| **ACC-RBHA NAME:** |  |
| --- | --- |
| **SUBMISSION DATE:** |  |
| **PLAN TIMEFRAME:** |  |

**MENTAL HEALTH BLOCK GRANT (MHBG)**

Please verify that RBHA has read AHCCCS MHBG Plan to SAMHSA-

Provide a program narrative documenting planning for:

1. Early Serious Mental Illness (ESMI)
   1. Plan for ESMI infrastructure development, service provision, and expansion
   2. Outreach efforts to reach identified populations at a RBHA and provider level
   3. Utilize the following template to identify measurable ESMI goals

\*Template is to be repeated until all program goals are identified and shall be altered so that all goals are adequately described.

| Project Goal: |  | | | | |
| --- | --- | --- | --- | --- | --- |
| What | | | | When | Who |
| Objective | | Measure Definition | Data Collection Method | Data Collection Frequency | Responsible Party |
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| What | | | | When | Who |
| Objective | | Measure Definition | Data Collection Method | Data Collection Frequency | Responsible Party |
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1. First Episode of Psychosis (FEP) Programs
2. Identified methodology and data used to identify FEP populations to be served, including as applicable children within the school systems, those with FEP at risk of attempting suicide, rural and homeless populations,
3. Plan for FEP infrastructure development, service provision, and expansion,
4. Strategy to fully expend MHBG FEP funds as well as steps that will be taken throughout the course of the year to monitor expenditures and make adjustments in a timely manner to best meet the needs of the community,
5. Outreach efforts to reach identified populations at a RBHA and provider level,
6. Identify the plan to provide suicide prevention efforts for those who qualify for FEP services.
7. Plan for how the RBHA will implement person centered care oversight? Identify how the RBHA plans to monitor implementation of Coordinated Speciality Care (CSC) modality including a description of fidelity measures to monitor and evaluate program adaptations. Please include fidelity measure tools with your submission.
8. Plan for coordinating and implementing the utilization for specific funding.
9. Plan for coordinating with other health plans MHBG FEP funded services, and
10. Plan for coordinating with other health plans for access to MHBG/FEP funding for members who lose their Title XIX/XXI eligibility.
11. Utilize the following template to outline planned providers initiatives:

\*Template is to be repeated for all planned program providers

| **Provider name:** |  |
| --- | --- |
| **Provider description; include services offered, length of time served as an FEP provider, levels of care offered, and specialty populations served:** |  |
| **Are telehealth options provided?** |  |
| **Provider contact information; include phone numbers and emails.** |  |
| **Geographic areas served by this FEP provider and addresses?** |  |
| **What is this provider's maximum census capacity for FEP members?** |  |
| **What is the caseload ratio?** |  |
| **Does this provider serve FEP members only? (Y/N)**  **If no, what other populations of members are served at this provider location? (SMI/SED, GMH, SUD, Other - list all)** |  |
| **What are the days and hours of operation for FEP services? Are there afterhours or crisis response services provided by this provider for their own members?** |  |
| **Is this program following the Coordinated Speciality Care (CSC) model? What CSC program is being implemented?** |  |
| **Identify any planned Evidence Based Practices (EBPs) for FEP. Include a plan for monitoring fidelity and monitoring and evaluating any program adaptations.** |  |
| **Identify how this provider plans to provide person centered care?** |  |
| **Provide a description of recovery and**  **recovery support services for members**  **served for FEP.** |  |

n. Utilizing the following template, identify the following:

* 1. Utilize the following template to identify measurable goals

\*Template is to be repeated until all program goals are identified and shall be altered so that all goals are adequately described.

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| What | | | | When | Who |
| Objective | | Measure Definition | Data Collection Method | Data Collection Frequency | Responsible Party |
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| What | | | | When | Who |
| Objective | | Measure Definition | Data Collection Method | Data Collection Frequency | Responsible Party |
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1. Serious Emotional Disturbance (SED)
2. Identified methodology and data used to identify SED populations to be served including as applicable: children within the school systems, children within the juvenile justice system, children with SED at risk of removal through Arizona Department of Child Safety (DCS), those with SED at risk of attempting suicide, rural and homeless populations,
3. Strategy to fully expend MHBG-SED funds as well as steps that will be taken throughout the course of the year to monitor expenditures and make adjustments in a timely manner to best meet the needs of the community,
4. Outreach efforts to reach identified populations,
5. Identified services to meet the needs,
6. Plan for coordinating with other health plans for MHBG-SED funded services, and
7. Plan for coordinating with other Health Plans for access to MHBG-SED funding for members who lose their Title XIX/XXI eligibility.
8. Utilize the following template to outline planned providers initiatives:

| **Provider name:** |  |
| --- | --- |
| **Provider description; include services offered, length of time they have been a provider, levels of care offered, and speciality populations served:** |  |
| **Provider contact information; include phone numbers and emails.** |  |
| **Geographic areas served by this provider and addresses?** |  |
| **What is this provider's maximum census capacity?** |  |
| **What is the caseload ratio?** |  |
| **What are the days and hours of operations? Are there afterhours or crisis response services provided by this provider for their own members?** |  |
| **Identify any planned Evidence Based Practices (EBPs) that will be utilized. Include a plan for monitoring fidelity and monitoring and evaluating any program adaptations.** |  |
| **Identify how this provider plans to provide person centered care?** |  |
| **Provide a description of recovery and**  **recovery support services for those with**  **SMI designations.** |  |

h.Utilizing the following template,identify measurable goals.

\*Template is to be repeated until all program goals are identified and shall be altered so that all goals are adequately described.

| **Project Goal:** |  | | | | |
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| **What** | | | | **When** | **Who** |
| **Objective** | | **Measure Definition** | **Data Collection Method** | **Data Collection Frequency** | **Responsible Party** |
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| **Project Goal:** |  | | | | |
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| **What** | | | | **When** | **Who** |
| **Objective** | | **Measure Definition** | **Data Collection Method** | **Data Collection Frequency** | **Responsible Party** |
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1. Serious Mental Illness (SMI)
2. Identified methodology and data used to identify SMI populations to be served including as applicable those who have SMI at risk of attempting suicide, rural, homeless, incarcerated or justice involvement, and elderly populations,
3. Strategy to fully expend MHBG-SMI funds as well as steps that will be taken throughout the course of the year to monitor expenditures and make adjustments in a timely manner to best meet the needs of the community,
4. Outreach efforts to reach identified populations,
5. Identified services to meet the needs,
6. Plan for coordinating with other health plans MHBG-SMI funded services, and
7. Plan for coordinating with other health plans for access to MHBG-SMI funding for members who lose their Title XIX/XXI eligibility.

g. Utilize the following template to outline planned providers initiatives:

\*Template is to be repeated for all planned program providers

| **Provider name:** |  |
| --- | --- |
| **Provider description; include services offered, length of time they have been a provider, levels of care offered, and speciality populations served:** |  |
| **Provider contact information; include phone numbers and emails.** |  |
| **Geographic areas served by this provider and addresses?** |  |
| **What is this provider's maximum census capacity?** |  |
| **What is the caseload ratio?** |  |
| **What are the days and hours of operations? Are there afterhours or crisis response services provided by this provider for their own members?** |  |
| **Identify any planned Evidence Based Practices (EBPs) that will be utilized. Include a plan for monitoring fidelity and monitoring and evaluating any program adaptations.** |  |
| **Identify how this provider plans to provide person centered care?** |  |
| **Provide a description of recovery and**  **recovery support services for those with**  **SMI designations.** |  |

h. Utilize the following template to identify measurable goals

\*Template is to be repeated until all program goals are identified and shall be altered so that all goals are adequately described.

| **Project Goal:** |  | | | | |
| --- | --- | --- | --- | --- | --- |
| **What** | | | | **When** | **Who** |
| **Objective** | | **Measure Definition** | **Data Collection Method** | **Data Collection Frequency** | **Responsible Party** |
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| **Project Goal:** |  | | | | |
| --- | --- | --- | --- | --- | --- |
| **What** | | | | **When** | **Who** |
| **Objective** | | **Measure Definition** | **Data Collection Method** | **Data Collection Frequency** | **Responsible Party** |
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