

Mental Health Transformation Grant Draft Recommendations (6/7/06)

Goal #5: To aid in transforming the mental health system, the commission makes four recommendations:

- 5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.
- 5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.
- 5.3 Improve and expand the workforce providing evidence-based mental health services and supports.
- 5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

.....

Recommendation 1: To create systemic changes to reduce the number of individuals with mental illnesses entering and currently in the criminal justice system and ensure appropriate services to these individuals.

As described below, the infrastructure changes necessary to accomplish this recommendation supports, either directly or indirectly, all of the sub-goals listed under Goal 5 (Excellent Mental Health Care is Delivered and Research is Accelerated) of the President’s New Freedom Commission report.

The rationale for selection of this recommendation is the belief that in order to achieve quality services agencies must be able to follow those individuals with complex psychiatric disabilities throughout their lifespan (as needed) and across the spectrum of service providers so that as individuals require different levels of care, each provider is not "re-creating the wheel". By providing care management for these individuals between service providers a “meta care” system could also further assess EBP across systems and bring EBP to facilities or sites where it is unavailable to insure continuity of care and thereby improve the quality of mental health care for consumers

The following are strategies that will support the achievement of the stated goal:

- 1. State agencies including at a minimum DMHAS, DOC, DCF, CSSD, DSS, DPH, DOE and DVA will identify within their populations, those individuals with psychiatric disabilities who are “high service users”, using a common definition across agencies.** A process will be developed to identify those individuals who are receiving services from multiple state agencies. That group will be further examined to identify high service users whose needs are still not being met due to lack of a) coordination of services, b) availability of types of service/program/residence, c) continuity of care, d) funding, e) expertise or f) other. Ultimately a list will be generated of individuals with psychiatric disabilities who have received multiple services without evidence of having benefited from these services. Using information from administrative datasets, we will explore which variables predict who does and does not get admitted to the criminal justice system with the aim of 1) identifying gaps in mental health care that may lead to the inappropriate use of prison settings (sub-goal 5.4) and 2) identifying areas to target with interventions to prevent someone from becoming involved in the criminal justice system and focus, instead, on building skills for recovery and resilience (sub-goal 5.1).

Identify infrastructure change: Introduce legislation that would address current impediments to cross-agency data sharing for the purpose of supporting integrated care management for this identified population of high service utilizers. HIPPA compliant data sharing systems between agencies will need to be devised to insure continuity of care and treatment planning. A secure web based system that would allow identified staff from each agency to access specific fields of information from other agency databases is being explored as part of a National Governor’s Association grant. In addition to promoting continuity of care across an individual’s lifespan and as they move among different systems of care, such an infrastructure change would also have longstanding impact for accelerating research to promote recovery and resilience (sub-goal 5.1), and in studies to develop the knowledge base in understudied areas including mental health disparities, long-term effects of medications, trauma, and acute care (sub-goal 5.4). Additionally, the resulting efficiency would allow the implementation of conclusions from research and internal evaluations in a more timely way than is presently possible and would allow for the identification of treatment systems in need of EBP dissemination (sub-goal 5.2) and workforce expansion and training (sub-goal 5.3).

Timeline: Upon MOA’s from each agency detailing the accessibility of data from each database pilots of the web-based system can begin within 6 months.

2. CT will expand upon collaborative initiatives that are already in place such as those recommended through the Prison Jail Overcrowding Commission. These recommendations include initiatives that impact the incarceration of individuals with psychiatric disabilities:

- a. prior to arrest (Crisis Intervention Team) ,
- b. at court (Jail Diversion Program),
- c. upon being incarcerated on bail (Jail Re-interview Program), or
- d. while incarcerated (Offender Reentry Program) either through diversion from incarceration or reductions in lengths of stay.

3. A cross-agency care management team, using pooled funding, collaborative contracting, and Medicaid resources will be developed that will serve as a “clinical home” for the identified “overlapping” high service utilizers. This care management team would be independent and responsible for developing an effective, integrated care plan with the consumer, agency treaters, and governmental agencies when necessary. The team would routinely review progress and monitor the effectiveness of and compliance with the care plan.

Identify infrastructure change: An MOA between agencies delineating functions and funding for the care management team will be developed. (also, see above for data sharing).

4. Identify gaps in services and resources necessary for this population by conducting qualitative (e.g., focus groups) and quantitative (structured interviews or questionnaires) assessments with key stakeholders such as agency representatives, care/case managers, consumers, family members of consumers. The goal of these assessments would be to explore outcomes and issues the groups deem important such as factors that predict who is being admitted, gaps in services (including alternatives to these settings that are currently not available - such as support to family members who want to care for a consumer at home noted by others), and regional variability that may contribute to these practices. This data would be helpful in developing future processes for more appropriate treatment in the community.

Identify infrastructure change: Recommendations will be made to the governor and legislature for resources deemed a priority for this population.

5. Introduce legislation that would allow braided or coordinated funding for the care of this high service utilizer population.

Identify infrastructure change: Legislation would be crafted that would allow braided or coordinated funding for the care of this high service utilizer population.

(This may be similar to what is in place for the Value Options contract with DCF and DSS) (Another small example is CSSD, DOC, and DMHAS shared funding for an AIC with residential support in Hartford.)

6. MH Transformation Grant state agency partners—in particular DMHAS, DOC, DCF, CSSD, DSS, DPH and DVA—will link in with the Governor’s Interagency Council on Supportive Housing and Homelessness and its work to further develop and expand the state’s investment in permanent supportive housing as an effective solution to the housing and service needs of persons exiting institutional settings including criminal justice and juvenile detention. Through the Interagency Council, assess the need for expanded State investment in re-entry housing—permanent housing linked with appropriate supports specifically targeted for persons leaving correctional facilities—to address the anticipated need. These state agency partners will develop a coordinated policy and protocol to identify and assess the housing and support needs for all persons with psychiatric disabilities who are currently in their respective institutional settings, as an ongoing part of effective pre-release/discharge planning. It is essential that the housing and service needs for all persons be adequately assessed as a regular part of the discharge planning process. This information should be regularly reported to the Interagency Council, on a quarterly basis, to maintain an accurate knowledge of the demand for these resources.

Recommendation II: To create systemic changes to reduce the behavioral health system’s reliance on nursing homes.

This recommendation supports Sub-goal 5.2 of the President’s New Freedom Commission report by...

The rationale for selection of this recommendation evolves from the Department of Mental and Addiction Services (DMHAS) data that indicates that about 3,000 current nursing home residents have serious mental illness. Other anecdotal information and data from evaluations performed prior to nursing home admissions suggest that some of these individuals might be better served in non-institutional community settings. Such individuals would benefit from Home & Community Based Services for diversion and discharge from nursing homes, and a feasibility study has been submitted to the legislature recommending such action. . However, the feasibility study does not address the broader systemic issues that have led to a continuing upward trend of adults with serious mental illnesses being admitted to nursing homes.

The following are strategies that will support the achievement of the stated goal:

1. Identify who is in nursing home beds now. State agencies tasked to do this would be at a minimum DMHAS, DSS and DPH. As with Recommendation 1 above, information from administrative datasets will help us explore which variables predict who does and does not get admitted to nursing home beds. The ultimate goal of this analysis would be to

- 1) identify gaps in outpatient mental health care, community support services and housing that may lead to the use of nursing home beds (a form of acute care; sub-goal 5.4) and
- 2) identify service methodologies that can be used to intervene to prevent someone from being admitted to a nursing home, focusing instead, on building skills for recovery and resilience (sub-goal 5.1), including the use of natural support systems.

Identify infrastructure change: As with Recommendation 1 above, identifying who uses nursing home beds requires secure and HIPPA compliant data sharing systems between applicable agencies with all of the advantages this data sharing offer in meeting Goal 5 noted above. The process for identifying what information to share across agencies requires input from all important stakeholders, such as representatives from each agency, consumers of each agency, and family members of consumers. As with recommendation 1, this information sharing should be implemented on a pilot basis with opportunity

for all stakeholders to provide feedback to ensure that all important information has been captured and that the inclusion of these data has led to desired outcomes.

2. Identify gaps in services and resources for this population by conducting qualitative (e.g., focus groups) and quantitative (structured interviews or questionnaires) assessments with key stakeholders such as agency representatives, care/case managers, consumers, family members of consumers. The goal of these assessments would be to explore outcomes the groups deem important such as factors that predict who is being admitted, gaps in services (including alternatives to these settings that are currently not available - such as support to family members who want to care for a consumer at home noted by others), and regional variability that may contribute to these practices. This data would be helpful in developing future processes for more appropriate referrals to nursing homes.

Identify infrastructure change: Recommendations will be made to the Governor and the legislature for resources deemed a priority for this population.

3. Develop a cross agency management team that would be responsible for overseeing the staffing and funding for community alternatives to nursing homes, and for developing a new nursing home evaluation and referral system ensuring return to community care. The cross agency management team would have focused responsibility to assure that admissions only occurred for those who needed skilled nursing home care, to identify the resources needed to divert admissions and sustain community living, to oversee programmatic changes needed in nursing homes to assure appropriate care, and to assure that no patient becomes “lost” or abandoned once placed in a nursing home.

Identify infrastructure change: Recommendations will be made to the Governor and legislature for resources deemed a priority for this population.

4. Expand the current (contracted) function of pre-screening to include utilization review and discharge planning. Already in place is a pre-screening system conducted by Advanced Behavioral Health (ABH). ABH had previously also followed up on placements in nursing homes. Their experience could help structure a follow through process from the time of admission, to discharge planning, and back to successful reintegration in the community. Concurrently, an evaluation of services available in nursing homes to assist adults with serious mental illnesses in their rehabilitation must be addressed.

Identify infrastructure change: A possible need for statutory and/or licensing changes to assure that these services are provided

5. Support the adoption of a Home & Community Based Services Waiver (HCBS) Waiver or State Medicaid plan amendment for persons with serious mental illnesses currently receiving long-term institutional care within Medicaid-funded facilities, and for those who could be diverted prior to institutional care.

6. The MH Transformation Grant partners will link in with the Next Step Supportive Housing Initiative, a statewide initiative to invest in and expand the resources of housing linked with appropriate supports (permanent supportive housing), which includes financing for a total of 500 units of permanent supportive housing over the next 3 years. These efforts, through the Interagency Council on Supportive Housing and Homelessness, will provide the necessary information to adequately and accurately identify the immediate and longer term needs for additional permanent supportive housing that would serve persons with psychiatric disabilities who are leaving nursing homes.

Recommendation III:

Create systemic and policy changes to identify and divert children and youth involved in the juvenile and criminal justice systems into evidence-based prevention programs and interventions in order to prevent or minimize further criminal justice involvement.

This recommendation supports Sub-goal 5 of the President's New Freedom Commission report by...

The following are strategies that will support the achievement of the stated goal:

- 1. Create interagency task force to address issues of identification and diversion of juvenile and criminal justice involved children and youth. Ensure collaboration among justice serving agencies (e.g., CSSD & DCF & DOC) as well as education (SDE and LEAs) and consumer/family input.**

Identify infrastructure change: Develop interagency task force with membership from all agencies serving juvenile and criminal justice involved children and youth, consumers, academic institutions, providers and independent institutions.

- 2. Use task force to review and implement recommendations from existing studies of juvenile justice involved children and youth (such as *Close to Home*), specifically identifying systemic barriers to utilize existing screening and assessment data and share data across agencies.**

Identify infrastructure change: Task force will make policy recommendation to change practices which currently prevent the use of existing screening and assessment data to guide disposition and treatment outcomes for juvenile justice involved children and youth.

- 3. Promote the continued adoption of evidence-based practices and early interventions among state agencies who service juvenile and criminal justice involved children and youth, especially those efforts which work to reduce racial and ethnic disparities or those which are gender sensitive or specific.**

Identify infrastructure change: Task force in collaboration with Center for Best Practices (See Recommendation #5) will identify and promote adoption of evidence-based practices and identify reallocation of existing funding or develop new grants to support these efforts.

- 4. Promote the continued adoption and dissemination of early intervention and diversion strategies, such as community-based juvenile review boards, which provide alternatives to punitive measures and increase access to community based services for juvenile justice involved children and youth.**

Identify infrastructure change: Utilizing existing successful practices as a model (e.g., Hartford JRB), allocate existing funding and seek new grants to replicate community based diversion programs.

A connection/integration of efforts also needs to be made between mental health, juvenile justice, education and prevention to support early intervention and diversion strategies.

- 5. When appropriate, blend funds among agencies to better serve children and youth and ensure a continuum of care. Promote interagency collaboration with emphasis on youth transitioning to the adult system of care.**

Identify infrastructure change: Build upon existing collaboration between DMHAS and DCF to include CSSD, DOC and other juvenile youth service agencies to create MOU's and other mechanisms for blending funding streams to support continuum of care for juvenile and criminal

justice involved youth, especially those transitioning from the child to the adult mental health system.

6. Review and implement as appropriate the recommendations of the DCF/CSSD joint juvenile justice strategic plan which address issues of access to resources, best practices, legal and ethical issues and data sharing amongst state agencies serving juvenile justice involved children and youth.

Identify infrastructure change: Excellence in Mental Health subcommittee will review and make recommendations to state agencies for implementation of recommendations in joint juvenile justice strategic plan.

Recommendation IV: Create a state-wide center for the identification, promotion and implementation of evidence-based and “effective” practices for mental health services across the lifespan.

This recommendation supports Sub-goal 5.2-1 of the President’s New Freedom Commission report by reducing the gap between research and practice. The commission report emphasized that what is known in the field regarding the implementation of evidence-based/effective practices is not often put into practice at the community level. Many barriers prevent the consistent and widespread implementation of evidence based and effective practices. These include:

- a) A lack of awareness of effective practices at all system levels
- b) Organizational cultures and leadership that resist change and innovations in practice
- c) Barriers to obtaining appropriate training
- d) Lack of sufficient infrastructure for data systems, quality management and outcome assessment
- e) Misalignment between funding mechanisms and effective practices
- f) The lack of evidence based practices for particular populations or problems

The center will employ specific strategies to promote and remove barriers to the widespread implementation of evidence-based and effective practices. The center should be a public/private partnership that is directed by a board of stakeholders including consumers and family members, state agency representatives, public and private academic institutions, legislators, service providers, private foundations, and others. In addition to efforts to support the implementation of evidence-based and effective mental health services, the center must also promote practices that enable people with serious mental illness to maintain community-based housing and fully integrate into the community (e.g. work, school, recreation, civic organizations, volunteerism, etc.).

The following are strategies that will support the achievement of the stated goal:

1. Build, maintain and disseminate a repository of knowledge regarding effective practices that address the needs of stakeholders across a variety of systems and age groups. Use this knowledge to;

- Provide education, consultative services, resources, and supports
- Support the efficient and widespread delivery of training in effective practices
- Provide technical assistance regarding the knowledge and skills necessary to implement and sustain effective practices
- Support the development of a data, quality assurance and outcome assessment infrastructure

Identify infrastructure change: Establishment of a materially supported center that can perform this function with maximum effectiveness and efficiency.

Timeline: Up and running by July 1, 2007

2. **Develop and promote policies, regulations, standards, and statutes that either support the promotion of, or remove barriers to, the delivery and sustainability of effective practices.** For example, these could include higher rates of reimbursement for providers of evidence-based/effective practices, allocating funding for training and quality assurance, or contract language that promotes accountability for service outcomes.

Identify infrastructure change: Changes in policy, regulations, standards and statutes

Timeline: Ongoing throughout the existence of the center

3. **Seek grants and/or advocate for funding or research that modifies existing practices or develops new approaches to serve populations for which there is no evidence-based or effective practices available.**

Identify infrastructure change: Cooperative Agreements between providers, state agencies, academic institution, and private foundations to pursue grants and funding opportunities.

Timeline: ongoing throughout the existence of the center

4. **Develop a collaborative funding stream by identifying and engaging foundations leading to sustainability for this recommendation.**

Identify infrastructure change: Development of sustainable sources of material support

Timeline: ongoing throughout the existence of the center with sustainable support secured prior to the end of transformation grant funding.

5. **In identifying best practices, the center will pay attention to the role of permanent supportive housing as an effective solution to the complex services and housing needs of multiple high-needs populations. The center could:**

- a. Develop a state repository of knowledge about the different models of permanent supportive housing and their effectiveness with different populations
- b. Promote the use of best practices in delivering high quality services in supportive housing
- c. Implement a comprehensive training curriculum that builds on resources already in place

Identify infrastructure change: A permanent subcommittee or portion of the Center dedicated to supportive housing that links with the Governor's Workgroup on Supportive Housing, The Corporation for Supportive Housing, DSS, DECD, DMHAS, DMR, DCF and other stakeholders in promoting supportive housing.

Timeline: Ongoing throughout the existence of the Center.

Consumers and family members contributed to this recommendation and strategy steps through a DCF supported survey of family members and consultation with the Children's Behavioral Health Advisory Committee (CBHAC) that is composed of 50% family members/consumers/advocates.

Recommendation V: Implement funding strategies, policy changes, and systemic interventions to increase timely access to service.

This recommendation supports Sub-goal 5.2-2 of the President's New Freedom Commission report by addressing the fact that excellent mental health care can not be delivered if those in need cannot access the appropriate services or support when needed.

Most individuals with a mental health disorder do not receive care of any kind. A minority of individuals obtain timely access to care that is effective in helping to reduce or eliminate symptoms and maximize functioning. The fragmentation of the system across multiple agencies, delivery systems, and funding sources is a major contributor to the limited, uncoordinated and inequitable access to effective service that is the norm at present. For example,

- Categorical funding streams limit access to care based on the individual's status (e.g. on parole, DCF client, DOC client, etc.) rather than their service need
- Ethnic, racial, and socioeconomic factors contribute to disparities in access and quality of care

The following are strategies that will support the achievement of the stated goal:

- 1. Increase utilization of the Medicaid Rehabilitation Option, Early Periodic Screening, Detection, and Treatment (EPSDT), and other existing programs and waiver options as a means of expanding access. Make increased use of blended funding strategies (such as the CT BHP which blends DCF and DSS funds) that reduce administrative barriers to access.**

Identify infrastructure change: Develop inter-agency partnerships through MOUs, joint contracts, policy coordination, consolidation of administrative functions, and other methods to remove barriers to access based on client status, agency affiliation, etc.

- 2. Conduct analyses of state agency policies that govern access to services (including a meta-analysis of existing reports) and recommend policy changes and/or strategies that promote improved access.**

Identify infrastructure change: Through the interagency partnership (see #1 above) promote financial incentives for improved access through differential rates of reimbursement (Medicaid, Medicare, and private Insurance) for meeting specified targets. Create incentives for providers to engage and provide intervention to culturally and ethnically diverse populations. Assure funding is devoted to prevention and early intervention strategies.

Timeline: Ongoing

Consumers and family members contributed to this recommendation and strategy steps through a DCF supported survey of family members and consultation with the Children's Behavioral Health Advisory Committee (CBHAC) that is composed of 50% family members/consumers/advocates.

Recommendation VI: Develop a multi-agency public/private task force including MHT State agencies, the Connecticut Hospital Association, Consumer and Family Advocacy organizations, managed care organizations, community providers and national policy experts to develop solutions to the root causes of ED gridlock.

This recommendation supports Sub-goal 5.2-3 of the President’s New Freedom Commission report because it reflects the need to achieve proper and timely placement of mental health patients in appropriate and effective treatment settings.

The rationale for selection of this recommendation is that Emergency Departments (EDs) are increasingly overwhelmed and insufficiently equipped to deal with the number of children, youth, adults, and older adults that present requiring psychiatric services. With additional, appropriate psychiatric treatment settings in the community (outside the acute care setting), many mental health patients who are in need of treatment but not in an emergency or crisis receive effective and timely care without requiring a trip to the ED. In addition to the number of unnecessary visits, many individuals requiring psychiatric service remain “stuck” in EDs for days or even weeks due to the inability to find access to appropriate follow-up care. Efforts to provide emergency services and triage in the ED for actual emergencies are often hampered by the inability to place non-emergent psychiatric patients in a proper community setting.

The following are strategies that will support the achievement of the stated goal:

1. Conduct an Intensive Study of ED Utilization identifying referral patterns, discharge obstacles, service needs, funding and incentive issues to inform policy and practice recommendations. . Include an assessment of the impact of the lack of available housing and support services for individuals making use of Emergency Departments. Link this information with the ongoing work of the Interagency Council on Supportive Housing and Homelessness.

Identify infrastructure change: Secure a state funded technologically reliable system through which assessment and linkage can occur.

Timeline: Approximately six months from appropriation

2. Utilize bed tracking software/systems and mandate access to available beds. Work with managed care in the public and private sectors to develop specialty access agreements to expand inpatient options for special populations (e.g. eating disorders, problem sexual behaviors, developmental disorders, etc).

Identify infrastructure change: promote system of accountability (through legislation or state and private sector collaboration) that integrates and maximizes the efforts of state government, providers, and other industry members, including managed care entities, in expanding inpatient options.

Timeline: approximately six months to one year

3. Establish specialty programs in high volume urban centers that are supported by enhanced rates and rapid access to an array of specialized services including comprehensive evaluative services, immediate outpatient follow-up, brief stabilization beds, and intermediate care capacity.

Identify infrastructure change: Direct and fund agency resources to design enhanced rate structure and program development that provides incentives for increased capacity in the designated specialized areas.

Timeline: Approximately six months to one year.

Consumers and family members contributed to this recommendation and strategy steps by relating their experience and frustrations in seeking out proper and timely placement for psychiatric services.

Recommendation VII:

Secure expanded service supported housing resources for persons with psychiatric illness leaving institutional settings, and to prevent the unnecessary institutionalization of persons with psychiatric illness.

This recommendation supports Sub-goal 5.2-3 of the President's New Freedom Commission report by...

The rationale for selection of this recommendation is supportive housing is a practical, proven and cost-effective solution to the housing and support needs of persons who face complex challenges—including individuals with mental illness leaving institutional settings or who face unnecessary institutionalization or homelessness. Supportive provides safe, secure rental housing that is affordable to people with very low incomes and is permanent. The other key feature is the provision of support services by skilled staff at or very near the housing site that are designed to be flexible and responsive to the needs of the individual. In Connecticut, there is an increasing number of persons facing long term homelessness due to gridlock in treatment systems and releases from the prison system, among other reasons. In addition, insufficient service-supported or affordable housing options lead to homelessness for many individuals leaving inpatient medical and behavioral health treatment systems.

The following are strategies that will support the achievement of the stated goal:

1. Link with existing supportive housing advocacy campaigns, including the Reaching Home Campaign, to secure the necessary increased state and private sector investment.

Identify infrastructure change: Identify appropriate systems' representatives to join the Reaching Home Campaign subcommittee (Strategy, Production and/or Services).

Timeline: By September 30, 2006

2. Develop a five-year plan that outlines the incremental costs of developing and operating additional supportive housing to meet this need.

Identify infrastructure change: A working group consisting of representatives from CT Legal Rights Project, Corporation for Supportive Housing, NAMI, and the Partnership for Strong Communities and others as appropriate will be convened to, draft out the five-year plan to include detailed numbers of units to be created and total financing costs. As early as possible, identify and secure funding resources through public resources to cover the plan development costs. Submit this plan to the Governor's Interagency Council on Supportive Housing and Homelessness. This plan should include detailed target populations that will be housed with appropriate support services, including adults leaving behavioral health or corrections institutions; adults leaving nursing homes; youth aging out of foster care or residential care. Identify the additional staff training resources needed.

Timeline: To be prepared in time for the upcoming legislative process, by September 30, 2007.

3. Expand on efforts to combat stigma towards persons with mental illness, and to facilitate improved community acceptance of supportive housing for this population.

Identify infrastructure change: In partnership with NAMI, Keep the Promise, and the Reaching Home campaigns, identify additional strategies to be developed over the next 5 years to effectively respond to problems of stigma and lack of community support towards supportive housing for this population. To the maximum extent possible, the strategies should link with other efforts currently in place by other organizations to also combat stigma and build support, including the Regional Mental Health Boards and the Independent Living Centers.

Timeline: Identify representatives and reach out to collaborating efforts by September 1, 2006. Develop draft plan of strategies by April 1, 2007, including implementation steps.

4. Identify and implement effective strategies to strengthen the nonprofit provider capacity to implement high quality and effective supportive housing for these target populations who may have more intensive service needs. Identify the needed interagency partnerships to facilitate successful community integration.

Identify infrastructure change: MH Transformation Grant partners will establish a working group to draft a plan that will combine staff training resources (through DMHAS' Education and Training Division) that will build on identified best practices in the field. In addition, the workgroup will link with Reaching Home's Services subcommittee that is working to establish standards for quality assurance in supportive housing. Link with DMHAS Education and Training Division to identify additional resources needed. Also identify additional financial resources to cover costs,

Timeline: Identify participating members by September 30, 2006. Develop draft plan by December 31, 2006.