

Idaho

UNIFORM APPLICATION
FY 2016 BEHAVIORAL HEALTH REPORT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016
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Center for Mental Health Services
Division of State and Community Systems Development

I: State Information

State Information

State DUNS Number

Number 825201486

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name Idaho Department of Health and Welfare

Organizational Unit Division of Behavioral Health

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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2014

To 6/30/2015

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 12/1/2015 12:51:46 PM

Revision Date

V. Contact Person Responsible for Report Submission

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Footnotes:

II: Annual Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Evidence-based Programming
Priority Type: SAP
Population(s): Other (Primary Prevention - General Population)

Goal of the priority area:

All recurring services/strategies funded with the Idaho 2014 and 2015 SAPT Block Grant will be from Idaho's Substance Abuse Prevention Evidence-Based Program List.

Strategies to attain the goal:

Priority will be given to funding prevention programs and practices on the approved list.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percentage of programs funded which are on the Idaho approved list.
Baseline Measurement: Percentage of programs funded from list in 2013
First-year target/outcome measurement: 75% of programs funded are on list.
Second-year target/outcome measurement: 100% of programs funded are on list.
New Second-year target/outcome measurement (if needed):

Data Source:

Idaho substance abuse prevention data system

New Data Source (if needed):

Description of Data:

Name of program funded

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

This is specific to SAP.

Priority #: 2
Priority Area: Community-based processes
Priority Type: SAP
Population(s): Other

Goal of the priority area:

Idaho will increase the number of underage drinking prevention coalitions by 5% by June 30, 2015.

Strategies to attain the goal:

Provide technical assistance, leadership development training and underage drinking prevention resources to all community groups willing to address underage alcohol use.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of Idaho coalitions undertaking underage drinking prevention activities.
Baseline Measurement: Number of active Idaho coalitions as of October 1, 2013, is 15.
First-year target/outcome measurement: Number of active Idaho coalitions as of June 1, 2014 will be 18.
Second-year target/outcome measurement: Number of Idaho coalitions undertaking underage drinking activities as of June 1, 2014 will be 21.

New Second-year target/outcome measurement (if needed):

Data Source:

Community Coalitions of Idaho activities report.

New Data Source (if needed):

Description of Data:

Coalition activity Reports

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No data issues foreseen.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 3

Priority Area: Pregnant Women and Women with Dependent Children

Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

Idaho will develop formal tracking systems and reports to record the number of Pregnant Women and Women with Dependent Children receiving specialized care, as established under the SAPT Block Grant and the cost of such care.

Strategies to attain the goal:

Idaho will establish electronic data collection and reporting systems to capture data on PWWC clients.

Priority #: 4
Priority Area: Pregnant Women and Women with Dependent Children
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

Idaho will identify a new specialized Pregnant Women and Women with Dependent Children (PWWC) Provider by June 30, 2014

Strategies to attain the goal:

Idaho will contact providers serving pregnant women and women involved in child protection to identify an agency willing to deliver this specialty service.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase number of PWWC specialty providers
Baseline Measurement: Number of PWWC specialty providers as of July 1, 2013
First-year target/outcome measurement: An evaluation of network providers is completed to identify agencies willing and able to meet PWWDC requirements.
Second-year target/outcome measurement: Select one network and supply technical assistance needed to enable agency to meet all PWWDC requirements.
New Second-year target/outcome measurement (if needed):

Data Source:

Operations Unit, Substance Use Disorders (SUD) Report

New Data Source (if needed):

Description of Data:

Number of SUD providers contacted
Number of PWWC specialty providers

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 5

Priority Area: Substance Use Disorder Treatment Clients

Priority Type: SAT

Population(s): HIV EIS

Goal of the priority area:

The Division of Behavioral Health will require that all individuals seeking substance use disorder treatment services to be assessed for HIV/AIDs risks.

Strategies to attain the goal:

Require all Division of Behavioral Health-funded providers assess substance use disorder treatment clients for HIV/AIDS.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: All SSA-funded Substance Use Disorders clients are assessed for HIV/AIDS.

Baseline Measurement: Percentage of clients assessed for HIV/AIDS in Idaho Fiscal Year 2013.

First-year target/outcome measurement: 50% of clients will be assessed for HIV/AIDS.

Second-year target/outcome measurement: 100% of clients assessed for HIV/AIDS.

New Second-year target/outcome measurement (if needed):

Data Source:

WITS data system

New Data Source (if needed):

Description of Data:

Number of clients whose assessment record indicates they were assessed for HIV/AIDS

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 6
Priority Area: All Substance Use Disorder Clients
Priority Type: SAT
Population(s): TB

Goal of the priority area:

The Division of Behavioral Health will require that all individuals seeking substance use disorder treatment services to be assessed for tuberculosis.

Strategies to attain the goal:

Require all Division of Behavioral Health-funded providers assess substance use disorder treatment clients for tuberculosis.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percentage of Substance Use Disorders clients who are assessed for TB.
Baseline Measurement: Percentage of clients assessed for TB in Idaho State Fiscal Year 2013.
First-year target/outcome measurement: 50% of clients assessed for TB in Idaho State Fiscal Year 2014.
Second-year target/outcome measurement: 100 % of clients assessed for TB in Idaho State Fiscal Year 2015.
New Second-year target/outcome measurement (if needed):

Data Source:

WITS data system

New Data Source (if needed):

Description of Data:

Number of clients assessed for TB

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 7
Priority Area: IV Drug Users
Priority Type: SAP
Population(s): IVDUs

Goal of the priority area:

Idaho will develop a process to ensure that individuals served as IVDU clients meet established requirements by June 30, 2015.

Strategies to attain the goal:

Develop a process for evaluating client intravenous drug use by June 30, 2014.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: A process for evaluating client intravenous drug use is developed by June 30, 2014. 50% of SUD clients will be assessed for IV drug use in FY 2014.

Baseline Measurement: No process existst

First-year target/outcome measurement: Develop a process for evaluating client intravenous drug use by June 30, 2014.

Second-year target/outcome measurement:

New Second-year target/outcome measurement (if needed):

Data Source:

Operations Unit, Substance Use Disorders Report

New Data Source(if needed):

Description of Data:

Written process is completed.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 8

Priority Area:

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Idaho's suicide hotline will expand its capacity to serve Idaho citizens who are in crisis.

Strategies to attain the goal:

Suicide hotline capacity will be expanded through increased hours of operation and increased staff during peak operating hours.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Suicide hotline days of operation and number of staff per shift.

Baseline Measurement: Suicide hotline operates for four days a week with two staff as of March 2013.

First-year target/outcome measurement: Idaho's suicide hotline hours of operation will expand from Monday through Friday, 9 a.m. to 5 p.m. to seven days a week by June 30, 2014.

Second-year target/outcome measurement: Idaho's suicide hotline number of staff per shift will expand from two to three by June 30, 2015.

New Second-year target/outcome measurement (if needed):

Data Source:

Mountain States Group runs the suicide hotline program.

New Data Source (if needed):

Description of Data:

Mountain States Group will provide information as to suicide hotline hours and days of operation. Mountain States Group will provide information as to number of staff per shift.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

NA

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

As of November 2014 staffing of the Idaho Suicide Hotline was expanded to 24 hours per day, 7 days per week. Each shift is staffed by a paid supervisor and 2-3 volunteers per shift.

Priority #: 9

Priority Area:

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

The Division of Behavioral Health will enhance the implementation of Assertive Community Treatment (ACT) by providing training to ACT staff and community partners.

Strategies to attain the goal:

The Division of Behavioral Health will sponsor an ACT conference to provide evidence based training opportunities for ACT staff and community partners.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Training provided to Assertive Community Treatment staff and community partners.

Baseline Measurement: No statewide Assertive Community Treatment training has been provided for the past four years.

First-year target/outcome measurement: The Division of Behavioral Health will implement a statewide Assertive Community Treatment (ACT) conference for behavioral health, corrections and court personnel with workshop tracks related to ACT, recovery and trauma by January 1, 2014.

Second-year target/outcome measurement: NA

New Second-year target/outcome measurement (if needed):

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Implementation of a statewide Assertive Community Treatment (ACT) conference to provide evidence based training opportunities to ACT staff and community partners.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 10

Priority Area:

Priority Type: MHS

Population(s): SED

Goal of the priority area:

The Division of Behavioral Health will improve the consistency and standardization of Children's Mental Health services delivery to eligible children without payment resources.

Strategies to attain the goal:

The Division of Behavioral Health will contract with a Children's Mental Health Management Services Contractor to provide Children's Mental Health services to eligible children without payment resources.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The Division of Behavioral Health will contract with a Children's Mental Health (CMH) Management Services Contractor to provide Children's Mental Health services to eligible children with serious emotional disturbance diagnoses who have no insurance or other payment resources .

Baseline Measurement: As of March 2013, the Division of Behavioral Health did not contract with a CMH Services contractor for CMH services.

First-year target/outcome measurement: The Division of Behavioral Health will create a Request for Proposals and award a contract to a Children's Mental Health Management Services Contractor to provide Children's Mental Health services to eligible children with serious emotional disturbance diagnoses who have no insurance or other payment resources by January 1, 2014.

Second-year target/outcome measurement: The Division of Behavioral Health will transition Children's Mental Health service delivery to the Children's Mental Health Services contractor and implement written quality assurance strategies to guide service delivery to eligible children with serious emotional disturbance diagnoses who have no insurance or other payment resources by June 30, 2015.

New Second-year target/outcome measurement(*if needed*):

Data Source:

Division of Behavioral Health and CMH Management Services Contractor.

New Data Source(*if needed*):

Description of Data:

Contract with a CMH Management Services Contractor to provide Children's Mental Health services to eligible children without payment resources. The CMH Management Services Contractor will be responsible to track and report on children served.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

The Division of Behavioral Health has developed a Request for Proposal for a Children's Mental Health Management Services Contractor however the Request for Proposal has not been published. The Request for Proposal is being held due to the ongoing settlement negotiations related to the Jeff D Lawsuit which have not yet been finalized. The decision as to whether the Division of Behavioral Health will proceed with releasing the Request for Proposal as it is currently written will be contingent upon the negotiations and final approval of the settlement agreement. The Division of Behavioral Health remains an active participant in the Jeff D Lawsuit settlement negotiations and will continue efforts in evaluating and planning for the provision of Children's Mental Health Services for eligible children without payment resources.

How first year target was achieved (*optional*):

Second Year Target: Achieved Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

A Settlement Agreement was reached in June 2015 for the Jeff D class action lawsuit which has been ongoing since 1980 stemming from allegations of abuse of children who were co-mingled with adults at State Hospital South (SHS), lack of appropriate educational and treatment services at SHS, and lack of community based mental health services. Mediation which occurred 9/2013 to 12/2014 resulted in the Settlement Agreement which is the result of more than a year of negotiations among key community stakeholders representing parents, advocates and private providers, representatives from DHW, the Idaho Department of Juvenile Corrections, the Idaho State Department of Education and attorneys representing the class members.

The Agreement tasks the State with developing and implementing a sustainable, accessible, comprehensive, and coordinated service delivery system for publicly-funded community-based mental health services to children and youth with serious emotional disturbance.

As a result of this work children will receive individualized, medically necessary services in their own communities, to the extent possible, and in the least restrictive environment appropriate to their needs. A project is currently underway to plan out the work that must be done in order to fulfill the requirements set forth in the Settlement Agreement. This is an 8 year project: 9 months of initial planning, 4 years of implementation and 3 years of oversight to ensure sustainability. Mapping out a Transitioning Plan from the current system to the newly created system is an important part of the Project work that will be defined and put into operations in the coming years as the new system is formed. Transitioning will occur gradually over a 4 year period. The state is exploring all opportunities to devise a sustainable funding model for the operation of the new system of care including a reallocation of existing funding streams and the reallocation and/or acquisition of new funds via the state's existing Medicaid program.

The Settlement Agreement tasks the state with the following:

- Address the gaps in Idaho's mental health system, making it more effective and efficient in meeting the needs of children with serious emotional disturbances and their families.
- Create a statewide process, across all child-serving systems (State Department of Education, Idaho Department of Juvenile Corrections, IDHW Division of Family & Children's Services, IDHW Division of Behavioral Health, IDHW Division of Medicaid), to identify and screen youths for unmet mental health needs
- Provide a comprehensive array of community-based services and supports to children when medically necessary
- Deliver services using a consistent approach that engages families, youths, and their support systems
- Monitor and report on service quality and outcomes for youths

The state has agreed to adopt a governance structure that is intended to improve the coordination of and access to intensive mental health services for Jeff D. class members and thereby improve both effectiveness of services and outcomes for youth and their families. The governance structure will be led by the Administrator of the DHW Division of Behavioral Health. Partners in the governance structure include representatives from the Idaho Department of Juvenile Corrections, Idaho State Department of Education, DHW Children's Mental Health, DHW Division of Medicaid, DHW Division of Family and Community Services, parent of a class member or former class member currently below the age of 23, class member or former class member under the age of 23, family advocacy organization, County Juvenile Justice Administrator, and private providers.

During the interim the Division of Behavioral Health will continue efforts to ensure that children who need behavioral health services are connected to resources. Children's Mental Health staff will continue to operate the business of serving children with all the services previously provided and will continue to operate within the existing infrastructure to ensure children, youth and families' behavioral health needs are addressed to the fullest extent possible under the current system.

How second year target was achieved (*optional*):

Priority #: 11
 Priority Area: Substance Use Disorders (SUD) Professionals Training
 Priority Type: SAT
 Population(s): Other

Goal of the priority area:

The Division of Behavioral Health will implement a resource portal to provide treatment professionals with current research and resources on trauma-informed care.

Strategies to attain the goal:

Portal is developed.

Annual Performance Indicators to measure goal success

Indicator #: 1
 Indicator: Portal is available for Substance Use Disorders (SUD) Professionals to access
 Baseline Measurement: No portal currently exists
 First-year target/outcome measurement: Portal is developed
 Second-year target/outcome measurement: Portal is accessible to SUD Professionals
 New Second-year target/outcome measurement (*if needed*):
 Data Source:

Operations Unit, Substance Use Disorders Activity Report

New Data Source (if needed):

Description of Data:

Portal accessibility

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 12

Priority Area:

Priority Type: SAP

Population(s): Other

Goal of the priority area:

The Division of Behavioral Health in collaboration with the Idaho State Police, Office of Drug Policy, Supreme Court, Department of Juvenile Corrections and Department of Education will implement an alcohol and other drug use youth survey system by June 30, 2015.

Strategies to attain the goal:

Survey will be developed and tested
Survey implementation plan will be executed

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Youth survey is implemented

Baseline Measurement: No youth survey exists in Idaho

First-year target/outcome measurement: Survey is developed and tested

Second-year target/outcome measurement: Survey implementation plan is established and survey is implemented

New Second-year target/outcome measurement (if needed):

Data Source:

State Epidemiological Outcomes Workgroup Report

New Data Source (if needed):

Description of Data:

Establishment of council and regional behavioral health boards. Council development of readiness criteria to assess Regional Behavioral Health boards.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

The Council developed the readiness criteria for the Regional Boards to empower them to restructure and to develop partnerships and proposals to ultimately provide regional family support and recovery services at the local level. There are three options from which each of the Regional Boards may choose: maintain the current system; partner with another entity, or become an independent entity. A Gaps and Needs Analysis was designed to assist the Council in understanding the service need of the Regional Boards as they moved their projects forward. The Council also has established an application process for the Regional Boards to follow and has a standing committee to review the applications and make recommendations to the State Behavioral Health Authority. At the time of this report two of the seven Regional Boards have formally submitted their applications to the Council for review. The remaining five Regional Boards are all in various stages of the process of either completing Memorandums of Understanding with their local Health Departments or completing their applications for submission to the Council for review.

Priority #: 14

Priority Area:

Priority Type: SAT, MHS

Population(s):

Goal of the priority area:

The Division of Behavioral Health will provide guidance on screening and referral for those with behavioral and primary health care needs.

Strategies to attain the goal:

The Division of Behavioral Health will develop a policy and procedures for screening and referring those with behavioral and primary health care needs.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Policies for screening and referring those with behavioral and primary health care needs.

Baseline Measurement: No existing policies for screening and referring those with behavioral and primary health care needs.

First-year target/outcome measurement: None.

Second-year target/outcome measurement: The Division of Behavioral Health will develop a policy and procedures for screening and referring those receiving behavioral health care who have primary health care needs to appropriate community resources, and all staff will be trained on this policy by June 30, 2015.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Written policies and procedures for screening and referring those receiving behavioral health care services who have primary health care needs to appropriate community resources.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Assessing for primary care/medical needs has been incorporated as standard component of the required Common Assessment tool utilized in the Division's Adult and the Children's Mental Health programs. Clinical staff have been r training on use of the Common Assessment. Additionally this is addressed in the Service Coordination /Case Management Policy.

Priority #: 15

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Adults and children with substance use disorder diagnoses)

Goal of the priority area:

The Division of Behavioral Health will expand system availability of the Web Infrastructure for Treatment Services (WITS) electronic health record system for the Substance Use Disorder (SUD) statewide treatment provider network.

Strategies to attain the goal:

The Division of Behavioral Health will update the WITS user guide, training and data capture for the SUD treatment provider network.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Web Infrastructure for Treatment Services (WITS) user guide and training for SUD treatment providers.

Baseline Measurement: There is a WITS user guide but it is not specific to SUD treatment providers.

First-year target/outcome measurement: The Division of Behavioral Health will update the WITS user guide, training and data capture for SUD treatment providers by June 30, 2014.

Second-year target/outcome measurement: None.

New Second-year target/outcome measurement (if needed):

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

WITS, WITS User Guide, training events offered to SUD treatment providers.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 16

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Adults and children with substance use disorder diagnoses)

Goal of the priority area:

The Division of Behavioral Health will be able to report mental health and substance use disorder expenditures by services for block grant reporting.

Strategies to attain the goal:

The Division of Behavioral Health's data, quality assurance and policy units will collaborate to identify and implement a strategy to operationally define and trace service units and expenditures for block grant reporting.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Ability to report mental health and substance use disorder expenditures by service data for block grant reporting.

Baseline Measurement: Idaho is not able to accurately report mental health and substance use disorder expenditures by service data for block grant reporting.

First-year target/outcome measurement: None.

Second-year target/outcome measurement: The Division of Behavioral Health will build capacity for block grant reporting on mental health and substance use disorder expenditures by service data by June 30, 2015.

New Second-year target/outcome measurement (if needed):

Data Source:

Division of Behavioral Health.

New Data Source *(if needed)*:

Description of Data:

Mental health and substance use disorder expenditures by service data for block grant reporting.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

This capability has been achieved for SABG reporting however the Division is still developing the capability to report MHBG expenditures by service. The Division can report on services billed by service category, however MH block grant dollars are allocated via Random Moment Time study and fund personnel providing direct treatment services. Services billed and personnel are tracked in different data systems. The ability to translate personnel to services provided in determining the amount of MHBG dollars spent per service is still being developed.

How second year target was achieved *(optional)*:

Priority #: 17

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Adults and children with substance use disorder diagnoses)

Goal of the priority area:

The Division of Behavioral Health's Web Infrastructure for Treatment Services (WITS) system will be adapted to include ICD-10 codes.

Strategies to attain the goal:

The Division of Behavioral Health will work with the vendor FEI to update WITS with ICD-10 codes.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Ability to use ICD-10 codes through the Web Infrastructure for Treatment Services (WITS) data system.
Baseline Measurement:	Idaho is not able to use ICD-10 codes through the WITS system.
First-year target/outcome measurement:	None.
Second-year target/outcome measurement:	The Division of Behavioral Health will work with the vendor FEI to update the Web Infrastructure for Treatment Services (WITS) system with ICD-10 codes by June 30, 2015.
New Second-year target/outcome measurement <i>(if needed)</i> :	

Data Source:

Division of Behavioral Health and WITS.

Description of Data:

Staff hired to work with courts and IDOC to develop strategies to screen and refer offenders with behavioral health diagnoses. Procedures that are developed for screening and referral.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

N/A

Priority #: 21

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Adults and children with substance use disorder diagnoses)

Goal of the priority area:

The Division of Behavioral Health will develop behavioral health standards for service delivery.

Strategies to attain the goal:

The Division of Behavioral Health will review existing standards manuals and develop behavioral health standards for service delivery.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Behavioral health standards for service delivery.
Baseline Measurement:	The Division of Behavioral Health does not have written behavioral health standards for service delivery.
First-year target/outcome measurement:	The Division of Behavioral Health will review several existing standards manuals (e.g., Comprehensive Accreditation Manual for Behavioral Health Care, Joint Commission for Accreditation of Health Organizations, etc.) to develop behavioral health standards for behavioral health services delivery in at least five service areas by June 30, 2014.
Second-year target/outcome measurement:	The Division of Behavioral Health will review several existing standards manuals (e.g., Comprehensive Accreditation Manual for Behavioral Health Care, Joint Commission for Accreditation of Health Organizations, etc.) to develop behavioral health standards for behavioral health services delivery in at least eight service areas by June 30, 2015.

New Second-year target/outcome measurement (if needed):

Data Source:

Division of Behavioral Health.

New Data Source(*if needed*):

Description of Data:

Written behavioral health standards for service delivery.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

Second Year Target: Achieved Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (*optional*):

The Division of Behavioral Health has completed numerous core services standards and standards related to special populations. Service related standards completed within the review period include: Outpatient Tele-Behavioral Health, Respite, Community Based Rehabilitation, Certified Peer Specialist, Certified Family Support Partners, Recovery Coaching, Behavioral Health Crisis Intervention and Response and Medication Management standards.

Priority #: 22

Priority Area:

Priority Type: SAT

Population(s): Other (Adults and children with substance use disorder diagnoses)

Goal of the priority area:

Develop a cadre of individuals with substance use disorder (SUDS) diagnoses who are able to demonstrate recovery and resilience through recovery coaching.

Strategies to attain the goal:

Provide recovery coaching to Idaho citizens with substance use disorders (SUDS).

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Individuals with substance use disorder (SUD) diagnoses demonstrating recovery and resilience through recovery coaching.

Baseline Measurement: There are no SUD diagnosed individuals in Idaho who are trained in recovery coaching.

First-year target/outcome measurement: The Division of Behavioral Health will train at least thirty (30) individuals in recovery coaching by June 30, 2014.

Second-year target/outcome measurement: The Division of Behavioral Health will establish recovery coaching services as a life skills service under Recovery Support Services in all regions by June 30, 2015.

New Second-year target/outcome measurement (*if needed*):

Data Source:

New Data Source *(if needed)*:

Description of Data:

Number of regional training events on DSM-V guidelines. Number of staff trained on DSM-IV guidelines.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

The Division of Behavioral Health sponsored statewide training in three locations on the DSM V guidelines, changes from DSM-IV and implementation of ICD 10. Trainings were held via VCE in Coeur D'Alene on 8/12/2015, Pocatello on 9/11/2015, and in Meridian on 9/18/2015.

Priority #: 24

Priority Area:

Priority Type: SAT, MHS

Population(s): Other (Adults and children with substance use disorder diagnoses)

Goal of the priority area:

Newly established regional behavioral health boards will be provided with tools that help them to identify regional gaps and plan ways to address identified issues.

Strategies to attain the goal:

The Division of Behavioral Health will facilitate the development of an Action Plan toolkit curriculum that outlines ways to identify gaps, create action plans to address those gaps, implement action plans and collect outcome data.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Action plan toolkit to facilitate ability to identify gaps, create and implement action plans to address gaps and collect outcome data.

Baseline Measurement: The Division of Behavioral Health does not have an Action Plan toolkit that can help newly established regional behavioral health boards to actively address identified issues.

First-year target/outcome measurement: None.

Second-year target/outcome measurement: The Division of Behavioral Health will create an Action Plan toolkit and will provide training to all seven regional behavioral health boards on use of the Action Plan toolkit by June 30, 2015.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Action Plan toolkit curriculum.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The toolkit was completed and training was provided to the Council and Regional Boards. The toolkit is also posted on the Councils website.

Priority #: 25

Priority Area:

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adults and children with substance use disorder diagnoses)

Goal of the priority area:

The Division of Behavioral Health will provide guidance on cultural awareness expectations for those who deliver behavioral health services.

Strategies to attain the goal:

Develop and provide training on cultural awareness and delivery of behavioral health services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Development of an action plan toolkit curriculum.

Baseline Measurement: Idaho does not have an action plan curriculum to guide regions in gaps analysis, action plan implementation and outcomes measurement.

First-year target/outcome measurement: None.

Second-year target/outcome measurement: The Division of Behavioral Health will create an Action Plan toolkit and will provide training to all seven regional behavioral health boards on the Action Plan toolkit by June 30, 2015.

New Second-year target/outcome measurement (if needed):

Data Source:

Division of Behavioral Health

New Data Source (if needed):

Description of Data:

Action Plan toolkit curriculum and numbers of regional trainings.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Second Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

The toolkit was completed and training was provided to the Council and Regional Boards. The toolkit is also posted on the Councils website.

Footnotes:

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)			\$0
Student Assistance Programs (Problem Identification and Referral)			\$0
Employee Assistance programs (Problem Identification and Referral)			\$0
Community Team Building (Community Based Process)			\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			\$0
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach			\$0
Outpatient Services			\$0
Evidenced-based Therapies			\$0
Group Therapy			\$0
Family Therapy			\$0
Multi-family Therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$0
Medication Management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Community Support (Rehabilitative)			\$0
Parent/Caregiver Support			\$0
Skill Building (social, daily living, cognitive)			\$0
Case Management			\$0

Behavior Management			\$0
Supported Employment			\$0
Permanent Supported Housing			\$0
Recovery Housing			\$0
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$0
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters			\$0
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$0
Substance Abuse Intensive Outpatient (IOP)			\$0
Partial Hospital			\$0
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$0

Intensive Case Management			\$0
Out-of-Home Residential Services			\$0
Children's Mental Health Residential Services			\$0
Crisis Residential/Stabilization			\$0
Clinically Managed 24 Hour Care (SA)			\$0
Clinically Managed Medium Intensity Care (SA)			\$0
Adult Mental Health Residential			\$0
Youth Substance Abuse Residential Services			\$0
Therapeutic Foster Care			\$0
Acute Intensive Services			\$0
Mobile Crisis			\$0
Peer-based Crisis Services			\$0
Urgent Care			\$0
23-hour Observation Bed			\$0
Medically Monitored Intensive Inpatient (SA)			\$0
24/7 Crisis Hotline Services			\$0
Other (please list)			\$0
Total			\$0

Footnotes:

The Division of Behavioral Health is still in the process of developing the functionality to report MHBG expenditures by service category.

III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2014	Estimated/Actual SFY 2015
\$14,662,700	\$8,031,500	\$7,401,700

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

In Idaho State Fiscal Year 2009, the Children's mental health budget was split between the Division of Behavioral Health and the Division of Family and Community Services. This resulted in a significant decrease in the amount of state funds appropriated to the Division of Behavioral Health. While the State of Idaho continues to spend at the level reported in 2008, those funds are no longer a part of the Division of Behavioral Health's allocated budget. Idaho respectfully requests a review of the established maintenance of effort amount to more accurately reflect the current status of the appropriated funds.

III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$21,822,500	
SFY 2014 (2)	\$23,745,400	\$22,783,950
SFY 2015 (3)	\$23,871,500	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2013	Yes	<u>X</u>	No	_____
SFY 2014	Yes	<u>X</u>	No	_____
SFY 2015	Yes	<u>X</u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

Footnotes: