Mental Health “Reform 2018” White Paper

Revised DRAFT Outline

August 4, 2014

1. System Overview:
* Gaps analyses
* Riverwood report
* Bed flow study
* MI&D reports
* CABHS report
1. Immediate Crises
* Children’s residential/PRTF:
* Vulnerability of intensive services:
1. Looking Forward
2. Health promotion and prevention
* Embedded professionals/other prevention:
* Expand intergenerational pilot:
* First episode psychosis:
* Smoking cessation:
1. Clinical Service Infrastructure
* Develop enhanced rates for providers certified in and providing evidence-based practices:
* Rebase mental health MA rates:
* Reform rate methodology for mental health targeted case management, make provisions for transition-age youth, and introduce quality measures:
* Eliminate host county contracts for adult mental health rehabilitative services:
* Define Serious Mental Illness (SMI) and make it the standard for service eligibility rather than the more restrictive SPMI:
* Update and clarify statutes governing Community Mental Health Centers in preparation for federal certification:
* Develop uniform service standards for crisis services; develop single statewide crisis line; define phone/text and mobile protocols; open contracting process to private vendors:
* Expand Assertive Community Treatment teams statewide, with assured fidelity to EBP standards:
* Determine need for expansion and benefit status of Intensive Community Rehabilitative Services (ICRS); define alternative service and reimbursement options:
* Expand School-Linked Mental Health Services for particularly hard-to-serve populations or locales:
1. Community Supports
* Expand housing support services:
* Expand Individual Placement and Support (IPS) services throughout state:
* Open Community First Services and Supports (CFSS) to adults and children with mental illness:
* Determine community service needs to both divert admissions to AMRTC and expedite discharge, and increase flexibility in transition resource investments:
* Determine expansion needs for Certified Peer Specialists:
* Develop mental health service standards for waivers:
* Expand children’s mental health respite grants:
* Enact recommendations from MI&D reports:
* Address transportation issues
	+ Day treatment/school services:
	+ Protected transport: