engage in CQI process.	Quality improvement process approved and operational.	Jan. 1, 2004
B. The Division will participate in independent studies and assessments			
Objective	**Task/Strategy**	**Outcome/Product**	**Completion Date**
VII.B-1 The Division will participate in	a) Assess outcome/ performance measurements to ensure incorporation of sufficient	National publications continue to report on North Carolina's outcomes.	Ongoing

national studies and evaluations.	data points to compare North Carolina's system with national benchmarks for state performance, including disability-specific comparisons. [See VI.] b) Pursue new studies being conducted around the country assessing reform efforts. c) Collaborate with universities and research organizations within North Carolina interested in developing research protocols to assess reform initiatives and state mh/dd/sa performance.	Recommendations for participation in national and state studies on reform efforts included in quarterly report to the LOC.	Oct. 1, 2003 and quarterly thereafter, as applicable.
VII.B-2 The Division will explore opportunities for additional external review.	a) Examine plausibility of obtaining national accreditation or certification as a state level agency in the field of mh/dd/sas. b) Explore the feasibility of retaining a national management research firm such as MGT, Public Consulting Group, Inc. (PCG), and/or Human Services Research Institute (HSRI) to conduct an evaluation of the reform effort as a follow up to the original studies conducted (pre-post methodologies).	Recommendations for funding an external evaluation of the mh/dd/sas system over time included in the quarterly report to LOC.	Oct. 1, 2003
C. The Division will ensure adequate oversight of state contracts and grants.			
Objective	**Task/Strategy**	**Outcome/Product**	**Completion Date**
VII.C-1 The Division will create a performance based contracting system.	a) Establish performance specifications for each contract and/or memorandum of agreement (MOA) entered into by Division. b) Develop contract/agreement management procedures consistent with DHHS policy and regulations. c) Conduct reviews and assess performance of individual contractors and incorporate into Division reporting process. d) Establish a review and	Performance based contract system instituted in the Division. Contract performance reviews conducted semi-annually. All MOAs reviewed and updated annually as appropriate and enforcement measures taken when necessary.	April 1, 2003 Jan. 1, 2004 Jan. 1, 2004

	assessment process for all MOAs entered into by Division and work with Department to establish enforcement measures in rule.		
VII.C-2 The Division will evaluate the efficacy of statewide utilization management (UM).	a) Develop criteria for measuring performance of the UM entity on an ongoing basis. b) Establish benchmarks/ performance indicators for utilization management functions over time, and compare state and local performance with the benchmarks. c) Analyze efficacy and cost-efficiency of state UM contractor and incorporate into Division reporting process.	Performance specifications and methods of measurement included in solicitation (RFA) and executed contract. UM functions assessed annually and state/local comparisons, as well as ratings of cost efficiency and effectiveness, available in report cards.	July 1, 2003 Oct. 1, 2004

State Strategic Business Plan - Part 4

VIII. Financial Management and Accountability

Reform of the mental health, developmental disabilities and substance abuse services was driven by a demand for increased accountability in all areas of the system. Financial accountability ensures that funds are expended according to legislative and executive branch requirements. It also promotes spending in the most efficient and effective manner possible. North Carolina tax payers must be assured that they are getting value for their tax dollars, that the state is employing good financial management strategies and that those who are served by this system are supported as full citizens of their communities.

A. The Division will create a long-range finance strategy to support mental health reform in collaboration with DHHS.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
VIII.A-1 The Division will create the framework for building a financial strategy to support reform.	a) Establish financial policy consistent with mh/dd/sas reform for approval by the Secretary. b) Conduct an analysis of the financial impact of the new financial policy. c) Develop work plan that sequentially delineates tasks to be accomplished to build the framework, including but not limited to: • Delineating LME functions. • Finalizing target populations. • Setting core function parameters. • Creating the new service array for target populations. • Delineating state functions. • Creating seamless funding streams. d) Publish report(s) on developing the finance strategy to include the work plan and ongoing progress. e) Develop a method for dedicating ongoing state & federal funding for use by	Financial policy with impact analysis (including recommendations for dedicated funding) completed and approved by the Secretary. Financial accountability work plan launched. Progress updated quarterly in reports to LOC.	Oct. 1, 2002 Jan. 1, 2003 Oct. 1, 2002 and quarterly thereafter

	mh/dd/sa system.		
VIII.A-2 The Division will maximize the use of all funding sources.	a) Develop a comprehensive policy on the use of Medicaid funding for mh/dd/sas. b) Revise State Medicaid Plan to support new policy and specifically address: • Changes need to coordinate with Health Choice and other state funding. • Changes to effect increasing services to children with developmental disabilities under EPSDT. • Changes necessary to optimize HCBS waivers. c) Create new HCBS waivers, as appropriate, to meet the intent of the new policy. In the transition complete work on waivers as recommended in HSRI report: • Submit new package of waivers to CMS: traumatic brain injury waiver, supports waiver and comprehensive waiver. • Transition all those currently on existing CAP-MR/DD waiver to support or comprehensive waiver. Close CAP-MR/DD waiver. • Create separate HCBS waiver for persons leaving MR Centers, if needed. d) Develop a plan to create a greater pool of housing resources/funds to support the State Plan. e) Create strategies to enable SSI/SA benefit portability. f) Develop plan to coordinate and optimize employment resources/funds including new provisions for work incentives.	Comprehensive Medicaid policy is submitted jointly by DMH and DMA to the Secretary for approval. Initial State Medicaid Plan revisions submitted to DMA/DHHS. Waiver package submitted to CMS. Waivers implemented. Existing CAP-MR/DD Waiver closed. Housing resources identified and recommendations for necessary legislative action submitted. Recommendations for legislative changes in SSI/SA benefits submitted to DHHS. Employment plan submitted and implementing MOA with all agencies and organizations signing. Practice for maximizing receipts incorporated into financial accountability work plan. [See VIII.A-1 (c) above.]	Jan. 1, 2003 Jan. 1, 2003 July 1, 2002 Jan. 1, 2003 July 1, 2003 Oct. 1, 2002 Oct. 1, 2002 Oct. 1, 2003 July 1, 2002

	g) Implement practices to maximize first and third party payments.		
VIII.A-3 The Division will develop the capacity to convert funding from institutional programs for use in community settings.	a) Develop a realignment plan of state facility resources that fiscally supports the institutional reduction plans in IV.B-2.1 – 2.4. b) Identify fiscal supports for moving individuals from institutional services into community supports in the event that the institutional dollars are not immediately available. c) Review local fiscal capacity and develop mechanisms at the local level to ensure dollars received by LMEs are accounted for and used to facilitate institutional downsizing. d) Implement re-alignment plan and begin redirecting funds from state facilities to community services.	Realignment plan incorporated into financial accountability work plan. [See I.A (c) above.] Bridge funding included in existing Mental Health Trust Fund spending plan. Revisions will be ongoing in response to legislative increases/decreases in appropriations. Movement of funds from institutional budgets to community (LME) budgets begins.	Jan. 1, 2003 Ongoing July 1, 2003
VIII.A-4 The Division will manage and oversee transition to a system of fair and equitable resource allocation methodology.	a) Assess current resource allocation methodology in the mh/dd/sas system including all funding practices and identify which specifically relate to funding disparities. b) Determine an equitable process for allocation of state psychiatric hospital bed days that will provide incentives to use community resources. c) Complete research and development of new resource allocation system based on the DOORS Program in Wyoming. Determine efficacy of use across all disabilities. d) Implement resource allocation process within new HCBS Waivers and determine effectiveness. e) Create disability-specific	Funding practices assessed and recommendations for changes submitted to DHHS and Office of State Budget. Resource allocation research completed and recommendations with respect to cross disability application submitted to Division Director. Resource allocation model applied to new HCBS Waivers. Expanded resource allocation system among disability populations applied as demonstration. Individual budgets implemented in new waivers. Method for pricing entire	April 1, 2003 Jan. 1, 2003 July 1, 2003 July 1, 2004 Jan. 1, 2004 July 1, 2004

	resource allocation methodologies if needed to effect a funding system based on each individual's intensity and urgency of need. f) Implement new resource allocation system and develop method for pricing entire service plans on an annual basis. g) Direct a statewide plan for re-assessment of individuals already receiving services to determine that actual needs match resources provided.	service plan throughout Division populations implemented as demonstration. Application of demonstrated urgency and intensity of need instruments begins system wide.	July 1, 2004
A. The Division will institute new fiscal practices to facilitate reform.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
VIII.B-1 The Division will institute independent cost modeling of new system functions.	a) Establish formula to determine projected costs of LME functions. b) Establish formula to determine projected costs of services, both core and target. Provide for costing out new services/supports dictated by best practice standards. c) Project cost of implementing new quality management system and all of its individual components, i.e., monitoring, competencies and best practice standards. d) Determine reasonable costs for state utilization management system. e) Create the capacity within the Division/Department to perform cost modeling as new components of the mh/dd/sa system are planned and developed.	Contractor submits interim report on LME functions. Contractor submits report and recommendations with respect to core and targeted services. QM fiscal impact study submitted. Projected costs of state UM function published in solicitation document (RFA). Division/Department staff using Contractor's cost modeling formulas to project costs of new system components as needed.	Aug. 1, 2002 Nov. 1, 2002 April 1, 2003 Jan. 1, 2003 July 1, 2003
VIII.B-2 The Division will establish state-level procedures to enable fiscal reform.	a) Review all current fiscal procedures to determine efficacy in the new system. b) Develop cost finding (as opposed to cost modeling)	Assessment of current fiscal procedures completed and recorded in quarterly progress reports. New cost finding methods,	April 1, 2003 July 1, 2004

	methods consistent with best practice, if necessary in the new fiscal environment. Ensure new methodology does not provide unintended incentives for provision of congregate care and/or professionally/provider driven systems of support. c) Develop procedures that provide for a flexible rate structure. d) Complete analysis and make recommendations for direct/indirect cost of qualified providers. e) Create audit specifications that support best practice standards. f) Assess the cost factors associated with direct enrollment.	flexible rate structures and audit specifications adopted and in use. Provider administration costs determinations made and in place for auditing. Direct enrollment costs calculated and recommendations for administering direct enrollment in IPRS submitted to the Division Director.	July 1, 2003 April 1, 2003
VIII.B-3 The Division will redesign its fiscal policies and practices as necessary to support best practices.	a) Create ways to increase the flexibility of funding streams including the development of funding collaboratives and funding resource pools. b) Develop funding structures that champion new flexible support options for people with disabilities in community. c) Establish a consumer-friendly voucher system for use among all disabilities. d) Establish policies and procedures around the use of independent fiscal agents such as fiscal intermediaries, staff leasing agents and public entities as fiscal agents. e) Develop fiscal policies and strategies to enable consumer-directed support options, such as micro-boards, revolving loan funds to support consumer owned housing and businesses,	Financial accountability work plan includes specific tasks and strategies, outcomes and timeline for instituting new fiscal policies to support best practice inclusive of VIII.B-3 (a) – (g).	Jan. 1, 2003

	tenancy agreements, consumer owned provider agencies, family provider co-ops and consumer co-ops in the areas of housing and work. f) Develop policies and consumer-friendly procedures to support and encourage consumer/family participation and access. g) Examine ways to obtain additional funding through traditional/non-traditional means.		

IX. Information Systems and Data Management

Successful implementation of the State Plan compels the Division to standardize data, develop uniform measures and continue development of an accessible and effective information system. Information is needed for accountability, management, planning and evaluation. All stakeholders need the ability to answer key questions and make critical decision that will improve the quality of care. The technology component of the State Plan will improve:

1) Clinical and administrative decisions made by consumers, family members, providers, payers, managers and researchers.
2) Services by making available to stakeholders reliable data on a community's mh/dd/sas needs, services, service users, cost, revenue, performance and outcomes.
3) Accountability within the framework of continuous quality improvement.
4) Communications within the mh/dd/sas system as well as between it and other human services systems.

In addition, care must be given to involve use of new technologies to ensure efficiency and security of data collection and cost-effectiveness. These technologies must be consistent with the state's Information Technology Services (ITS) and DHHS architecture, enterprise level solutions and federal and state data standards.

A. The Division will develop the information management and data systems necessary to support the reform.

Objective	Task/ Strategy	Outcome/ Product	Completion Date
IX.A-1 The Division will oversee the implementation of the Integrated Payment and Reporting System (IPRS).	a) Ensure compatibility and consistency with the fiscal agent's (currently Electronic Data Systems - EDS) IPRS programming. b) Implement IPRS statewide rollout. c) Provide ongoing training and technical assistance during rollout period and resolve problems/issues.	Procedures developed for initiating and monitoring IPRS system change requests to be completed by the fiscal agent. IPRS implemented in four cohorts to include user training, client eligibility, electronic claim (837) and RA (835), provider enrollment, prior approval and business integration. Training plan developed and initiated to address the phased approach of IPRS implementation.	April 2002 June 2003 May 2002
IX.A-2 The Division will implement and oversee the new Decision Support System.	a) Provide training for central office and LME staff. b) Extend web-based access to LMEs and service providers as appropriate. c) Establish statewide data reporting requirements to assure accurate, consistent information and reliable	Training classes established for central office and LME staff. Access to the Decision Support System extended upon completion of training. An assessment of existing data collection processes,	August 2002 August 2002 and ongoing Aug. 31, 2002

	comparisons. d) Eliminate duplication in current data systems and unnecessary forms. e) Provide web-based access to current and past research abstracts. f) Continue assessment and review of other data systems for possible migration to decision support.	standards and methodologies completed and recommendations for change presented for approval. Workgroup established to compile, review and develop a matrix of the data elements in current data systems and forms. Recommendation for change presented for approval. Web-based technologies employed in the Decision Support System. Development and research abstracts available. Other data systems reviewed for inclusion in the decision support project.	Sept. 30, 2002 April 2002 Ongoing
IX.A-3 The Division will develop and implement a plan for seamless electronic communication systems across agencies and qualified providers.	a) Review current and cost-effective tools for improving communication among agencies and qualified providers.	Technical Communications Plan developed and implemented.	December 2002
IX.A-4 The Division will provide leadership in use of technology to improve the mh/dd/sa system and support to individual users.	a) Develop a technical strategy for effective use of technology in a healthcare environment.	Strategic Technology Plan developed for the Division.	January 2003 and ongoing
IX.A-5 The Division will provide technical guidance and/or leadership in selection/ development of a consumer centered, outcome focused electronic health record system.	a) Review and prioritize recommendations for obtaining an electronic health record system that will: • Support timely case management among care providers for follow-up evaluation, research and quality improvement initiatives. • Provide sufficient information regarding service utilization to support making decisions	Recommendation made to LMEs and providers regarding selection of an electronic health record system.	January 1, 2003

	about planning, funding and managing the care system. • Provide a seamless link to IPRS and the Decision Support System. • Comply with privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA).		
B. The Division will oversee the implementation of all technology standards at the local level.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
IX.B-1 The Division will ensure local compliance with state and federal technology and data standards, with special emphasis on compliance with HIPAA standards.	a) Establish technology specifications for LMEs. b) Upon receipt of letters of intent, conduct readiness reviews to determine that each LME has the technological capacity necessary for certification. c) Review all local business plans for inclusion of technological compliance and improvements.	Compliance guidelines developed and published. Template developed for technical certification of LMEs. Scoring system developed for compliance and corrective actions required for LME technical deficiencies.	August 2002 September 2002 September 2002 and ongoing
IX.B-2 The Division will oversee the continued technological developments at the local level.	a) Provide training and technical assistance to LMEs as needed. b) Institute a complaint/ problem resolution process to avoid prolonged technological problems. c) Develop technological supports to enable LMEs to share information and resolutions to issues to promote shared learning.	Strategic Technology Plan developed and updated as needed.	December 2002 and ongoing.

X. COLLABORATION

The Division of MH/DD/SAS is expected to cultivate partnerships among community agencies, state divisions and departments. Partnerships are necessary to forge linkages for care coordination and to develop cooperative solutions to complex problems.

Examples of efforts to foster collaboration include:

- Structures, such as multi-purpose collaborative bodies, that facilitate state and local coordination, promote early intervention and explore methods for pooling resources.
- Efforts to focus on substance abuse as an issue permeating societal problems at all levels.
- Collaborative efforts to address needs of older adults in the mental health/corrections systems interface.
- Coordination of specialty services with local physical health care organizations.

Collaborative efforts by the Division with the local and regional communities and state agencies and organizations to support prevention and outreach activities of mh/dd/sa systems are documented at both a system and client-specific level. This includes preventing disabilities through early intervention and collaborating with public safety agencies throughout the state and advocacy organizations in development of state policies and norms that prohibit youth access and that discourage underage use of tobacco and alcohol products. The Division must show that it is collaborating with other state and local public and private service systems to ensure access and provide for an efficient and effective statewide system.

A. The Division will advance collaborative efforts among divisions of DHHS and among departments.

Objective	Task/ Strategy	Outcome/ Product	Completion Date
X.A-1 The Division will participate in and/or create new partnerships with state agencies to facilitate reform.	a) Develop cross agency policy recommendations for DHHS statewide best practices (duplicate of IV E.2). b) Review all existing MOAs between the Division and other state agencies for consistency with the State Plan and update as needed. c) Assess the nature and extent of Division participation in DHHS cross-divisional initiatives. Make recommendations to improve efficiency and efficacy as needed. d) Establish new initiatives as needed to promote best practices among agencies.	Policy guidance presented to Department for implementation across agencies as appropriate. Existing cross-divisional agreements updated and executed. Report with recommendations on cross-divisional initiatives submitted to Division Director.	July 1, 2004 July 1, 2002 Jan. 1, 2003
X.A-1.1 The Division will enhance existing joint efforts in the areas of training and	a) Engage university and community college systems with teams of specialists or trainers in each region to create regional learning	First regional learning center operational. A new learning center becomes operational in each subsequent fiscal year.	July 1, 2004 and annually thereafter with the final coming on-line July 1,

education.	centers. b) Develop and/or strengthen collaborative agreements with community college systems, DPI, colleges and universities, Area Health Education Centers & associated training vendors to establish training for State Plan, best practices including cultural competencies. [See IV,5.3.]		2007
X.A-1.2 The Division will participate in departmental level initiative to address workforce issues in human services.	a) In collaboration with the Long Term Care Cabinet and the Real Choice Systems Change Grant, implement strategies to address workforce issues identified in the HSRI Report. b) Assess the issue of rates paid to providers in relation to wages paid to direct care professionals. Develop recommendations to correct inequities. c) Determine a "reasonable wage" for personal assistant services and develop strategies to increase wages to that amount. d) Develop and update career enhancement procedures for new system. e) Develop recommendations for incentives for workforce stability by rewarding lower turnover and vacancy rates.	Real Choice Workforce Project operational and meeting timelines. Grant progress reports disseminated to all stakeholders.	Grant began Oct. 1, 2001 and ends Sept. 30, 2004
X.A-1.3 The Division will increase participation in the Long Term Care Cabinet.	a) Improve the Division's presence in the Long Term Care Cabinet via regular attendance by the Director and/or his designee. b) Present report on the integration of the Dept.'s Olmstead Plan, Long-Term Care Plan (issues by the Institute of Medicine) and the *State Plan, Blueprint for Change.* c) Create a collaborative strategy for implementing the Community PASS Systems	Initial report on integration of DHHS plans submitted to LOC with recommendations for necessary to changes to resolve conflicts. Changes in plans are submitted to legislature and implementation of changes begun. Community PASS Project Plan implemented with cross-divisional participation.	July 1, 2002 April 1, 2003 Grant begins Oct. 1, 2002 and ends Sept. 30, 2005

	Change Grant recently awarded to the Department.		
X.A-1.4 The Division will engage in cross-departmental strategies to address prevention issues consistent with the State Plan.	a) Initiate statewide coordination effort to address disability prevention including Early Intervention and Office of Public Health, Governors Highway Safety Commission, MH/DD/SAS and private insurance and medical agencies. b) Assess the efficacy of indicated and selected prevention services as applied in substance abuse services across DHHS target populations. c) Develop prevention service system that is applicable to as wide a target population as indicated.	Cross-departmental disability prevention plan submitted to all appropriate legislature research committees. Recommendations implemented.	July 1, 2004 Jan. 1, 2005 and ongoing
X.A-1.5 The Division will work with the Division of Facility Services (DFS) to modify licensure statutes, rules and practices to promote best practices.	a) Establish oversight practices for newly created consumer safeguards, with or without licensure. [See VI.A-6 (g).] b) Establish licensure categories and/or standards for certification for agencies providing non-facility based services. c) Establish local monitoring protocols in coordination with DFS licensure review to decrease redundancy and ensure a more collaborative approach. d) Work with DFS to enable priority consideration for construction on projects related to the development of mh/dd/sas service capacity/mental health reform.	Consumer safeguards instituted and monitored for efficacy. Licensure category established for non-facility based agency providers. Monitoring system initiated. Fast-track procedures implemented to expedite new construction necessary to implement reform.	July 1, 2003 April 1, 2003 July 1, 2003 Oct. 1, 2002
X.A-1.6 The Division will initiate collaborative efforts to improve the linkage between mh/dd/sas and primary health care.	a) Develop a plan to address improving delivery of primary health care services to people with disabilities. b) Convene a workgroup in conjunction with major medical and dental schools to	Quality health care plan for people with disabilities adopted and presented to appropriate legislative committees and rules commissions. Courses/curriculum	July 1, 2005 Aug. 1, 2005

	explore expansion of training in disabilities for health professionals. c) Establish linkages at the state and local levels with ACCESS II & III, Health Choice to enhance coordinated care for individuals with disabilities. d) Establish collaborative planning efforts with the Office of Minority Heal and Health Disparities. e) Address the issue of scarcity of dental care for people with significant disabilities. Establish a task force on dental health for citizens with disabilities to explore the many options cited in the HSRI report across disabilities. f) Improve primary linkages for prevention of infectious diseases such as HIV and HEPC.	conducted in medical/dental schools. Requirements for interface and procedures to ensure effective linkages in place for (c) and (d). Task force on dental health for citizens with disabilities convened. Report and recommendations submitted to the Department. Recommendations implemented.	 Oct. 1, 2003 April 1, 2003 Jan. 1, 2004 April 1, 2004 and ongoing
X.A-1.7 The Division will work with DHHS staff and Office of State Personnel to address implications of reform on the state/local public workforce.	a) Develop a strategic plan to ensure retention of current, qualified staff in the publicly funded mh/dd/sas supports/services system. b) Create mechanisms to assist state and local staff in publicly operated programs to transition to privately operated systems as necessary. Specifically address inequities throughout the mh/dd/sa system with respect to wages, benefits and training. c) Design strategies to address the changing sets of skills and educational and experiential backgrounds required in the new system. Review job specifications, individual job descriptions and pay grades currently in the personnel system in relation to requirements of the new	Plan submitted to the Division Director that addresses retention of qualified staff and all personnel issues necessary to expedite reform. [See X.A-1.7 (a –c).] Changes in personnel requirements and procedures per the plan in new rule/regulation.	Jan. 1, 2003 July 1, 2003

	system.		
B. The Division will create a unified system at the state and local levels.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
X.B-1 The Division will oversee collaborative efforts to help de-construct the existing silos (an agency practice of operating without input or involvement of other agencies or parts of agencies).	a) Develop organizational models to exemplify a unified system for use by LMEs and providers. b) Ensure all entities that provide services/supports to individuals in target populations (such as ICF/MR facilities and adult care homes that have not traditionally been included in the locally administered mh/dd/sas system) are governed by the same standards and protocols as all providers. c) Enhance the community collaborative concept in System of Care to create broader collaboratives across disabilities. d) Create collaborative initiatives to enhance participant/family directed supports. Provide incentives for coordinated efforts between/among System of Care (SOC) community collaboratives, self determination efforts and First in Families (Developmental Disabilities Services family support) to begin this effort.	Division re-organizational structure as blueprint for LMEs. Other models produced and shared with all stakeholders in local transition. [See III.C-2.] Changes in policy, rules, regulations and funding procedures in effect to enforce the concept of a unified community system. Community collaborative consortiums observable in every LME catchment area and address cross-disability and age categories. At least two Phase-In Group (PIG) sites conducting a pilot/demonstration of a broader collaborative to enhance participant/family directed supports.	July 1, 2002 Jan. 1, 2003 and ongoing July 1, 2003 July 1, 2005 July 1, 2003
C. The Division will adopt a communication and public awareness strategy.			
Objective	**Task/ Strategy**	**Outcome/ Product**	**Completion Date**
X.C-1 In collaboration with appropriate state agencies, state and local media, LMEs and advocacy organizations, the Division will increase awareness of the mh/dd/sa reform effort and the new system that is	a) Develop a communication and marketing strategy in conjunction with the DHHS Office of Public Affairs. b) Assess and report on efficacy of communication efforts and track presentations, conferences, trainings and other events used to promote public awareness.	Marketing strategy underway and all communication events reported in quarterly reports to the LOC. Brochures and other informational materials available to the public and widely distributed.	July 1, 2002 and ongoing Oct. 1, 2002 and ongoing.

envisioned.	c) Develop brochures and other publications about the system for broad distribution to consumers and their families, potential consumers and the general public.		
X.C-2 In collaboration with LMEs, advocacy and consumer organizations, the Division will create a local development strategy to engender support for the new system and promote the vision of people with disabilities as full citizens of their communities.	a) Create professional/ consumer teams with assigned Division technical assistance staff to organize community networks for promotion of reform and full citizenship for individuals with disabilities. b) Assess the effectiveness of this effort through a pre-post evaluation method, using indicators of success determined by the community team following one year of operation.	At least one Phase-In Group site conducting a pilot/demonstration of a grassroots community organization team with Division technical assistance. Assessment completed and improvements made to continue reform efforts.	July 1, 2004 July 1, 2005