Appendix Two

Summary of Recommendations from Prior System Transformation Reports

A comprehensive, exhaustive review of recommendations from 66 reports was conducted. These reports incorporated input from a variety of stakeholder groups, local, state, and Tribal government representatives, and subject matter experts. Reports addressed a wide variety of populations and issues in health and human services, and a full listing is provided in Appendix One.

Methodology

The review of prior reports focused on the reports' recommendations for services and systems improvements.

- A total of 66 reports were reviewed and over 600 recommendations identified.
- For most reports, only formally identified recommendations were included. Some reports did not formally identify recommendations, and in these cases only clearly identified recommendations were included.
- Recommendations were prioritized primarily based on the number of times that they were made across reports, and secondarily by the importance attributed to them by stakeholders in the report, when known.

Findings

Themes from the analysis were grouped into five major domains:

- Children's Health Services,
- Recovery and Peer Delivered Services,
- Integrated Care,
- Health Disparities, and
- Hospital Transitions.

Other noteworthy issues, not falling specifically or exclusively within one of the above domains, included the following: contracting for and purchasing of behavioral health care; performance measurement; evidence-based and promising practices; complex care management; and information technology.

Children's Health Services (214 recommendations across 34 reports)

Recommendations in the Children's Health Services domain fell into three broad categories—Improve Access to Care; Increase Use of Evidence-Based and Promising Practices; and Expand Involvement of Youth and Families. Collectively, stakeholders envision a system that offers easy access to the most effective services and actively engages youth and families as participants in decision-making. Following is a summary of the specific recommendation themes found within each of the three broad categories.

1. **Improve Access to Care**

- *Eliminate Regulatory Restrictions to Access* – Eliminate functional restrictions in the Access to Care Standards for children and families, shift managed care approaches away from front-end restrictions, and focus on management of intensive and costly services.
- *Improve Access to Systems of Care for Children and Families* – Implement systems of care with multiple access points and a full range of prevention and intervention services (including peer support), plus ancillary supports and service availability outside of regular business hours. The system should also include specialized supports for early childhood, youth in transition, housing, school-based services, prescription support, and co-occurring substance abuse and mental health disorders.
- *Strategies to Increase Primary Care Integration and Support Medical Homes for Children* – Increase access to preventative/well child care, shift the delivery of primary and specialty care to be outcome based, increase use of medical homes, and integrate behavioral health (BH) in primary care (PC) settings.
- *Increase Access for Multi-System Involved Youth Involved in the Juvenile Justice System* – Implement a comprehensive collaborative behavioral health (BH) / juvenile justice (JJ) system strategy and implement routine screening/assessment for BH needs, evidence-based treatment models upon release (such as MST, FFT, FIT), specialty treatment courts and policies for diversion, and BH-related training for law enforcement personnel.
- *Increase Access for Children, Youth and Families Involved in the Child Welfare System* – Increase access to both primary and specialty BH care and increase support for foster parents.

2. **Increase Use of Evidence-Based and Promising Practices (EBPP)**

- *Implement Systemic Approaches to Increase EBPP Availability* – Create entities to support systematic use of EBPPs, support community and Tribal-level decision-making on EBPP adoption, update reimbursement approaches to support EBPP use, and be mindful of limitations of EBPPs, particularly regarding culture.
- *High Fidelity Wraparound* – Expand access to High Fidelity Wraparound service coordination and other EBPPs, including Multidimensional Treatment Foster Care, EBPPs in Children's Long-term Inpatient Program (CLIP) facilities, Multisystemic Therapy (MST), Family Integrated Transitions, Functional Family Therapy (FFT), Project MATCH (Matching Alcoholism Treatments to Client Heterogeneity), Multidimensional Family Therapy, new models, CLIP transition services, a crisis continuum, Trauma-Focused Cognitive-Behavioral Therapy, Parent-Child Interaction Therapy, Positive Parenting Program (Triple-P), The Incredible Years, Nurse-Family Partnership, school-based prevention, Motivating Others through Voices of Experience (MOVE), Trauma Affect Regulation: Guide for Education and Therapy – Teens (TARGET-T), and Positive Behavioral Interventions and Support (PBIS).

3. **Transform Systems by Expanding the Involvement of Youth and Families**

- *Implement Systemic Approaches to Expand Youth and Family Involvement* - Establish technical assistance centers/academies to develop Family and Youth Organizations, develop

certification process for youth- and family-run organizations, and enhance peer certification process.

4. Other Recommendations – Transform systems by integrating services and funding across state agencies. Improve the Behavioral Health workforce.

Recovery and Peer Delivered Services (192 recommendations across 28 reports)
Recommendations in the Recovery and Peer Delivered Services domain fell into seven broad categories. Following is a summary of the predominant recommendation themes within each of the seven categories.

1. Embrace Recovery to Ensure that Care is Recovery-Oriented and Person-Centered

- *Ensure Meaningful Voice/Choice and Involvement of Consumers* – Promote financial control over services (the Consumer Self-Directed Care model), independent consumer-run/peer-delivered services, and choice among a range of services and Evidence-Based and Promising Practices (EBPPs).
- *Implement Systemic Approaches to Expand Evidence-Based and Promising Practices (EBPPs)* – Create entities, such as Centers of Excellence, to support the systematic use of EBPPs. Update reimbursement approaches to support EBPP use, and be mindful of the limitations of EBPPs.
- *Expand Access to Recovery-Oriented Practices* – Expand EBPPs and other practices that are recovery-oriented, consumer-driven, cost-effective, person-centered and consumer-delivered to the fullest extent possible. Expand integrative, recovery-oriented programs in Behavioral Health/Primary Care and Substance Abuse/Mental Health, and increase the availability of housing, employment supports, transportation, and other non-medical supports. Evidence-Based and Promising practices that aid in achieving these goals include, for example, Assertive Community Treatment, Supported Employment, clubhouse programs, psychosocial therapies, medication algorithms, and alternative treatments.
- *Expand Peer-Run Services* – Develop a broader, more diverse array of consumer- and family-run organizations that are independent of other providers. Provide comprehensive system support for these organizations through the use of certification requirements and technical assistance.
- *Other Strategies for a Recovery-Oriented System* – The Recovery Model should guide outcome monitoring, quality improvement, access standards, and provider networks.

2. Expand Housing Supports and Reduce Homelessness

- *Expand Access to Housing Supports* – Use the Housing First model with immediate access to Permanent Supportive Housing (PSH) and “no strings attached” for services.
- *Expand Funding for Housing Supports.*
- *Promote Housing through Systemic Strategies* – Develop and implement long-term RSN housing plans, replace residential facility services with Permanent Supportive Housing, fund technical assistance and pilots for providers, and coordinate among state agencies and with Tribal governments.

- *Implement Strategies to Prevent Homelessness* – Ensure access to crisis beds, prevent homelessness by ensuring service continuity, and promote education/anti-stigma programs.

3. **Expand Employment Supports –** Ensure universal access to vocational EBPPs, including Supported Employment, the Individual Placement and Support model, clubhouse-based supports, consumer-run models/peer support, and Assertive Community Treatment. Coordinate with other State agencies, and support consumer-owned/operated businesses, as well as peer employment.

4. **Improve Behavioral Health Services in the Criminal Justice System**
- *Expand Prevention/Diversion Supports* – Establish local triage centers and train law enforcement in their use; expand prevention, early intervention, diversion programs, specialty courts, and reentry/transition programs.
- *Implement Training Strategies* – Provide comprehensive training and supports to law enforcement and criminal justice employees.
- *Implement Systemic Strategies* – Specify and measure outcomes/costs related to criminal justice system involvement and provide strategic support for innovative programs.

5. **Improve Behavioral Health Services for Older Adults**
- *Increase Access to Services for Older Adults* – Expand residential services and adult family homes, increase access to in-home care, and expand treatment, including primary care- and home-based Depression Care Management and Gatekeeper Programs. Coordinate services across agencies for older adults.
- *Increase Housing Resources for Older Adults* – State agencies should collaborate to prevent housing loss and development should be pursued for more apartment communities and conversion of existing facilities to assisted living.
- *Increase Workforce for Older Adults.*

6. **Improve Behavioral Health Services and Supports for Youth in Transition** – Expand access to specialized services for youth in transition and achieve statewide consistency in the quality of services.

7. **Reduce Stigma** – Use training, social marketing methods, education and outreach to promote recovery and reduce stigma.

Integrated Care Recommendations – (87 recommendations across 33 reports)

Many report recommendations focused on better integrating care across service systems. Below, specific recommendations are grouped into the broad categories of Integrating Chemical Dependency (CD) and Mental Health (MH) Care and Integrating Behavioral Health (CD and MH) with Primary Care. We also note that some recommendations indicated the need to integrate Behavioral Health across multiple state departments.

1. **Integrate Chemical Dependency (CD) and Mental Health (MH) Care**

- *Increase Access to Integrated CD/MH Care* – Increase access to specific types of integrated CD/MH care, such as housing/employment programs for people with co-occurring disorders (COD) and various Evidence-Based and Promising Practices. These include, for example, Integrated Dual Disorders Treatment, Multisystemic Therapy, Family Integrated Transitions, Multidimensional Family Therapy, Cognitive-Behavioral Therapy, Motivational Interviewing/ Motivational Enhancement Training (MET), Trauma-Focused Cognitive-Behavioral Therapy, Crisis Intervention Teams (training for police officers), specialty courts, Supported Employment, Housing First, Permanent Supportive Housing, peer support, and Intensive Case Management. Culturally competent COD treatment also is needed.
- *Implement Specific Provider/Treatment Integration Strategies* – Adopt CD/MH screening and assessment protocols and increase the workforce of professionals trained in Co-Occurring Disorders.
- *Implement System Level CD/MH Integration Strategies* – Develop regional cross-system coordination and best practices, and integrate state-level processes.

2. **Integrate Behavioral Health (BH) and Primary Care (PC)**

- *Increase Use of Medical Homes* – Link children to medical homes. Use pilots and a phased or two-path approach in implementing medical homes. Include the four elements of a medical home (care coordination, health information technology, organization/integration of providers, activation of patients as partners), and evaluate the outcomes of medical homes.
- *Implement Other Specific Provider/Treatment Integration Strategies* – Implement BH screening in PC settings, increase follow-up appointment compliance, address the particular needs of children (parenting youth, medication use for children, expanded PC hours for urgent care), integrate BH and PC for older adults (use the IMPACT model for treating depression[1], enhance housing options), use Health Navigators and peers to promote BH/PC integration, and promote cross-system collaboration.
- *Implement System Level BH/PC Integration Strategies* – Increase regional-level coordination through standards and monitoring for RSN efforts to coordinate with Primary Care, in general, and integration pilots, in particular. Develop protocols for sharing information, and achieve state-level process integration.
- *Increase Access to Integrated BH/PC.*

3. **Integrate Behavioral Health Care Across Multiple State Departments**

Health Disparities (96 recommendations across 33 reports)

Recommendations concerning health disparities were identified in at least half of the reports reviewed. Concerns most often were voiced in relationship to ethnic/racial and rural-urban disparities, but disparities in services to people without insurance coverage, people with physical disabilities and to gay, lesbian, bisexual and transgendered (GLBT) people also were found in several reports.

[1]IMPACT: Improving Mood – Promoting Access to Collaborative Treatment for Late Life Depression.

1. **Eliminate Cultural Disparities Across Racial / Ethnic Groups** – Recommendations focused on inequities in both access to and quality of services received across racial/ethnic groups.

- *Promote System-Level Integration* – Define cultural competence as equality of access to services and treatment outcomes across diverse communities and populations. Implement state-level processes to coordinate cultural competence, and provide technical assistance and support to increase provider and system cultural competence.
- *Implement Quality/Performance Improvement Processes* – Develop cultural/linguistic standards and accountability measures, use outcomes and performance reporting to hold state, local, and Tribal authorities responsible, and develop standard curricula and a certification process for specialists in particular areas of cultural competence.
- *Address Culture with Evidence-Based Practices* – Evaluate the effectiveness of Evidence-Based and Promising Practices and their adaptations for culturally diverse communities. Support community and Tribal decision-making on the choice and application of EBPPs.
- *Expand Culturally Competent Providers /Treatment Availability* – Recruit and hire employees at all levels who reflect and understand the populations they serve. Protect Tribal nations' authority to select culturally appropriate treatment modalities, and require RSNs to ensure providers incorporate cultural issues into treatment.
- *Improve Access to Services Across Racial / Ethnic Groups* – Provide financial incentives for achieving comparable access across diverse populations, improve access to certified interpreters, and fund projects to improve appropriate access to services.
- *Improve Access to Housing Across Racial/Ethnic Groups* – Provide housing supports tailored to cultural expectations of diverse populations and increase collaboration between local/state government and Tribal authorities. Ensure access to Permanent Supportive Housing.
- *Contractual Issues* – Revise WAC and contract terms to increase the availability of translation services and mental health specialists for ethnic minorities, and examine options for increasing Tribal authority over involuntary treatment procedures.

2. **Eliminate Financial Disparities** – Make services available immediately to persons with high needs, regardless of their ability to pay. Make Medicaid and State-Only funds easier to obtain and more flexible. Develop cross-system financing strategies that maximize federal funds, and increase flexibility by realigning funding streams and allowing funds to follow the person (rather than programs and agencies). Finally, provide Health Navigators to break down barriers for uninsured and underserved populations.

3. **Eliminate Geographical (Rural/Urban) Disparities –** Increase access to services and resources in rural areas, and enhance assertive outreach to rural residents, especially older adults.

4. **Eliminate Disparities for People with Physical Disabilities** – Apply cultural competence equally to persons with physical disabilities.

5. **Eliminate Disparities for Lesbian, Gay, Bisexual, and Transgendered (LGBT) People** – Include understanding of LGBT communities and their needs as part of cultural competence, and ensure participation of LGBT persons on key advisory and decision-making committees.

Hospital Transitions (31 recommendations across 10 reports)

Recommendations about improving transitions in services from and to psychiatric hospital settings were found in a sub-set of reports. The set of recommendations could be grouped into six areas:

1. **Improve Utilization Management (UM) Practices –** Standardize UM protocols and criteria statewide for admissions, continuing stays and discharge, and ensure that the Mental Health Division and the RSNs play integral, assertive roles in UM. Rigorously study readmitted patients, those with high lengths of stay, and community options for alternative placements and services. Improve policies/procedures and tracking of authorization decisions, and take into consideration the effects of the Involuntary Treatment Act statutes on state hospital utilization.

2. **Expand the Continuum of Care to Reduce Use and Facilitate Transitions –** Increase inpatient diversion opportunities and discharge options through development of Assertive Community Treatment, employment services, housing, crisis beds, and peer services. Integrate community options into discharge/transition planning, particularly focusing on the nexus between jail-hospital-community options. Track barriers to discharge from state hospitals; study RSN diversion resources, and develop a model that better aligns incentives with developing community-based options.

3. **Improve Data Systems –** Increase the system's capacity to collect, analyze, and report standardized data on admissions authorizations, continued stay reviews, discharge barriers, and timeliness of follow-up. In addition, expand and improve cross-agency capacities to share and compare data.

4. **Address Financing Reform** – Allow RSNs to contract directly with hospitals and align financial incentives underlying involuntary treatment payments with the systems most appropriately responsible for ongoing care.

5. **Implement Quality Assurance/Improvement Processes –** Incorporate outcome-based performance measures and improve services.
6. **Consumer Resources** – Establish Dispute Resolution and Consumer Appeals panels at state hospitals.

Other Recommendations (70 recommendations across 20 reports)

Recommendations that could not easily be organized into any, or only one, of the five major thematic areas reviewed above were also found. These are organized below into six areas:

1. **Change the Contract and Procurements Process for Behavioral Health (BH) to Increase Accountability and State/Local Partnerships**

- *Change the Contracting Process Overall* – Continue to shift the focus in RSN contracts and Behavioral Health purchasing overall to performance, outcomes, and documentation of network adequacy. Implement processes to improve the state-local partnership for BH purchasing, use value-based purchasing, and encourage plans to develop pay-for-performance. Improve third party liability capture, reduce paperwork requirements and administrative burden, and enhance interagency collaboration in contracting.
- *Update Contractual Requirements for Utilization Management* – Shift utilization management approaches away from front-end restrictions, focus on management of intensive and costly services, and eliminate functional restrictions in the Access to Care Standards for children and families, in particular.

2. **Improve Performance/Outcome Measurement** – Improve outcome and performance measurement at the state, managed care organization, and RSN levels. Improve data reporting/monitoring processes and increase the use of electronic medical records.

3. **Implement Systematic Efforts to Increase EBPP Use** – Use encounter coding and actuarial analyses to track and monitor EBPP delivery. Develop Centers of Excellence and an evidence-based culture to support implementation of priority EBPPs, but be mindful of the limitations inherent in EBPPs and use them wisely.

4. **Improve Care Management for People with Complex, High Risk Conditions** – Increase the focus on face-to-face interactions, individualization of care, and promotion of self-management behaviors, especially for those with high-risk conditions. Use evaluation and better research tools to study the advantages of chronic care management.

5. **Leverage Information Technology** – Consider a Global Consumer Information Center as a data hub and central encounter record. Develop and pilot a Smart ID Card and associated consumer hub, with consumer website, and use data tracking of service needs, use and supply over time.

6. **Involuntary Treatment Act Recommendations** – Consider various ways to narrow the definition of mental disorders and/or consider various exclusions and/or amend the gravely disabled definition. However, before making any legal changes, consult consumers and other systems.

7. **Other Recommendations**

- *Improve Crisis Services.*
- *Expand Prevention and Health Promotion.*