Draft Plan Framework - 9/12/03 Updated – September 24, 2003		**Developmental Phase**
	Timeline	Jan 04 → **Jul 08**
Function	**Brief Description**	**Developmental and Implementation Steps**
Creation of SAA Board	State law requires that SAAs be non-profit organizations governed by a board of directors with certain mandatory functions.	1. AMDD meets with stakeholders. 2. Public meetings are held and stakeholders identified. 3. Develop leadership committee. 4. Create by-laws and a board. 5. The board will establish 501(c) (3) corporation.
Service Planning	Based on on-going needs assessment the SAA will plan the types, capacities, and distribution of services in the area.	1. Establish method for ongoing re-assessment of needs and the extent to which existing services are meeting the needs. 2. Inventory current available services by SAA. 3. Review "Essential Needs" list. 4. Review federal and state service mandates. 5. Define Values – Recovery and Choice Models in initial and subsequent treatment plans. 6. Develop method for assessment and reassessment needs and outcomes. 7. Assess needs to the extent services are meeting the needs. Assessments must be rational understanding we may not be able to meet all needs of all persons. 8. Outline types and capacity of available services relative to consumer needs. 9. Address co-occurring concerns a. Review models working b. Review current state demonstration sites 10. Develop Peer Mentoring Programs for long-term recovery, employment, and community integration. 11. Provide financial solvency to the statewide provider network supporting the values of recovery and choice. Buy recovery not just care. 12. Convert program funding to ensure that the values of recovery and choice are supported.

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Consumer Advocacy, Family Education, Rights Protection	There must be a mechanism for reporting, investigating and adjudicating alleged rights violations. Consumer and family education programs for the public will also be provided.	1. Work with advocacy organizations (e.g., Board of Visitors, Ombudsman, MAP, PLUK, MMHA, NAMI, etc.) to improve access and quality of services. 2. Identify all of the groups that need to be involved. 3. Define advocacy. 4. Develop a structure that allows advocacy to happen – to help to connect people with advocates, and to provide for peer advocacy and self-advocacy. 5. Determine whether peer and family support is advocacy, a service or both. Consult with CMHS to consider alternative models for incorporation. (also part of Service Planning) 6. Clarify rights, as defined by statute and regulation, so the SAA understands its obligations for this function. There are two basic kinds of rights – civil rights and concerns with access to and the adequacy of services provided. Some aspects of rights are defined and are not negotiable. 7. Create a system of advocacy that supports consumers and family members in the process of negotiating the mental health system and empowering them in identifying needs and participating in their own recovery. The system will include advocacy related to legislation and obtaining funding for the continued operation of the SAA. 8. Create a system that encourages multi-level participation and collaboration and that reaches out to Montana communities to reduce stigma and increase access to services. 9. Determine how to educate the larger community and reduce stigma. 10. Determine what are mechanisms for family education are in place, who is involved, and expand program availability.

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Infrastructure	Development of a structure to coordinate subsystems, needed for the functioning of the organization, such as data collection, reporting and financial management.	1. Define the subsystems needed for infrastructure a. Business model/plan b. Information system c. Utilization Management – prior authorization d. Eligibility e. Provider Network f. Clinical Records – will this be a provider function? g. Governing entity/legal entity h. HIPPA – security system i. Quality improvement system j. Provider contractors 2. Decide if which functions will be centralized and which will be regionalized. 3. Develop method to track services and data, if statewide system. 4. Determine payment system allowing SAA tracking. 5. Develop a data collections system – a) billing b) performance, count widgets and c) outcome. 6. Develop grievance/rights protocols. 7. Determine patient/family education. 8. Develop consumer run programs and self advocacy. 9. Develop dispute resolution protocols. 10. Discuss and resolve portability issues – inter SAA 11. Determine staffing requirements – contracts. 12. Develop appeal process. 13. Develop medical review – capacity of SAA. 14. Determine cost effective method of administration. 15. Develop phased implementation with data system as the core piece in the early stages. 16. Begin reporting regional data to SAA. 17. Determine management structure. 18. Determine technical assistance needs and planning funds available. 19. Select "model" options. 20. Research and develop capacity on SAA. 21. Determine role of AMDD/CAHRD. 22. Determine the outreach capacity regardless of management model – "SAA Face". 23. Consider mandated board structure.

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Quality and Outcome Management	A set of outcome and performance measures, with minimum standards, determined by the State. Must also include a plan for quality improvement based on those findings.	1. Select those measures that are meaningful and collect the data necessary to calculate the measure. Have the ability to analyze desirable outcomes and determine the steps to improve performance. 2. Involve consumers/families in the development of quality improvement process and measures. 3. Determine federal requirements. 4. Establish age related outcome measures such as 0-16, 17-21, and 22+. 5. Establish state mandated outcomes. 6. Establish SAA additional measures. 7. Determine level of data collection/mandate. 8. Determine the methods to tie funds and incentives and minimum performance. 9. Measure consumer satisfaction. 10. Develop critical incident process. 11. Determine data reporting and analysis capacity. 12. Develop collaborative R & D relationships between SAA and state. 13. Develop a grievance process and response capacity that is clear, consumer friendly and streamlined. 14. Determine the role of the Ombudsman in the system. Assure access 15. Establish standards for the grievance procedure and assistance in the grievance system. 16. Determine limits of data collection system.
Utilization Management and Review	Development of clinical criteria for various levels of services, prior authorization of certain services, concurrent review, retrospective review and an appeal process. **Will progress in conjunction with Medicaid Redesign Project.**	Functions of UR: Appropriateness of Care Cost Control Policy Development/Control Care Coordination 1. Survey current system for existing services 2. Investigate other models and/or parameters of UM & R 3. Review services available and services consumers have indicated they want 4. Define Goals & Values for Utilization Management & Review 5. Maintain an external review 6. Review and define policies for prior authorization. 7. Ensure that UM & R occurs within reasonable time frames and that it allows for justified flexibility. 8. Develop education component that defines and explains UR process. 9. Define Evaluation Process for UR services.

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Pre-admission Screening and Discharge Planning	Responsible for pre-admission screening to the State Hospital. The capacity to ensure that active discharge planning is in place for consumers in inpatient and out-of-home settings.	1. Establish task force to develop method for coordinating court ordered commitments and community placements. 2. Develop a system of collaboration between community agencies and institutional placements to address prioritizing issues for a seamless system of entry, treatment and discharge planning (civil and community commitments, courts (municipal and district)) 3. Address collaboration with forensic population at State Hospital. 4. Develop education component for collaboration with city and county judges, etc. 5. Consider legislation for pre-screening to State Hospital and other out-of-home placements. 6. Review and address placement process (community and institutional) as relates to appropriate level of care. 7. Develop a Discharge Planning Process a. Evaluation b. Available Services c. Obligation d. Service Delivery Time e. Process at time of commitment f. Consumers not referred or currently served by provider network 8. Inventory local services (see Service Planning). 9. Review community aftercare and long-term stabilization resources. 10. Develop linkages prior to discharge using family, case manager, friends, and peer supports. 11. Develop intermediate crisis plans and beds in lieu of State Hospital placement. 12. Address Housing issues and other barriers to community placement. 13. Investigate issues related to commitments to State Hospital placed from outside mental health system – 40% of commitments.
Information Systems	Capacity to gather and coordinate demographic, clinical and financial information for internal decision support and external reporting.	1. Establish methods to assure providers can report data. 2. Determine the level of mandate of data reporting. 3. Determine what assistance can be offered to providers in data collection.

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Provider Networking/ Contracting	Establishment of a network of qualified providers to ensure adequate choice and availability of services.	1. Establish a credentialing process to ensure that qualified providers are available to provide services. \ 2. Provide training to providers encompassing policies and procedures. 3. Establish minimum standards. 4. Determine the capacity such as what is the demand for services, where do the services need to be delivered and who will deliver the services. (inpatient beds, case management, etc.) 5. Determine policies for in network vs. out of network. 6. Explore outcome based systems and management by outcomes. 7. To develop an active mentoring role between the state and the SAA.
Procurement	A process, consistent with state and federal regulations to contract for services to operate the organization.	These services may include but are not limited to legal and accounting services. 1. Develop policies and procedures on procurement that is compliant with state law. 2. Develop a list of services that the SAA will want to buy. 3. The existing SAAs will shadow the State on contracting, procurement as an education process. 4. Determine minimum criteria for request for proposals (RFP) in outcomes. There is a balance between experience and outcomes. 5. To learn all the "strings attached" with Medicaid funding. 6. Educate on waiver possibilities. 7. The SAA and State will develop a partnership. 8. The SAA boards and State will meet with First Health and ACS to improve the system. We need to keep what we have in place and build on those systems.
Other	The plan will consider other identifiable steps and tasks that don't necessarily fall under one of the functions described in SB 347. For example, one necessary area of development for SAA is establishment of linkages with other key agencies such as child and adult protective services, juvenile justice, housing authorities, substance abuse treatment, schools, vocational rehabilitation, etc.	