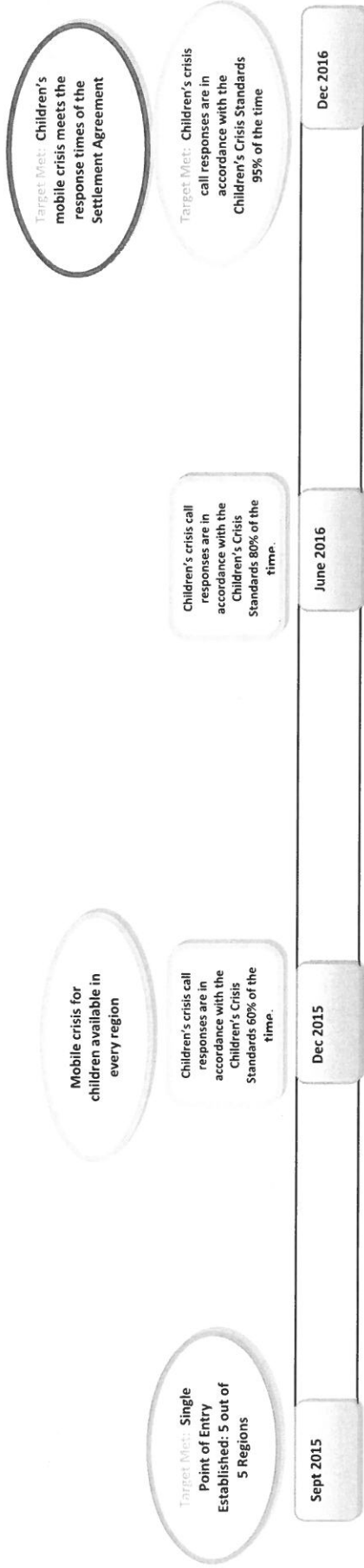


Outcome Timeline 2a

Crisis Services for Children: The Commonwealth supports and coordinates an integrated set of strategies within a comprehensive crisis system to prevent, stabilize, and respond to children with I/DD experiencing crisis, including those due to behavioral and psychiatric issues as demonstrated by:

- A single point of entry achieved by operating regional call lines, 24 hours per day/7 days per week by September 30, 2015.
- Mobile crisis for children shall be available in every region by December 31, 2015.
- 95% of all crisis calls are responded to in accordance with the Children's Crisis Standards by December 31, 2016.
- Mobile crisis meets the response time requirements in the Settlement Agreement (within one hour in urban areas and two hours in rural areas, as measured by the average annual response time) by December 31, 2016.



Performance Indicators for Children’s Crisis:

A plan for accessing crisis stabilization beds for children will be developed that will address how to track the use of crisis beds, lengths of stay, and disposition following a stay.

- a. Develop a plan by 6/30/16
- b. Initiate implementation of plan by 9/30/16

Start Date: June 2016 **1st Reporting:** Dec 2016 **Frequency:** Quarterly **Reporting Method:** CDR

DBHDS will create respite capacity across the state for children and families to access as a means to prevent crises. Respite beds will be utilized as a preventative strategy to crises, as well as when appropriate during a crisis with mobile supports.

- a. RFP developed by 1/31/2016
 - b. RFP Posted by 3/1/16
 - c. RFP awarded as soon as a satisfactory proposal is received and negotiations with the vendor are completed
- Start Date:** January 2016 **1st Reporting:** Dec 2016 **Frequency:** Annually **Reporting Method:** CDR

DBHDS will meet with each of the children’s crisis programs quarterly and review their adherence to the standards and performance contract as well as perform a clinical review of two cases with staff as part of the quarterly review. The clinical reviews will include an assessment of the clinical appropriateness of the crisis prevention plan, the disposition, and the appropriateness of the crisis response. DBHDS will document the review and any areas of strengths and needs for improvement.

Start Date: Started **1st Reporting:** January 2016 **Frequency:** Quarterly **Reporting Method:** CDR

DBHDS will conduct annual quality reviews of the children’s crisis programs. This review will include a review of data, individual cases including cases where an individual was admitted to a state psychiatric hospital, and adherence to the standards and performance contract. DBHDS will document the review and any areas of strength as well as needs for improvement.

Start Date: 3/1/16 **1st Reporting:** June 2016 **Frequency:** Annually **Reporting Method:** CDR

DBHDS will conduct a retrospective review all I/DD admissions of children to state psychiatric hospitals during FY15. This data will be compiled and recommendations for improvements will be made. DBHDS will establish additional outcomes and/or performance indicators needed to address the needs of this population based on the findings of the review and will take further action as needed to meet these outcomes. The retrospective review will include but not be limited to the collection and analysis of the following data elements: Admit date; Discharge Date; Reason for admission; Where admitted from; Barrier to Discharge; Diagnostic Criteria; REACH involvement.

Start Date: Started **1st Reporting:** June 2016 **Frequency:** One Time **Reporting Method:** CDR

DDS Crisis Services will design and implement improvement plans as a result of the reviews noted above. DBHDS will ensure that these improvement plans are implemented, and will revise the improvement plans as necessary to ensure that they are having the desired result.

Start Date: Started **1st Reporting:** June 2016 **Frequency:** Annually **Reporting Method:** CDR

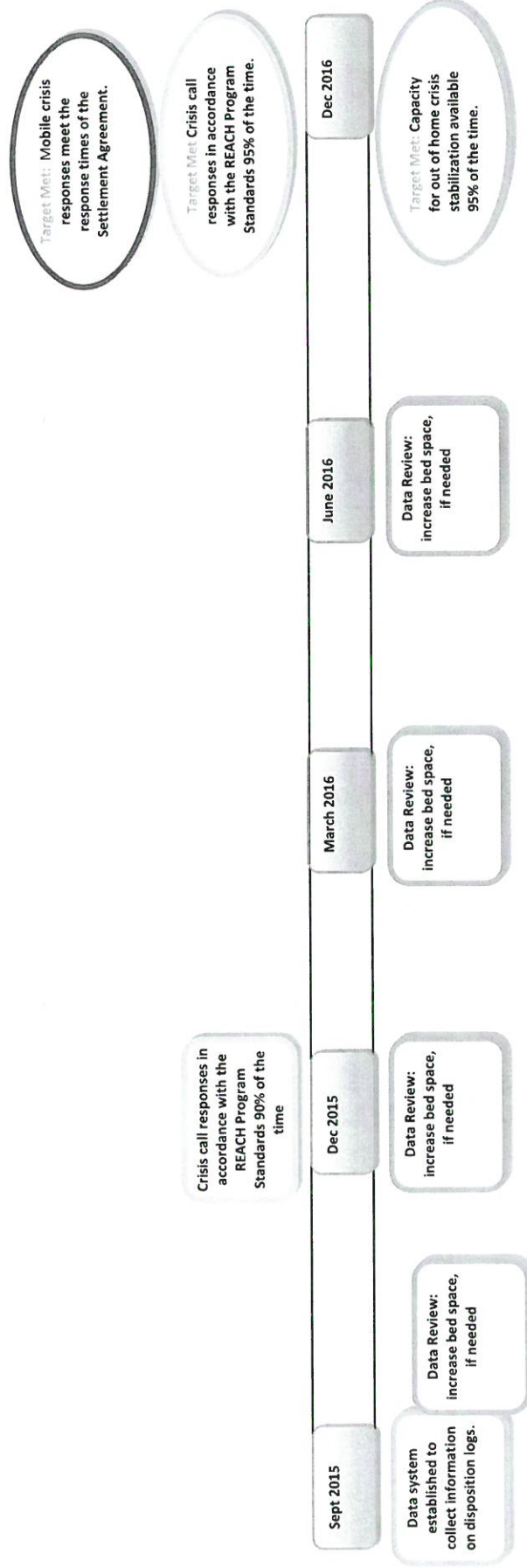
DDS Crisis Services will track both the number of individuals known to children's crisis who come in contact with Law Enforcement as well as the number of Law Enforcement Officers trained across the Commonwealth.

Start Date: 1/1/16 **1st Reporting:** 3/31/16 **Frequency:** Quarterly **Reporting Method:** CDR

Outcome Timeline 2b

Crisis Services for Adults: The Commonwealth supports and coordinates an integrated set of strategies within a comprehensive crisis system to prevent, stabilize, and respond to individuals with I/DD experiencing crisis, including those due to behavioral and psychiatric issues as demonstrated by:

- 95% of all crisis calls are responded to in accordance with the REACH Program Standards by December 31, 2016.
- Mobile crisis is available and meets the response time requirements in the Settlement Agreement (within one hour in urban areas and two hours in rural areas, as measured by the average annual response time) by December 31, 2016.
- Capacity for out of home crisis stabilization when clinically indicated is available 95% of the time, as evidenced by completed crisis call disposition logs, by June 30, 2016. This target will be considered met when this percentage is maintained for 6 months by December 31, 2016.



Performance Indicators for Adult Crisis:

DBHDS will meet with each of the REACH crisis programs quarterly and review their adherence to the standards and performance contract as well as perform a clinical review of two cases with staff as part of the quarterly review. The clinical reviews will include an assessment of the clinical appropriateness of the crisis prevention plan, the disposition, and the appropriateness of the crisis response. DBHDS will document the review and any areas of strengths and needs for improvement

Start Date: started **1st Reporting:** January 2016 **Frequency:** Quarterly **Reporting Method:** REACH Report (CDR)

DBHDS will conduct annual quality reviews of the adult REACH crisis programs. This review will include a review of data, individual cases including cases where an individual was admitted to a state psychiatric hospital, and adherence to standards and performance contract. DBHDS will document the review and any areas of strength as well as needs for improvement.

Start Date: 11/1/15 **1st Reporting:** June 2016 **Frequency:** Annually **Reporting Method:** REACH Report

DBHDS will conduct a retrospective review of all I/DD admissions to state psychiatric hospitals during FY15. This data will be compiled and recommendations for improvements will be made. DBHDS will establish additional outcomes and/or performance indicators needed to address the needs of this population based on the findings of the review and will take further action as needed to meet these outcomes. The retrospective review will include but not be limited to the collection and analysis of the following data elements: Admit date; Discharge Date; Reason for admission; Where admitted from; Barrier to Discharge; Diagnostic Criteria; REACH involvement.

Start Date: Started **1st Reporting:** June 2016 **Frequency:** One Time **Reporting Method:** REACH Report

DDS Crisis Services will design and implement improvement plans as a result of the reviews noted above. DBHDS will ensure that these improvement plans are implemented, and will revise the improvement plans as necessary to ensure that they are having the desired result.

Start Date: Started **1st Reporting:** June 2016 **Frequency:** Annually **Reporting Method:** REACH Report

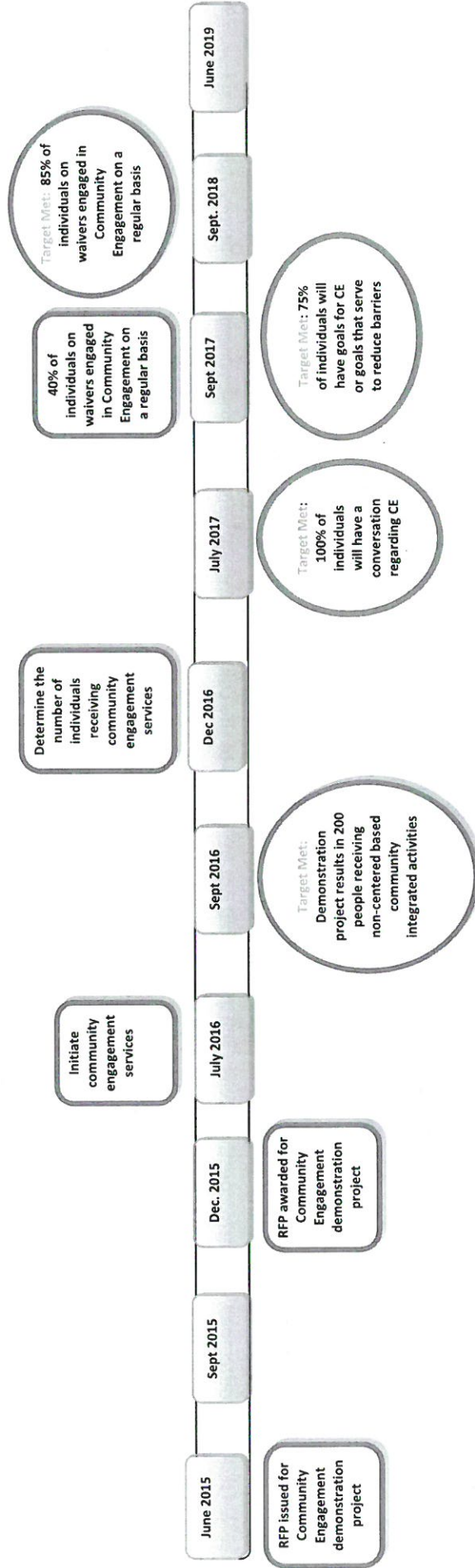
DDS Crisis Services will track both the number of individuals known to REACH who come in contact with Law Enforcement as well as the number of Law Enforcement Officers trained across the Commonwealth.

Start Date: 1/1/16 **1st Reporting:** 3/31/16 **Frequency:** Quarterly **Reporting Method:** REACH Report (CDR)

Outcome Timeline 3A

Community Engagement (Integrated Day): The Commonwealth has a comprehensive array of integrated services and supports that facilitates individuals to be fully engaged in their communities, with a priority on competitive employment as determined by:

- 200 individuals will have the opportunity to participate in integrated community activities through one or more demonstration projects by September 30, 2016.
- 100% of individuals have a discussion as part of their ISP regarding their needs and preferences for receiving community engagement services by June 30, 2017.
- 75% of individuals will have goals for community engagement or goals that identify and serve to reduce barriers to community engagement by September 2017.
- 85% of individuals on the waivers are engaged in their community on a regular basis as measured by utilization data by September 30, 2018.



Performance Indicators for Community Engagement:

Provider Readiness/Development

- ❖ Through statewide training and dissemination of fact sheets, assist providers, families, individuals, and other stakeholders to understand that Community Engagement is based on the premise that the ultimate goal is meaningful inclusion in the community for all.
 - Training will be provided and accessible to leadership from provider agencies (both day and residential) on why community engagement is important, how to implement community engagement, and how to attain quality outcomes of community engagement. (6/30/16)
Start Date: 1/1/16 1st Reporting: March 2016 Frequency: Quarterly Reporting Method: CDR
 - Mandatory training will be completed by all case management entities (CSBs, Private Case Management Providers) on what community engagement is, accessing services, having the conversation with the individuals they support, and developing appropriate community engagement goals or goals that address barriers to community engagement. (6/30/16)
Start Date: 1/1/16 1st Reporting: March 2016 Frequency: Quarterly Reporting Method: CDR
 - Information will be provided and accessible to individuals with DD and their families on what to expect regarding the new services and where to request assistance for accessing services. (6/30/16)
Start Date: 1/1/16 1st Reporting: March 2016 Frequency: Quarterly Reporting Method: CDR
 - DBHDS will work with state and local education agencies on ensuring Community Engagement is discussed during special education transition planning meetings in the context of Employment 1st policies for transition age youth.
 - Develop Fact Sheet for DOE (3/30/16)**Start Date: 11/1/15 1st Reporting: March 2016 Frequency: One Time Reporting Method: CDR**
- ❖ Develop a “guide book” for conversion to be shared with providers who want to implement Community Engagement Activities. (12/30/16).
 - Guide book will incorporate information from providers regarding the cost of delivering services under the new model as well as appropriate staffing patterns for successful implementation, and strategies to prevent individuals from losing services during conversion.
Start Date: 4/1/16 1st Reporting: June 2016 Frequency: One time Reporting Method: CDR
- ❖ DBHDS will make technical assistance resources available for providers to access regarding conversion to a community engagement services model by June 30, 2017.
Start Date: 1/1/16 1st Reporting: March 2016 Frequency: Quarterly Reporting Method: CDR
- ❖ Provider Capacity
 - Develop a statewide map of current day provider program sites and number of individuals served. (3/30/16)
Start Date: 1/1/16 1st Reporting: March 2016 Frequency: One time Reporting Method: CDR
 - Identify the baseline number of organizations providing “community engagement” services by 12/31/16.
Start Date: 7/1/16 1st Reporting: October 2016 Frequency: Semi-Annually Reporting Method: CDR

- Identify areas of the state that need additional community engagement providers by 3/30/17.
Start Date: 1/1/17 **1st Reporting: March 2017** **Frequency: One Time** **Reporting Method: CDR**

- Increase the number of providers offering Community Engagement services, especially in areas of the state that need additional community engagement providers. (6/30/17)
Start Date: 4/1/17 **1st Reporting: June 2017** **Frequency: One time** **Reporting Method: CDR**

- ❖ **Quality Monitoring/Improvement**
Develop a monitoring tool to assess appropriate implementation of Community Engagement Activities including whether activities are consistent with individual support needs. (6/30/16)
Start Date: 1/1/16 **1st Reporting: June 2016** **Frequency: Annually** **Reporting Method: CDR**

- ❖ Train QMR, Medicaid, and licensing auditors on monitoring tool by 9/30/16.
Start Date: 7/1/16 **1st Reporting: September 2016** **Frequency: One Time** **Reporting Method: CDR**

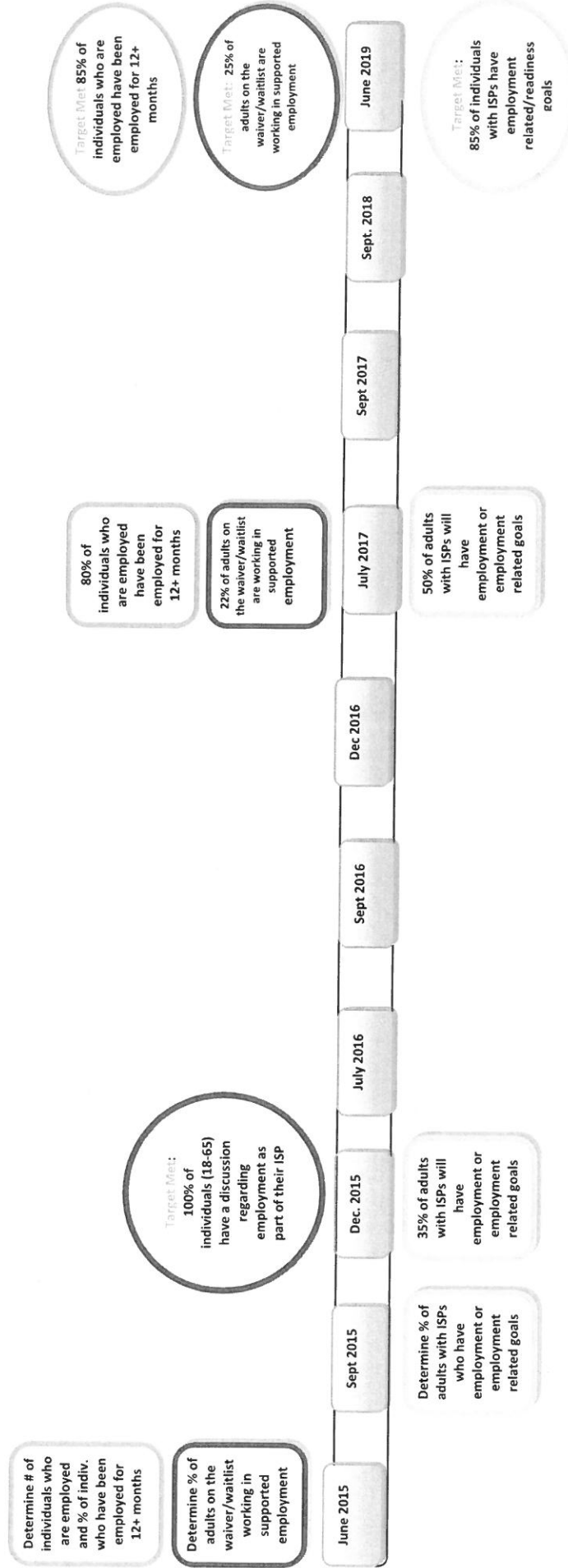
- ❖ Implement monitoring tool by 1/1/2017.
Start Date: 1/1/17 **1st Reporting: March 2017** **Frequency: Quarterly** **Reporting Method: CDR**

- ❖ Use information gathered from initial audits to develop quality outcome measurements. (6/30/17)
Start Date: 4/1/17 **1st Reporting: June 2017** **Frequency: Annually** **Reporting Method: CDR**

Outcome Timeline 3B

Supported Employment: The Commonwealth has a comprehensive array of integrated services and supports that facilitates individuals to be fully engaged in their communities, with a priority on competitive employment as determined by:

- The Commonwealth meets the annual targets established in the Employment First Plan.
- 100% of individuals (18-65) have a discussion as part of their ISP regarding their desire related to employment by December 30, 2015.
- 25% of all adults on the waiver/waitlist will be working in supported employment by June 30, 2019.* (§ III.C.7.b.i.B.2.a)
- 85% of individuals who are employed will remain employed for 12+ months by June 30, 2019. (§ III.C.7.b.i.B.2.b)
- 85% of individuals with ISPs have employment readiness/related goals by June 2019.



*For this measure, DBHDS will establish how many adults between the ages of 18 – 65 are on the waivers & waiver waitlists annually and from data gathered calculate the percentage of that population in supported employment.

