

## Public Investment Plan (PIP) – Project Charter – Proposed Final Scope Of Work

<b>Name:</b>	Community Mental Health Systems Improvement through Public and Private Partnerships
<b>Convener:</b>	Metro Public Health Department (MPHD)
<b>Contact:</b>	William S. Paul, MD, MPH, FACP, Director of Health

**1. If necessary, please provide an updated or revised plan based on the feedback you received from the Public Investment Panel, and the resources you were awarded. If there are no proposed changes to your plan, please indicate so by marking this field as “ Preliminary system metrics and measures document NO CHANGE”.**

In the initial rapid consensus workshop, the Community Mental Health Systems Improvement Workgroup identified the following priority areas to better serve the needs of the Nashville community: 1) strengthen the 24/7 mental health urgent care system; 2) a backbone organization and collective impact approach (consensus choice was MPHD); 3) Data/Outcomes Measurement; 4) a city-wide campaign to reduce stigma and reinforce systems of care; 5) processes to expand diversion of Mental Health patients from the criminal justice system; 6) care management for the uninsured and underinsured; 7) expanded housing options; and 8) dedicated mental health funding.

The initial PIP presentation prioritized #1 (24/7 mental health urgent care system) and #2 (backbone organization). The PIP review panel encouraged that we more thoroughly address root causes and prevention. To accomplish this, we propose to expand the planning phase of our work. This will require commitment of resources to priority areas #2 and #3: backbone organization and data/outcomes measurement. Therefore the revised PIP requests support for a MPHD Project Coordinator, includes in-kind support of an epidemiologist at MPHD and requires continued participation of the Community Mental Health Systems Improvement (CMHSI) workgroup.

The long term overarching goal is to redesign the mental health system of care to better address the unmet needs of individuals with serious and persistent mental illness so that preventable and avoidable incarcerations decline in Davidson County. The group will aim to mobilize more efficient and effective use of resources in the mental health care and criminal justice systems, and to better align appropriate and necessary services with needs. This approach will promote resiliency and rehabilitation and prevent recidivism in this vulnerable population. The work proposed here will serve to improve these processes and alignment of resources.

Thus, we propose a planning phase in which we will hire a coordinator and engage the CHMSI workgroup and other relevant partners to assess the community’s mental health care system and identify gaps in services and unmet needs. MPHD will hire or contract with Project Coordinator to provide leadership, facilitation and coordination of project activities. The CMHSI workgroup will assess available data and develop a more comprehensive understanding of the existing system, identify improvements that can address root causes and prevention, and reduce incarceration of people in need of mental health care. The group will develop a strategy and a proposal for system improvements to be submitted for consideration for FY 18 funding. While developing the strategy, we will also aim to identify and implement any system improvements that can be made without new Metro funding. The estimated budget for this revised PIP is \$93,900.

**2. Provide a brief outline below of the actions that will be taken to implement the project in FY17, including key milestones, deliverables and project schedule.**

**Planning Goal: Identify changes to the service provider system that will lead to a decrease in inappropriate and preventable incarceration of the seriously mentally ill.**

This planning phase of the project will include: a) information gathering, systems analysis, and b) a facilitated decision making process among partners and stakeholders to arrive at recommended prevention focused system changes.

Key Milestones	Owner	Collaboration	Deliverable	Timeline
<p>Milestone 1: Hire or contract with a Community Mental Health Systems Improvement (CMHSI) coordinator to work as the lead backbone staff person of this collective impact project planning phase directing the following:</p> <p>Detail 1: Convene CMHSI workgroup to develop governance structure, goals, objectives and strategies of workgroup and</p>	MPHD	This position will be dedicated to community coordination of the project grounded in fidelity to the Collective Impact framework.	<p>CMHSI Coordinator Hired</p> <p>Governance structure</p> <p>Goals objectives and strategies</p>	September, 2016

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prepare reports, assure timely deliverables from planning year.  Detail 2: Facilitate monthly meetings of CMHSI workgroup			Monthly reports	
Milestone 2: Establish -Data sub-committee and Process Improvement sub-committee .	CMHSI Coordinator, workgroup	CMHSI coordinator and relevant CMHSI partners	Data and process improvement subcommittees established	September, 2016
Milestone 3: CMHSI Data sub-committee identifies community data resources, gaps and needs and makes recommendations for community planning.	CMHSI Coordinator, workgroup	The CMHSI coordinator with subcommittee and partners with relevant data.	Preliminary system metrics and measures document	December, 2016
Milestone 4: CMHSI Process Improvement sub-committee reviews existing processes, identifies gaps, and needs, and makes recommendations for process changes to CMHSI Workgroup.	CMHSI Coordinator, workgroup	The CMHSI coordinator with subcommittee.	Preliminary report on processes and gap analysis	December, 2016
Milestone 5: CMHSI workgroup creates strategy document proposing action steps and resources needed for system improvement.	CMHSI Coordinator, workgroup	Submission and monitoring of subsequent PIP applications and additional resources	Report and FY2018 PIP proposal	March, 2017

**3. Provide clear and measurable criteria for how you propose that the administration and the PIP panel should evaluate the proposal's success during FY17**

The criteria for evaluating the proposal's success during FY 17 should include the following:

1. Successful hiring of a qualified coordinator
2. Continued meaningful participation and engagement of CMHSI workgroup members as evidenced in records and minutes of workgroup and subcommittee meetings.
3. Completion and timeliness of Deliverables according to work plan.
4. Timely submission of quarterly reports to Metro.
5. Accurate accounting for purchases, personnel and project expenses.

**4. Provide an estimated level of completion for the project at the end of its first year – June 30, 2017 (i.e. Planning Stage, Implementation Stage, or Completed). Include specific detail for what that level of completion means for your project, in context of the project milestones outlined in question 3.**

The Planning Stage of the project will be completed by June 30, 2017. The timeline is focused on development of a strategy and plan to propose in the FY 2018 PIP cycle. Of course it does not preclude the CMHSI workgroup members implementing appropriate and timely system changes that do not require new Metro funding. The FY2017 effort will lay the groundwork for the FY 2018 PIP proposal and the Implementation Stage by establishing a collective impact framework including public-private partnership, cross-departmental collaboration and benchmarks for accountability and success.

*Handwritten signature in blue ink: Thomas Dineal*

*Handwritten signature in blue ink: Jim M 8.11.2016*

ATTACHMENT 1 (continued)  
 GRANT BUDGET LINE-ITEM DETAIL  
 (BUDGET PAGE 3)

SALARIES		AMOUNT
Medical Administrative Assistant 2	\$ 3,022.61 x 22 x 100%	\$66,497.42
TOTAL ROUNDED		\$66,500.00

BENEFITS & TAXES		AMOUNT
OASDI, Employer's Share		\$4,123.00
SS Med, Employer Share		\$964.25
Group Health, Employer's Share	\$ 916.67 x 10	\$9,166.70
Dental, Employer's Share	\$ 41.67 x 10	\$416.70
Life, Employer's Share	\$ 16.67 x .10	\$166.70
Pension, Employer's Share		\$8,206.10
TOTAL ROUNDED		\$23,000.00

TRAVEL / CONFERENCES & MEETINGS		AMOUNT
Local Travel		\$500.00
TOTAL ROUNDED		\$500.00

PROFESSIONAL FEES		AMOUNT
TOTAL ROUNDED		

Supplies		AMOUNT
Office		\$3,000.00
TOTAL ROUNDED		\$3,000.00

Telephone		AMOUNT
Cellphone		\$400.00
TOTAL ROUNDED		\$400.00

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8-11-2016

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## Public Investment Plan Project Charter Agreement

I, William S. Paul, M.D., convener of the Community Mental Health Systems Improvement through Public and Private Partnerships, Public Investment Plan (PIP) hereby agree to abide by the terms and responsibilities contained in this Project Charter Agreement for the implementation, measurement, and evaluation of the approved Public Investment Plan.

### I. Funding

Funding consisting of \$93,900 and 1 FTEs was allocated to this PIP and will be kept in \_\_\_\_\_, for tracking and evaluation purposes. I acknowledge that the allocated funding is considered non-recurring for Fiscal Year 2017-18, and that continuation funding will be contingent upon satisfactory completion of the terms outlined in this agreement. All parties acknowledge that funding and resources allocated to this PIP were awarded for the sole purpose of fulfilling the objectives outlined in the original plan as submitted to the Public Investment Panel, the Final Scope of Work and Project Charter and therefore, **will not be used for other purposes.**

### II. Evaluation

All parties agree to abide by the Project Charter and Project Schedule attached to this agreement. Satisfactory completion of the criteria - to be determined jointly by the Finance Director and Project Convener - will be required in order for the Public Investment Plan to be considered for continuation or additional funding in subsequent fiscal years.

### III. Reporting

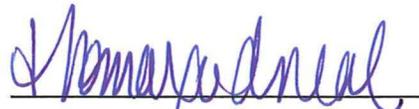
It is the responsibility of the Convener to ensure that reporting deadlines are met, and the agreed upon materials are provided at the dates specified in the FY17 Project Charter Schedule. The Convener shall report both the specified financial & performance metrics using the templates provided, and a brief narrative that details how the project is meeting the criteria. This information will be used to inform the Mayor, the Public Investment Panel, and the citizens of Davidson County of the project's success.

The project charter scope of work, evaluation criteria, and evaluation and reporting timeline have been formulated and agreed upon by both parties. Both parties understand that this agreement can be adjusted as required throughout the fiscal year.

Signed:



Convener



Finance Director

## Public Investment Plan – FY2017 Project Charter Schedule

By signing this document I, as the Convener of this Public Investment Plan (PIP), agree to abide by the schedule outlined below. This schedule has been developed in concert with the Finance Director, and reflects our collective understanding of the Public Investment Plan's Project Schedule.

### 1. Project Charter Finalized– 7/22/16

- Proposed project charter due to Dennise Meyers & OMB Analyst by 07/11/16
- Meet with Finance Director to finalize Project Charter: between July 13 and July 15<sup>th</sup> (time to be determined)
- Final Project Charter, including evaluation criteria completed and signed by 07/22/16

### 2. Project Launch – 07/25/16

### 3. As Convener, I agree to provide the following reports to the Finance Director according to the listed schedule:

Required Reporting Components (*format to be determined*):

- Narrative of current progress
- Performance Metrics
- Financial Tracking Form
- Other information that may be required for reporting to key stakeholders including the Metro Council and citizens. This may include written materials or in-person presentations to these groups.

Reporting deliverable templates will be provided by 8/1/16

#### Schedule:

- 1<sup>st</sup> Quarter Report Due – 10/17/16
- 2<sup>nd</sup> Quarter Report Due – 01/17/17
- 3<sup>rd</sup> Quarter Report Due – 04/17/17
- Year-End Report Due – 07/15/17

As Convener, I agree to meet with the Finance Director to discuss status of the PIP at any given time during the fiscal year.

I understand that complying with the terms of the Project Charter Schedule will be considered during upcoming budget processes to determine whether funding will be provided on a recurring basis for this initiative.

Signed:



William S. Paul, M.D.

Convener



Talia Lomax-O'dneal

Finance Director