

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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City

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Zip Code

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

From

7/1/2011

To

6/30/2012

IV. Date Submitted

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

Submission Date

12/3/2012 11:26:27 PM

Revision Date

V. Contact Person Responsible for Application Submission

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Footnotes:

II:Annual Report

Table 1 - State Priorities

Number	Title	Description
1	Priority Area - Mental Health - Adults:	Idaho's Division of Behavioral Health's (DBH) Adult Mental Health (AMH) program will provide a comprehensive, consumer-driven, client-centered, recovery-focused continuum of care for adults with a serious mental illness (SMI) or a SMI and a co-occurring substance use disorder (SUD).
2	Priority Area - Mental Health - Children	Idaho will provide a comprehensive, family-driven, recovery-focused, client-centered continuum of care for families and children and youth with a serious emotional disorder (SED) with or without a co-occurring substance use disorder diagnosis.
3	Priority Area - Substance Abuse Prevention	Idaho will provide evidence-based substance abuse primary prevention services to youth and adults.
4	Priority Area - Substance Abuse Treatment	Idaho will provide evidence-based substance abuse treatment services for youth and adults.
5	Priority Area - Behavioral Health System Issues	In the next two years, the State Mental Health Planning Council will be replaced by the State Behavioral Health Council, and the Regional Mental Health Advisory Boards and Regional Advisory Councils (SUD) will merge to become Regional Behavioral Health Community Development Boards. The Behavioral Health Transformation Work Group's proposed Array of Core Services (see Unmet Needs section) will be adopted and implemented for each region. As transformation progresses, Regions will be responsible to develop and implement approved Regional Transformation Plans that address unique needs and resources in each region.
6	Priority Area -Data and Quality Assurance	The State of Idaho will manage the public behavioral health system with a focus on quality assurance, service outcomes and development of a robust data infrastructure system capable of capturing and extracting data to help guide service system development and implementation
7	Priority Area - Substance Abuse Treatment	Idaho will provide substance abuse assessment and treatment services to eligible adults and children with substance use disorder diagnoses who are also intravenous drug users.
8	Priority Area - Substance Abuse Treatment - Tuberculosis	Idaho will provide substance abuse assessment and treatment to adults and children who are diagnosed with substance use disorders and who are also diagnosed with tuberculosis.

Footnotes:

II:Annual Report

Table 2 - Priority Area by Goal, Strategy, and Performance Indicator

Priority:	Priority Area -Mental Health - Adults:
Goal of the priority area:	<p>2. Goal: The state will implement the SSI/SSDI Outreach, Access, and Recovery (SOAR) program in three (3) of the seven (7) Department of Health and Welfare regions.</p>
Strategies to attain the goal:	<p>a. Strategy: The State and Community SOAR Leads will educate the regions about SOAR and provide a protocol for the regions to follow as they develop the SOAR process in their communities.</p>
Annual Performance Indicators to measure goal success	
Indicator:	Performance Indicator: At least one (1) Region will have appointed a Regional SOAR Lead, collaborated with their local Social Security Administration (SSA) office, and trained at least 25 Case managers by June 30, 2012.
Description of Collecting and Measuring Changes in Performance Indicator:	
<p>ii. Performance Indicator: At least two (2) additional regions will have appointed a Regional SOAR Lead, collaborated with their local SSA office, and trained at least 25 case managers in their region by June 30, 2013.</p> <p>As of December 12, 2011, there was an established SOAR lead in Regions 3, 4 and 5 with at least 25 case managers trained in each region. The target date for this performance indicator was June 30, 2013, but this goal has already been achieved.</p> <p>For detailed report, please see the upload of CCHH Final Goals in Section IV, Dashboard, Narrative Goals.</p>	
Achieved:	Yes
Proposed Changes:	

Reason Not Achieved:

Priority: Priority Area -Mental Health - Adults:

Goal of the priority area:

Consumers and family members will have input into the behavioral health service system planning and service implementation.

Strategies to attain the goal:

The DBH service centers will use Evidenced-Based Practices that promote consumer choice in all aspects of service delivery.

Annual Performance Indicators to measure goal success

Indicator: DBH will continue to support at least 18 state and/or contract-employed Certified Peer Specialists through state general and federal grant funds through PATH, ID-HOPE, and ACT by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Central Office Division of Behavioral Health will track the number of Certified Peer Specialists employed through regional ACT teams, PATH teams and on the Idaho Home Outreach Program for Empowerment's (ID-HOPE) Critical Time Intervention team through monthly reports from the Office of Consumer and Family Affairs and from the ID-HOPE project.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Adults:

Goal of the priority area:

Increase linkages for referral and collaboration between primary care providers and behavioral health care providers.

Strategies to attain the goal:

The DBH will meet with the Department of Public Health and primary care providers to identify collaborative opportunities to meet the needs of Idaho adults.

Annual Performance Indicators to measure goal success

Indicator: DBH will meet with the Idaho Primary Care Association at least two (2) times to identify needs of shared behavioral and primary health care adult clients and collaborative opportunities between programs by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The Division of Behavioral Health will track the number of meetings with the Idaho Primary Care Association and also maintain a dated participant sign-in sheet.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Adults:

Goal of the priority area:

Improve mental health treatment plan development and documentation.

Strategies to attain the goal:

Train adult mental health service delivery staff across the state of Idaho to use individualized, person centered planning to develop and provide clear documentation of behavioral health treatment plans. The Division of Behavioral Health (DBH) will provide treatment plan training with a focus on person centered planning to DBH regional service delivery staff in each of seven regional DBH service center sites by June 30, 2013.

Annual Performance Indicators to measure goal success

Indicator: Number of treatment plan trainings provided to DBH staff by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

The Division of Behavioral Health will track regional treatment plan training event locations and participants. At least one treatment plan training event will be provided in each of seven regions by June 13, 2013.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Adults:

Goal of the priority area:

Increase collaboration between Div. Behavioral Health and Div. Public Health

Strategies to attain the goal:

The Division of Behavioral Health (DBH) will meet with the Division of Public Health to identify and work on at least one (1) collaborative opportunity to meet the needs of Idaho citizens served by both DBH and the Division of Public Health by June 30, 2013.

Annual Performance Indicators to measure goal success

Indicator: Number of collaborative projects addressed by DBH and the Division of Public Health.

Description of Collecting and Measuring Changes in Performance Indicator:

The Division of Behavioral Health will track the number of projects (e.g., collaborative disaster planning) and the number of meetings between DBH and the Division of Public Health designed to meet the needs of Idaho citizens served by both DBH and the Division of Public

Health by June 30, 2013.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Adults:

Goal of the priority area:

Complete stages 1-4 of the statewide implementation plan for WITS implementation for SUDS.

Strategies to attain the goal:

The Division of Behavioral Health will work collaboratively with partnering agencies (i.e., the Idaho Department of Corrections (IDOC); Idaho Dept. of Juvenile Corrections (IDJC) and the Idaho Supreme Court (ISC)) to complete stages 1-4 of the statewide implementation plan for WITS implementation for the substance use disorder providers and will be well underway in stage 5 of the plan by June 30, 2013.

Annual Performance Indicators to measure goal success

Indicator: Complete stages 1-4 of the WITS SUDS implementation plan by 6/30/13.

Description of Collecting and Measuring Changes in Performance Indicator:

Collaborate with partnering agencies to progress through stages 1-4 of the WITS SUDS implementation plan.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Adults:

Goal of the priority area:

Model use of peers in the behavioral health system by hiring peer for central office.

Strategies to attain the goal:

Hire a part-time Certified Peer Specialist to work in the Division of Behavioral Health's central office. Responsibilities may include assistance with quality assurance reviews, consumer survey facilitation and modeling recovery and resilience.

Annual Performance Indicators to measure goal success

Indicator: A part-time Certified Peer Specialist will be employed through DBH central office by 6/30/13.

Description of Collecting and Measuring Changes in Performance Indicator:

Hiring of a certified peer specialist to work part-time in the Division of Behavioral Health's central office.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Children

Goal of the priority area:

Increase awareness of mental health issues for children and families; decrease stigma and increase early access to information, education and other prevention activities.

Strategies to attain the goal:

The DBH Family Supports Contract requirements will include providing Idaho youth with emotional and behavioral disturbances with education and support groups throughout the state.

Annual Performance Indicators to measure goal success

Indicator: The DBH Family Supports Contract requirements will include holding a minimum of one (1) support group and (1) education group per region in the state, every other month, for youth ages 8 through 19 with emotional or behavioral disturbances beginning in SF

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office will track the number of trainings, number of participants and locations of the contracted Family Supports provider's education and support groups to eligible Idaho youth through the provider's submitted monthly reports.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Children

Goal of the priority area:

Increase linkages between primary care providers and behavioral health care providers

Strategies to attain the goal:

The DBH will meet with the Department of Public Health and primary care providers to identify collaborative opportunities to meet the needs of Idaho children and families.

Annual Performance Indicators to measure goal success

Indicator: DBH will meet with the Idaho Primary Care Association at least two (2) times to identify needs of shared behavioral and primary healthcare child and family clients and collaborative opportunities between programs by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office will track the number of meetings held with the Idaho Primary Care Association through dated sign in sheets.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Mental Health - Children

Goal of the priority area:

The Department of Behavioral Health (DBH) will implement parent support services for children with emotional and behavioral disturbances and their parents and families.

Strategies to attain the goal:

Strategy: The DBH Family Supports Contract will help educate and prepare parents of children and adolescents with an emotional or behavioral disorder, including substance use, to become better advocates and representatives for themselves. This also includes educating and supporting children and adolescents with these disorders.

Annual Performance Indicators to measure goal success

Indicator: The DBH Family Supports Contract will require implementation of at least 15 parent education/self-advocacy groups throughout the state by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office will track the number of trainings, number of participants and locations of the contracted Family Supports provider's parent education and support groups to eligible Idaho parents through the provider's submitted monthly reports.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area - Substance Abuse Prevention

Goal of the priority area:

DBH will contract with a provider manager to recruit, train, and maintain a provider pool in order to reduce the substance abuse rate in Idaho through prevention services.

Strategies to attain the goal:

The DBH will contract with the substance abuse prevention provider who will be expected to fund community-based entities to deliver substance abuse prevention education to youth in general.

Annual Performance Indicators to measure goal success

Indicator: The DBH contract with the provider manager will require at least (1) evidence-based program in each of at least 30 Idaho elementary, middle schools, and high schools by July 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office will monitor the programs and substance abuse prevention education opportunity through review of monthly reports submitted by the contractor (Benchmark) responsible to oversee these activities.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area - Substance Abuse Prevention

Goal of the priority area:

The DBH contract with the prevention services manager will require that they recruit, train and maintain a community-based prevention provider

pool to reduce the substance abuse rate in Idaho through the delivery of prevention services.

Strategies to attain the goal:

The DBH prevention services management contractor will be required to fund community-based prevention providers to deliver evidence-based parenting education to adults in Idaho.

Annual Performance Indicators to measure goal success

Indicator: The DBH contract with the prevention services manager will require at least 25 evidence-based parenting education programs be offered to adults throughout Idaho. A minimum of 2 parenting education programs will be offered per region

Description of Collecting and Measuring Changes in Performance Indicator:

All data will be collected on the www.preventionidaho.net website. The prevention services management contractor will be required by June 1, 2012 to submit a draft parenting education Regional Service Plan to DBH for approval prior to initiation of funding agreement and will be required to submit a final Regional Services Plan on programs funded by Sept.1, 2012. All funded parenting education programs will be evidence-based.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Assess appropriate substance abuse level of care, length of stay and access to treatment

Strategies to attain the goal:

The Management Services Contractor Business Psychology Associates (BPA)performs initial screenings for SA assessment by SUD providers. Screening and referral includes identifying which SAPT population the client meets (e.g., IVDU, pregnant women, PWWC, etc.); determining financial eligibility for state funded services; determining clinical eligiblity via the GAIN short screener; referring eligible clients to a DHW SUD provider for a full GAIN. GAIN results are submitted to BPA and they review and either voucher SA services at a clinically appropriate level of care or deny further treatment if the individual does not meet ASAM PPC-2R criteria.

Annual Performance Indicators to measure goal success

Indicator: Continue to monitor BPA assessment process via quarterly BPA contract monitoring.

Description of Collecting and Measuring Changes in Performance Indicator:

The Management Services Contractor Business Psychology Associates (BPA)performs initial screenings for SA assessment by SUD providers. Screening and referral includes identifying which SAPT population the client meets (e.g., IVDU, PWWC, etc.); determining financial eligibility for state funded services; determining clinical eligiblity via the GAIN short screener; referring eligible clients to a DHW SUD provider for a full GAIN. GAIN results are submitted to BPA and they review and either voucher SA services at a clinically appropriate level of care or deny further treatment if the individual does not meet ASAM PPC-2R criteria. The Division of Behavioral Health holds the contract with BPA and provides ongoing oversight and quality assurance to the assessment process.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Develop a comprehensive plan for Substance Use Disorder (SUD) services to clients whose services are funded through Substance Abuse Prevention and Treatment (SAPT) block grant funds.

Strategies to attain the goal:

Develop treatment criteria for determining Level of Care (LOC), Length of Stay (LOS), and access to treatment.

Annual Performance Indicators to measure goal success

Indicator: SUD will use the developed assessment tools to gather baseline data on the existing SUD provider network and on the existing SUD service population by June 30, 2013

Description of Collecting and Measuring Changes in Performance Indicator:

Once a written tool has been developed to assess level of care, length of stay and access to treatment, this tool will be used with existing SUD providers. Data will be gathered by the service contractor, Business Psychology Associates, and provided to DBH's Central Office.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Improve screening and identification of IVDU block grant clients.

Strategies to attain the goal:

Develop an improved process to provide services to priority population (block grant) IVDU clients that present with the most severity and need of services to ensure efficient utilization of block grant funds. The Division of Behavioral Health (DBH) and Business Psychology Associates (BPA) will collaborate to develop an improved screening process for potential IVDU clients. DBH's Substance Use Disorder (SUD) program will draft a more precise definition of IVDU eligibility criteria that BPA will use with clients during the intake process. SUD will train BPA clinical intake staff to use the new IVDU tool to effectively identify IVDU clients with severe need.

Annual Performance Indicators to measure goal success

Indicator: SUD will draft a precise definition of eligibility criteria for IVDU clients by 6/30/12. SUD will train BPA staff to use this by 6/30/12.

Description of Collecting and Measuring Changes in Performance Indicator:

Develop an improved process to provide services to priority population (block grant) IVDU clients that present with the most severity and need of services to ensure efficient utilization of block grant funds. The Division of Behavioral Health (DBH) and Business Psychology Associates (BPA) will collaborate to develop an improved screening process for potential IVDU clients. DBH's Substance Use Disorder (SUD) program will draft a more precise definition of IVDU eligibility criteria that BPA will use with clients during the intake process. SUD will train BPA clinical intake staff to use the new IVDU tool to effectively identify IVDU clients with severe need.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Improve screening and identification of tuberculosis (TB) clients with SA.

Strategies to attain the goal:

The Division of Behavioral Health will work with the Web Infrastructure Treatment Services (WITS) vendor, FEI, to develop WITS data system capability to track individuals with tuberculosis receiving services through the SSA.

Annual Performance Indicators to measure goal success

Indicator: All new SA client information, including whether the person had a TB test in the past & results of TB tests, will be data entered into WITS by 7/1/12. WITS will track TB status for clients with SA services by 6/30/13.

Description of Collecting and Measuring Changes in Performance Indicator:

The Division of Behavioral Health's Central Office will be responsible to negotiate WITS system development with the vendor, FEI, to include the capability to track substance use disorder client information that includes information on client TB testing and results. When the WITS system is implemented for this purpose, Central Office staff will be responsible to track TB data on individuals receiving substance use disorder services through the SSA.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Increase the PWWC provider network by at least one additional regional provider

Strategies to attain the goal:

The Division of Behavioral Health (DBH) and Business Psychology Associates (BPA) will collaborate in efforts to identify potential Region 2 PWWC providers. DBH and BPA will work with the identified Region 2 provider to develop a new pregnant women, women with children (PWWC) program in Region 2 in order to expand the existing Idaho PWWC provider network.

Annual Performance Indicators to measure goal success

Indicator: Identify a potential PWWC Region 2 provider by 6/30/12. Increase the PWWC provider network by at least one additional regional provider in Region 2 by 6/30/13.

Description of Collecting and Measuring Changes in Performance Indicator:

The Division of Behavioral Health (DBH) and Business Psychology Associates (BPA) will collaborate in efforts to identify potential Region 2 PWWC providers. DBH and BPA will work with the identified Region 2 provider to develop a new pregnant women, women with children (PWWC) program in Region 2 in order to expand the existing Idaho PWWC provider network. DBH and BPA will monitor these efforts; once a contract has been finalized, BPA will gather data and DBH will monitor and provide oversight to BPA.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

Maintain available safe and sober housing resources for adults

Strategies to attain the goal:

The Division of Behavioral Health's (DBH) contract with Business Psychology Associates (BPA) to manage SA service providers includes oversight of 12 adult safe and sober housing (SSH) providers with 28 sites in Idaho. Region 6 has only one adult SSH program and Region 5 has no adult SSH program. The DBH will collaborate with BPA and regional resources to identify at least 2 potential providers by 6/30/2012 and approve at least 1 adult SSH provider by 6/30/13 in Region 5.

Annual Performance Indicators to measure goal success

Indicator: Identify at least 2 potential adult SSH providers (Region 5 or 6) by 6/30/12. Approve at least one adult SSH provider in R 5 by 6/30/13.

Description of Collecting and Measuring Changes in Performance Indicator:

The Division of Behavioral Health's (DBH) contract with Business Psychology Associates (BPA) to manage SA service providers includes oversight of 12 adult safe and sober housing (SSH) providers with 28 sites in Idaho. Region 6 has only one adult SSH program and Region 5 has no adult SSH program. The DBH will collaborate with BPA and regional resources to identify at least 2 potential providers by 6/30/2012 and approve at least 1 adult SSH provider by 6/30/13 in Region 5.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

SUD will begin to move the provider network to a more client-driven system of treatment based on the Recovery Oriented Systems of Care model of service delivery.

Strategies to attain the goal:

SUD will develop written tools to evaluate provider service delivery and how well SUD services meet client needs, as measured by client responses to satisfaction surveys.

Annual Performance Indicators to measure goal success

Indicator: SUD will develop a baseline for SUD client satisfaction using responses from the client satisfaction tool by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Once a written SUD client satisfaction tool has been developed, the provider that manages the private provider SUD network (i.e., Business Psychology Associates) will ensure that SUD clients receive an opportunity to respond to the client satisfaction survey. Business Psychology Associates will gather the data and have it available for DBH's Central Office.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Substance Abuse Treatment

Goal of the priority area:

SUD will collaborate with Family and Children's Services (FACS) on the treatment of shared clients (i.e., clients with open child protection cases and SUD diagnoses).

Strategies to attain the goal:

FACS staff (including Child Protection Services (CPS) Liaisons) will work with the DBH SUD program on issues related to clients with open child protection cases and SUD diagnoses through at least quarterly meetings.

Annual Performance Indicators to measure goal success

Indicator: FACS staff, including CPS liaisons and SUD program specialists will participate in at least three quarterly meetings to discuss issues related to collaborative service delivery and care coordination to clients with open child protection cases and SUD diag

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office will track the number, dates, topics and participants involved in at least quarterly meetings.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

By June 30, 2013, and as transformation progresses, regions will be responsible to develop and implement approved Regional Transformation Plans that address unique needs and resources in each region.

Strategies to attain the goal:

Develop a Behavioral Health Interagency Cooperative (Cooperative) subcommittee to propose a structure for Regional Behavioral Health Development Boards (Regional Boards), including expectations of Regional Board roles and responsibilities.

Annual Performance Indicators to measure goal success

Indicator: A written report describing the proposed board structure, roles and responsibilities will be presented to the

Cooperative by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The assigned trial test regions will keep minutes of meeting dates, participants and topics discussed, including expectations of Regional Board roles and responsibilities to report back to the Cooperative.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

By June 30, 2013, the Regional Mental Health Advisory Boards and Regional Advisory Councils (SUD) will merge to become Regional Behavioral Health Community Development Boards.

Strategies to attain the goal:

All Regional Advisory Councils and Regional Mental Health Boards will sunset by June 30, 2012. Both of these former types of councils/boards will merge to become Regional Behavioral Health Community Development Boards.

Annual Performance Indicators to measure goal success

Indicator: The Regional Boards will identify regional needs, plans to develop regional capacity, and plans to provide input into regional behavioral health service provision by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Regional Substance Abuse and Mental Health Boards will merge into one Behavioral Health entity by June 30, 2012. Regional Boards will identify written needs and plans by June 30, 2013.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

Evolve the role of the Division of Behavioral Health's (DBH) Quality Assurance unit.

Strategies to attain the goal:

By June 30, 2012, the DBH Quality Assurance unit will collaborate with Regional Mental Health Centers (RMHC) and Private Substance Use Providers (SUD) to develop a written quality improvement plan that defines the following:• Development of performance indicators that focus on quality of service, appropriateness of services and the pattern of utilization of services.

- a. each indicator must be specific with regard to:
 - ? what is being measured
 - ? how data will be collected
 - ? who is responsible for the data collection
 - ? what is the standard by which success will be measured
 - ? how the data will be reported
 - ? to whom the reporting will go.
- Collection of meaningful data
 - a. how to collect data (e.g. manual tracking forms, computer database, etc)
- Reporting of data
 - a. determine how often data will be reported (e.g. quarterly, semi-annually, annually)
 - b. determine types of data to be reported (e.g. chronologically, trends, etc)
- How to use the data for improvement across programs
 - Use of national benchmarking
 - a. how to compare our programs to other programs (e.g. use of Benchmarking study run by the Institute for Behavioral Healthcare)

Annual Performance Indicators to measure goal success

Indicator: The DBH Quality Assurance Unit will complete a written quality improvement plan for DBH services by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Quality Assurance Unit will have a written DBH quality improvement plan by June 30, 2012.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

Include Tribal leader representation on the State Mental Health Planning Council and in the DBH collaborative meetings.

Strategies to attain the goal:

The State Mental Health Planning Council and the DBH will engage Tribal leadership and identify Tribal behavioral health needs and proposed solutions.

Annual Performance Indicators to measure goal success
Indicator: The State Mental Health Planning Council and the DBH collaborative meetings will include representation from Tribal leaders from at least two of Idaho's six federally recognized Tribes by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:
The State Mental Health Planning Council and the Division of Behavioral Health will track efforts to invite and engage Tribal leaders of Tribes and share this information with DBH Central Office.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

The DBH will provide a training curriculum for DBH service delivery staff on Gay, Lesbian, Transgender, Bisexual and Questioning cultural awareness.

Strategies to attain the goal:

The DBH will develop a cultural awareness training module on GLTBO cultural awareness that will be added to the DHW on-line Knowledge Learning Center site by June 30, 2012.

Annual Performance Indicators to measure goal success

Indicator: Regional DBH service delivery staff will be required to complete this training module on GLTBO cultural awareness, which will include the need for awareness of the high risk of suicide of this population, by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

The GLBTO training module will be developed, approved and ready for use on the Department's on-line Knowledge Learning Center (KLC) by June 30, 2012.
The number of Department staff completing the training module will be tracked on the on-line KLC site.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Behavioral Health System Issues

Goal of the priority area:

The Regional Behavioral Health Councils and the Division of Behavioral Health will make housing and employment resource development a priority for the homeless population

Strategies to attain the goal:

Identify additional sustainable resources for homeless individuals.

Annual Performance Indicators to measure goal success

Indicator: At least two (2) Safe and Sober Housing program beds for adolescents in each of three regions (Regions 1, 4 and 6) will be established and operational by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office SUD Program Specialist will track and participate in activities related to the development of at least two Safe and Sober housing beds for adolescents in each of three regions.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Data and Quality Assurance

Goal of the priority area:

Complete the data warehouse for behavioral health data (SUD, CMH, AMH)

Strategies to attain the goal:

DBH will develop a cross division data warehouse that will include the AMH, CMH, and SUD system called WITS, the state hospital system called Vista, and the former CMH and SUD systems.

Annual Performance Indicators to measure goal success

Indicator: The functional data warehouse will allow cross walking, increased tracking, and interlinking capability between WITS and VistaA for DBH by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office Program Specialist will track progress in the development and implementation of the data warehouse that is tasked with cross walking and interlinking multiple systems.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Data and Quality Assurance

Goal of the priority area:

DBH will complete the Web Infrastructure Information Technology System (WITS) implementation for Children's Mental Health (CMH) for credible, non-duplicative data collection and report extraction of local, state and federal (e.g., State Outcome Measures S

Strategies to attain the goal:

DBH will direct Focus e-health Innovations Systems, (FEi) the contractor for the WITS data system, to complete modifications and enhancements to the WITS system that is specific to Idaho's needs.

Annual Performance Indicators to measure goal success

Indicator: DBH will test FEi produced enhancements and modules. FEi will migrate the final tested product into production by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office Program Specialist will monitor FEi activities, assist with testing and implementation of the FEi modifications and enhancements specific to Idaho's Behavioral Health system needs.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Data and Quality Assurance

Goal of the priority area:

DBH will complete the WITS implementation for SUDS for credible, non-duplicative data collection and report extraction of local, state and federal (e.g., SOMS, TEDS) reporting requirements.

Strategies to attain the goal:

FEi will complete modifications and enhancements to the WITS system that are specific to Idaho's DBH needs.

Annual Performance Indicators to measure goal success

Indicator: DBH will establish timeline for implementation by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office Program Specialist will track progress, problem solve challenges and monitor implementation efforts for the FEi modifications to the WITS data infrastructure system.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Priority Area -Data and Quality Assurance

Goal of the priority area:

Establish kiosks at regional behavioral health main offices and at both state hospitals to allow adults with serious mental illnesses and children with emotional and behavioral disorders and their parents to directly input responses to the adult Mental He

Strategies to attain the goal:

DBH and Information Technology (IT) will collaborate to develop an implementation plan for installing kiosks (including layout and cost analysis) at DBH regional program site locations.

Annual Performance Indicators to measure goal success

Indicator: Each of seven (7) DBH regions will have at least one consumer survey kiosk installed and ready to use by June 30, 2012.

Description of Collecting and Measuring Changes in Performance Indicator:

The DBH Central Office Program Specialist will participate in plans and monitor implementation activities related to establishing a kiosk at regional DBH service sites by June 30, 2012 and at both state hospitals by June 30, 2013.

Achieved: Yes

Proposed Changes:

Empty text box for proposed changes.

Reason Not Achieved:

Empty text box for reason not achieved.

Footnotes:

For details on each performance indicator, please see the uploaded document in the attachments section.

SFY 2012 Goals – SAPT + MHBG Implementation Report November 2012

<p>1. Goal: Increase awareness of mental health issues for children and families; decrease stigma and increase early access to information, education and other prevention activities.</p>	<p>Priority Area -Mental Health - Adults:</p>	<p>See strategy above for performance indicators for outreach, education and support by 6/30/13.</p>
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Goal deleted because there was a mistake in putting a children’s goal in adult section.

Also deleted one of the two exactly duplicative SOAR goals.

<p>2. Goal: The state will implement the SSI/SSDI Outreach, Access, and Recovery (SOAR) program in three (3) of the seven (7) Department of Health and Welfare regions.</p>	<p>Priority Area -Mental Health - Adults:</p>	<p>Performance Indicator: At least one (1) Region will have appointed a Regional SOAR Lead, collaborated with their local Social Security Administration (SSA) office, and trained at least 25 Case managers by June 30, 2012.</p>
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This goal was achieved. The SSI/SSDI Outreach, Access and Recovery (SOAR) program was implemented in all of the seven (7) Department of Health and Welfare regions by September 27th, 2012. All 7 of the regions appointed a regional SOAR lead and collaborated with the regional Social Security Administration (SSA) offices by June 30, 2012. Over 200 case managers were trained in SOAR by June 30, 2012.

<p>3. Consumers and family members will have input into the behavioral health service system planning and service implementation.</p>	<p>Priority Area -Mental Health - Adults:</p>	<p>DBH will continue to support at least 18 state and/or contract-employed Certified Peer Specialists through state general and federal grant funds through PATH, ID-HOPE, and ACT by June 30, 2013.</p>
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This goal was achieved. From July 1, 2011 through June 30, 2012, at least nineteen (19) consumers and family members had input into the behavioral health service system planning and implementation through several channels. There were two family members and two consumers on the Idaho Home Outreach Program for Empowerment (ID-HOPE) Advisory Board. Four consumers were consistently part of the ID-HOPE service delivery team, and they provided input into ID-HOPE service implementation. At least one Project for Assistance in Transition from Homelessness (PATH) Certified Peer Specialist provided PATH outreach, engagement and case management services to adults with a serious mental illness who were homeless or at risk of becoming homeless in each of seven regions of the state of Idaho. The State Planning Council on Mental Health provides input into the block grant and also advises the Governor on behavioral health issues through an annual Governor’s report. This group included representation from at least two consumers and at least four family members in SFY 2012.

<p>4. Increase linkages for referral and collaboration between primary care providers and behavioral health care providers.</p>	<p>Priority Area -Mental Health - Adults:</p>	<p>DBH will meet with the Idaho Primary Care Association at least two (2) times to identify needs of shared behavioral and primary health care adult clients and collaborative opportunities between programs by June 30, 2012.</p>
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The Division of BH participates with the Division of Medicaid and a Health Home initiative that include the Primary Care Association. These coordination meetings occur monthly on an ongoing basis. The former Idaho Primary Care Association Executive Director, Denise Chuckovich, is now working at DHW as a Deputy Direction over Medicaid and BH. Under her leadership and with the transformation initiatives occurring in Idaho’s BH system, the timing is right to implement strategies for collaboration between BH and physical health. Nearly every county in the State of Idaho is a federally designated health care shortage area. However, every county in Idaho is a federally designated BH shortage area. In a state as rural as Idaho, strong collaboration between the physical health and BH is critical. Both the BH and physical health systems in Idaho recognize the critical need to collaborate in order to best care for adults with serious mental illness with holistic approach.

Additionally, Idaho has a primary health care initiative called Healthy Connections. Healthy Connections is a mandatory Primary Care Case Management program for Idaho Medicaid. Most adults with serious mental illness that participate in either the Medicaid Basic or Enhanced Benefits Plan must enroll in Healthy Connections. Healthy Connections enrollment means you choose one doctor or clinic who will manage your healthcare.

5. The state will implement the SSI/SSDI Outreach, Access, and Recovery (SOAR) program in three (3) of the seven (7) Department of Health and Welfare regions.	Priority Area -Mental Health - Adults:	At least one (1) Region will have appointed a Regional SOAR Lead, collaborated with their local Social Security Administration (SSA) office, and trained at least 25 Case managers by June 30, 2012
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This goal was achieved. The SSI/SSDI Outreach, Access and Recovery (SOAR) program was implemented in all of the seven (7) Department of Health and Welfare regions by September 27th, 2012. All 7 of the regions appointed a regional SOAR lead and collaborated with the regional Social Security Administration (SSA) offices by June 30, 2012. Two hundred case managers were trained in SOAR by June 30, 2012.

6. Increase awareness of mental health issues for children and families; decrease stigma and increase early access to information, education and other prevention activities.	Priority Area -Mental Health - Children	The DBH Family Supports Contract requirements will include holding a minimum of one (1) support group and (1) education group per region in the state, every other month, for youth ages 8 through 19 with emotional or behavioral disturbances beginning in SF
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This goal is in progress and is expected to be achieved by June 30, 2013. Due to delays in contract negotiations, the Federation of Families had a late start in implementing contract activities. In SFY 2012 (7/1/11-6/30/12), there were 6 youth support group events held in 3 of 7 regions from 3/1/12-6/30/12. There were 6 youth education group events held during the same time period in 3 of 7 regions. The Federation of Families continues to promote youth support and education groups throughout the state of Idaho. Plans are to provide at least one support group and one education group for youth in each of seven regions by June30, 2013.

7. Increase linkages between primary care providers and behavioral health care providers	Priority Area -Mental Health - Children	DBH will meet with the Idaho Primary Care Association at least two (2) times to identify needs of shared behavioral and primary
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healthcare child and family clients and collaborative opportunities between programs by June 30, 2012.

The Division of BH participates with the Division of Medicaid and a Health Home initiative that include the Primary Care Association. These coordination meetings occur monthly on an ongoing basis. The former Idaho Primary Care Association Executive Director, Denise Chuckovich, is now working at DHW as a Deputy Direction over Medicaid and BH. Under her leadership and with the transformation initiatives occurring in Idaho’s BH system, the timing is right to implement strategies for collaboration between BH and physical health. Nearly every county in the State of Idaho is a federally designated health care shortage area. However, every county in Idaho is a federally designated BH shortage area. In a state as rural as Idaho, strong collaboration between the physical health and BH is critical. Both the BH and physical health systems in Idaho recognize the critical need to collaborate in order to best care for children with serious emotional disturbance with holistic approach.

Additionally, Idaho has a primary health care initiative called Healthy Connections. Healthy Connections is a mandatory Primary Care Case Management program for Idaho Medicaid. Most children with serious emotional disturbance that participate in Medicaid must enroll in Healthy Connections. Healthy Connections enrollment means you choose one doctor or clinic who will manage your healthcare.

8. The Department of Behavioral Health (DBH) will implement parent support services for children with emotional and behavioral disturbances and their parents and families.

Priority Area -Mental Health - Children

The DBH Family Supports Contract will require implementation of at least 15 parent education/self-advocacy groups throughout the state by June 30, 2013.

This goal is in progress and it is expected to be achieved by the June 30, 2013 target date. Because of a delay in finalizing the contract with the Federation of Families, parent support and education groups were not implemented until March 2012. Between March 1, 2012 and June 30, 2012, there were 9 parent support group events in 5 of 7 regions and 3 parent education group events in 2 of 7 regions. The Federation of Families is expected to be able to implement at least 15 parent education and parent support groups throughout the state of Idaho by June 30, 2013.

9. DBH will contract with a provider manager to recruit, train, and maintain a provider pool in order to reduce the substance abuse rate in Idaho through prevention services.

Priority Are - Substance Abuse Prevention

The DBH contract with the provider manager will require at least (1) evidence-based program in each of at least 30 Idaho elementary, middle schools, and high schools by July 30, 2012.

Idaho has achieved this goal. In 2012, Idaho funded evidence-based programs in 481 elementary schools, programs in 358 middle schools and programs in 162 high schools throughout the seven regions of Idaho. All evidence-based programs funded were listed on the National Registry of Effective Prevention Programs and Practices.

10. The DBH contract with the prevention services manager will require that they recruit, train and maintain a community-based prevention provider pool to reduce the substance abuse rate in Idaho through the delivery of prevention services.

Priority Area - Substance Abuse Prevention

The DBH contract with the prevention services manager will require at least 25 evidence-based parenting education programs be offered to adults throughout Idaho. A minimum of 2 parenting education programs will be offered per region

Idaho has achieved this goal. In 2012, Idaho funded a total of 106 evidence-based parenting education programs throughout the state. Participation in these programs was open to any, regardless of the region in which they lived. In addition to making parenting programs available statewide, Idaho also made SAMHSA parenting education materials available to all Idaho residents at no cost.

11. Assess appropriate substance abuse level of care, length of stay and access to treatment

Priority Area -Substance Abuse Treatment

Continue to monitor BPA assessment process via quarterly BPA contract monitoring.

This is an ongoing activity. During this period, the State of Idaho established service standards, diagnosis and level of care tools and implemented service authorization review dates based on level of care and length of stay.

12. Develop a comprehensive plan for Substance Use Disorder (SUD) services to clients whose services are funded through Substance Abuse Prevention and Treatment (SAPT) block grant funds.

Priority Area -Substance Abuse Treatment

SUD will use the developed assessment tools to gather baseline data on the existing SUD service population by June 30, 2013

The State of Idaho Substance Use Disorders Program has selected the GAIN I to be the standard assessment tool used to gather baseline data on the SUD treatment clients. Baseline data collection has begun at a limited number of providers and will be expanded to include all providers within the next 10 months.

13. Improve screening and identification of IVDU block grant clients.

Priority Area -Substance Abuse Treatment

SUD will draft a precise definition of eligibility criteria for IVDU clients by 6/30/12. SUD will train treatment to use this by 6/30/12.

The State of Idaho has established standard eligibility criteria defining IVDU clients. The next step is to train treatment providers on the criteria. The data will be collected within Idaho's WITS data system.

14. Improve screening and identification of tuberculosis (TB) clients with SA.

Priority Area -Substance Abuse Treatment

All new SA client information, including whether the person had a TB test in the past & results of TB tests, will be data entered into WITS by 7/1/12. WITS will track TB status for clients with SA services by 6/30/13.

The process has been established and full implementation within the WITS system is on target.

15. Increase the PWWC provider network by at least one additional

Priority Area -Substance Abuse Treatment

Identify a potential PWWC Region 2 provider by 6/30/12. Increase the PWWC

regional provider

provider network by at least one additional regional provider in Region 2 by 6/30/13.

Potential providers have been identified. Idaho continues to work to establish partnerships between treatment programs and women's shelters/half-way houses.

16. Maintain available safe and sober housing resources for adults

Priority Area -Substance Abuse Treatment

Identify at least 2 potential adult SSH providers (Region 5 or 6) by 6/30/12. Approve at least one adult SSH provider in R 5 by 6/30/13.

This goal was achieved. One safe and sober housing provider was approved in Region 5 by 6/30/12. Another existing safe and sober housing bed continued to be approved in Region 6 in SFY 2012.

17. SUD will begin to move the provider network to a more client-driven system of treatment based on the Recovery Oriented Systems of Care model of service delivery.

Priority Area -Substance Abuse Treatment

SUD will develop a baseline for SUD client satisfaction using responses from the client satisfaction tool by June 30, 2013.

Idaho has identified needed training, requested assistance from CSAT on CCAR training, working to secure funding sources and working on legislation needed to implement a Recovery Oriented System of Care. The Division has begun realigning staff to move to a recovery oriented system of care.

18. SUD will collaborate with Family and Children's Services (FACS) on the treatment of shared clients (i.e., clients with open child protection cases and SUD diagnoses).

Priority Area -Substance Abuse Treatment

FACS staff, including CPS liaisons and SUD program specialists will participate in at least three quarterly meetings to discuss issues related to collaborative service delivery and care coordination to clients with open child protection cases and SUD diagnosis.

The Substance Use Disorders Program staff members are meeting quarterly with Child Protection Staff to establish a process to transfer women from child protection to Pregnant Women, Women with Dependent Children program as appropriate. Substance Use Disorders Program staff members will continue to meet with Child Protection Staff to ensure there are no gaps in service delivery.

19. By June 30, 2013, and as transformation progresses, regions will be responsible to develop and implement approved Regional Transformation Plans that address unique needs and resources in each region.

Priority Area -Behavioral Health System Issues

A written report describing the proposed board structure, roles and responsibilities will be presented to the Cooperative by June 30, 2012.

The Division of Behavioral Health Administrator, Ross Edmunds, presented a written report entitled *Transforming Idaho's Behavioral Health System* to the Behavioral Health Interagency Cooperative on March 19, 2012. This report provided some description of the proposed regional behavioral health boards. Statute drafted January 10, 2012, Title 39, Chapter 31 describes the state behavioral health planning council and regional behavioral health boards. This goal was achieved.

20. By June 30, 2013, the Regional Mental Health Advisory Boards and Regional Advisory Councils (SUD) will merge to become Regional Behavioral Health Community Development Boards.

Priority Area -Behavioral Health System Issues

The Regional Boards will identify regional needs, plans to develop regional capacity, and plans to provide input into regional behavioral health service provision by June 30, 2013.

This goal is in process and is expected to be achieved by the June 30, 2013 target date. Several activities have been directed to this goal. For example, Community Resources Development Specialists (CRDS's) were assigned to operation hubs under Division of Behavioral Health (DBH) program managers in order to assist regional boards in their transition and formation. The CRDS's support the development and implementation of merged boards as paid staff. Additionally, there is proposed legislation for SFY 2013 to codify the combined Behavioral Health (BH) boards in each region. Merging mental health and substance use disorders into behavioral health entities requires identification of activities for boards to be created, and this can only move forward when there is legislation to create those merged boards. Legislation will allow behavioral health boards to be legitimately identified in code as fiscal agents.

21. Evolve the role of the Division of Behavioral Health's (DBH) Quality Assurance unit.

Priority Area -Behavioral Health System Issues

The DBH Quality Assurance Unit will complete a written quality improvement plan for DBH services by June 30, 2012.

This goal was achieved. The Division of Behavioral Health developed a Continuous Quality Improvement Policy, effective January 6, 2012, that describes Continuous Quality Improvement (CQI) expectations and processes. This policy describes procedures to review case documentation, provide feedback, develop corrective action plans to address any identified concerns and monitor outcomes.

22. Include Tribal leader representation on the State Mental Health Planning Council and in the DBH collaborative meetings.

Priority Area -Behavioral Health System Issues

The State Mental Health Planning Council and the DBH collaborative meetings will include representation from Tribal leaders from at least two of Idaho's six federally recognized Tribes by June 30, 2013.

This goal is in progress and is expected to be achieved by the target date of June 30, 2013. Idaho Medicaid has a relationship with Idaho Tribes. A Division of Behavioral Health representative attended the February 8, 2012 Medicaid quarterly meeting with Tribal representatives. Cynthia Clapper described the structure of the Division of Behavioral Health and the priority service populations. She invited Tribal input on Regional Advisory Boards and on the State Planning Council. This issue will continue to be addressed in SFY 2013 with the goal of establishing representation from at least two of Idaho's six federally recognized tribes on Advisory Boards and/or the Council by June 30, 2013. The Division of Behavioral Health sponsored a SOAR training in September 2012 and four Tribal representatives were signed up to attend. None showed up. This will continue to be addressed and Tribes will continue to be invited to Division sponsored events focused on recovery and resilience.

23. The DBH will provide a training curriculum for DBH service delivery staff on Gay, Lesbian, Transgender, Bisexual and Questioning cultural

Priority Area -Behavioral Health System Issues

Regional DBH service delivery staff will be required to complete this training module on GLTBQ cultural awareness, which will include the need for awareness of the high

awareness.

risk of suicide of this population, by June 30, 2013.

This goal is in progress and is expected to be achieved by the June 30, 2013 target date. By June 30, 2012, a training curriculum for Division of Behavioral Health (DBH) service delivery staff on Gay, Lesbian, Transgender, Bisexual and Questioning cultural awareness was completed and uploaded to the Department of Health and Welfare's Knowledge Learning Center (KLC). This curriculum included awareness of the high risk of suicide of this population. By June 30, 2013, a policy will be written to require regional DBH staff to complete this training module on GLTBQ awareness.

24. The Regional Behavioral Health Councils and the Division of Behavioral Health will make housing and employment resource development a priority for the homeless population
Priority Area -Behavioral Health System Issues

At least two (2) Safe and Sober Housing program beds for adolescents in each of three regions (Regions 1, 4 and 6) will be established and operational by June 30, 2012.

This goal was achieved. By June 30, 2012, one Safe and Sober Housing program bed for adolescents was established and operational in Regions 1, 4, 5 and 6.

25. Complete the data warehouse for behavioral health data (SUD, CMH, AMH)
Priority Area -Data and Quality Assurance

The functional data warehouse will allow cross walking, increased tracking, and interlinking capability between WITS and VistaA for DBH by June 30, 2012.

This goal was achieved. The data warehouse for the Division of Behavioral Health (i.e., Substance Use Disorders (SUD), Children's Mental Health (CMH) and Adult Mental Health (AMH)) was completed by June 30, 2012. The warehouse has been created and loaded with WITS data for AMH and CMH. Additional elements continue to be loaded and tested in the warehouse environment on an ongoing basis.

26. DBH will complete the Web Infrastructure Information Technology System (WITS) implementation for Children's Mental Health (CMH) for credible, non-duplicative data collection and report extraction of local, state and federal (e.g., State Outcome Measures S)
Priority Area -Data and Quality Assurance

DBH will test FEi produced enhancements and modules. FEi will migrate the final tested product into production by June 30, 2012.

This goal was achieved. The Division of Behavioral Health tested FEi produced enhancements and modules related to Children's Mental Health for credible, non-duplication data collection and report extraction, with the final tested product migrated into production by June 30, 2012.

27. DBH will complete the WITS implementation for SUDS for credible, non-duplicative data collection and report extraction of local, state and federal (e.g., SOMS, TEDS) reporting requirements.
Priority Area -Data and Quality Assurance

DBH will establish timeline for implementation by June 30, 2012.

This goal was achieved. The Division of Behavioral Health established a plan for SUD WITS development that included a timeline for implementation by June 30, 2012.

The Division of Behavioral Health (DBH) uses WITS for Adult Mental Health and Children’s Mental Health. The decision for Substance Use Disorder (SUDS) providers to use WITS statewide was made in June 2012. Challenges included SFY 2012 legislative reallocation of funds from DBH to DBH, Idaho Department of Corrections (IDOC), Idaho Department of Juvenile Corrections (IDJC) and the courts. The Division of Behavioral Health is partnering with the Idaho Supreme Court (ISC), IDOC, and IDJC to implement WITS across the private SUD treatment and Recovery Support Services network, with a target date of July 1, 2013. In collaboration with ISC, IDOC, and IDJC, DBH began Stage I of the Statewide Implementation Plan in May 2012. Stage I is a pilot project with over 20 private SUD network providers. Stage I is broken into five distinct phases. Phase I, II, and III have been completed. Phase I included system setup, development of training material, and organizing pilot provider training. Phase II included training pilot providers, ISC, IDJC, and IDOC and implementing WITS in each agency. Over 80 trainings were provided during this four month phase. Phase III included identification of enhancements and/or modifications to the system by pilot providers, ongoing support for pilot providers (e.g., training, help desk) and identification of policies and procedures that may need modified to support the WITS implementation. DBH is currently engaged in Phase IV which includes contract management setup and billing protocols for IDHW, ISC, IDOC, and IDJC. Stage I is slated to end December 31, 2012 with Stage II of the Statewide Implementation Plan beginning January 1, 2013.

New Goal for SFY 2013: The Division of Behavioral Health will work collaboratively with partnering agencies (i.e., Idaho Department of Corrections (IDOC), Idaho Department of Juvenile Corrections (IDJC) and the Idaho Supreme Court (ISC)) to complete Stages 1 through 4 of the Statewide Implementation Plan for WITS implementation for the Substance Use Disorders providers and to be well underway in Stage 5 of the Plan by June 30, 2013.

28. Establish kiosks at regional behavioral health main offices and at both state hospitals to allow adults with serious mental illnesses and children with emotional and behavioral disorders and their parents to directly input responses to the adult Mental He

Priority Area -Data and Quality Assurance

Each of seven (7) DBH regions will have at least one consumer survey kiosk installed and ready to use by June 30, 2012.

This goal was achieved. By June 30, 2012, each of seven regions had at least one kiosk installed and ready to use. As of August 2012, fifteen of twenty sites (including satellite offices) had ready-to-use kiosks.

New Goal for SFY 2013: The Division of Behavioral Health will hire a part-time Certified Peer Specialist to model recovery and resilience and to assist with mental health service delivery quality assurance.

A part-time DBH Certified Peer Specialist will be hired to model recovery and resilience and provide quality assurance review of mental health services by June 30, 2013.

III: State Agency Expenditure Reports

Table 3 A/B (URS Tables 5A/5B) - Profile of Clients by Type of Funding Support

Table 3A

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

	Total			American Indian or Alaska Native			Asian			Black or African American			Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for URS table 5b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
Medicaid (only Medicaid)	478	575	0	1,053	16	11	0	0	0	0	9	10	0	0	0	0	422	499	0	0	0	0	11	20	0	20	35	0
Non-Medicaid Sources (only)	2,375	2,642	1	5,018	30	26	0	11	8	0	18	34	0	1	1	0	2,173	2,378	1	0	0	0	35	53	0	107	142	0
People Served by Both Medicaid and Non-Medicaid Sources	229	234	0	463	3	3	0	1	0	0	2	7	0	0	0	0	208	214	0	0	0	0	9	2	0	6	8	0
Medicaid Status Not Available	2,007	2,671	4	4,682	44	42	0	10	12	0	25	49	0	2	1	0	1,739	2,296	1	0	0	0	25	31	0	162	240	3
Total Served	5,089	6,122	5	11,216	93	82	0	22	20	0	54	100	0	3	2	0	4,542	5,387	2	0	0	0	80	106	0	295	425	3

Data Based on Medicaid Services

Data Based on Medical Eligibility, not Medicaid Paid Services

'People Served By Both' includes people with any Medicaid

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Data reported from WITS based on client group enrollment. The WITS vendor, FEI, has built additional reports to increase data accuracy. See General Notes.

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Table 3B

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 3A.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total
Medicaid Only	404	468	0	51	73	0	10	15	0	465	556	0	1,021
Non-Medicaid Only	2,147	2,356	1	184	250	0	26	29	0	2,357	2,635	1	4,993
People Served by Both Medicaid and Non-Medicaid Sources	227	231	0	27	23	0	1	5	0	255	259	0	514
Medicaid Status Unknown	1,732	2,279	2	115	182	2	158	210	1	2,005	2,671	5	4,681
Total Served	4,510	5,334	3	377	528	2	195	259	1	5,082	6,121	6	11,209

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Data reported from WITS based on client group enrollment. The WITS vendor, FEI, has built additional reports to increase data accuracy. See General Notes

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

Footnotes:

III: State Agency Expenditure Reports

Table 4 (URS Table 7) - Profile of Mental Health Service Expenditures and Sources of Funding

Start Year:

End Year:

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	\$	\$	\$	\$	\$	\$	\$
2. Primary Prevention	\$	\$13,700					
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. State Hospital	\$	\$	\$6,638,700		\$16,741,500		\$3,090,700
6. Other 24 Hour Care	\$				\$2,787,700		
7. Ambulatory/Community Non-24 Hour Care	\$	\$1,662,800	\$1,138,900	\$3,931,800	\$18,811,400		\$242,900
8. Administration (Excluding Program and Provider Level)	\$	\$116,900		\$347,800	\$470,000		\$10,200
9. Subtotal (Rows 1, 2, 3, 4, and 8)	\$	\$130,600	\$	\$347,800	\$470,000	\$	\$10,200
10. Subtotal (Rows 5, 6, 7, and 8)	\$	\$1,779,700	\$7,777,600	\$4,279,600	\$38,810,600	\$	\$3,343,800
11. Total	\$	\$1,793,400	\$7,777,600	\$4,279,600	\$38,810,600	\$	\$3,343,800

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

III: State Agency Expenditure Reports

Table 5 - MHBG Expenditures By Service

Expenditure Period Start Date: 7/1/2011 Expenditure Period End Date: 6/30/2012

Service	Unduplicated Individuals	Units	Expenditures
Prevention (Including Promotion)			\$
Screening, Brief Intervention and Referral to Treatment			\$
Brief Motivational Interviews			\$
Screening and Brief Intervention for Tobacco Cessation			\$
Parent Training			\$
Facilitated Referrals			\$
Relapse Prevention/Wellness Recovery Support			\$
Warm Line			\$
Engagement Services			\$
Assessment			\$
Specialized Evaluations (Psychological and Neurological)			\$
Service Planning (including crisis planning)			\$
Consumer/Family Education			\$
Outreach			\$
Outpatient Services			\$
Individual evidenced based therapies			\$
Group therapy			\$
Family therapy			\$
Multi-family therapy			\$
Consultation to Caregivers			\$
Medication Services			\$
Medication management			\$

Pharmacotherapy (including MAT)			\$
Laboratory services			\$
Community Support (Rehabilitative)			\$
Parent/Caregiver Support			\$
Skill building (social, daily living, cognitive)			\$
Case management			\$
Continuing Care			\$
Behavior management			\$
Supported employment			\$
Permanent supported housing			\$
Recovery housing			\$
Therapeutic mentoring			\$
Traditional healing services			\$
Recovery Supports			\$
Peer Support			\$
Recovery Support Coaching			\$
Recovery Support Center Services			\$
Supports for Self Directed Care			\$
Other Supports (Habilitative)			\$
Personal care			\$
Homemaker			\$
Respite			\$
Supported Education			\$
Transportation			\$
Assisted living services			\$
Recreational services			\$

Trained behavioral health interpreters				\$
Interactive communication technology devices				\$
Intensive Support Services				\$
Substance abuse intensive outpatient (IOP)				\$
Partial hospital				\$
Assertive Community Treatment				\$
Intensive home based services				\$
Multi-systemic therapy				\$
Intensive Case Management				\$
Out-of-Home Residential Services				\$
Crisis residential/stabilization				\$
Adult Substance Abuse Residential				\$
Adult Mental Health Residential				\$
Youth Substance Abuse Residential Services				\$
Children's Residential Mental Health Services				\$
Therapeutic foster care				\$
Acute Intensive Services				\$
Mobile crisis				\$
Peer based crisis services				\$
Urgent care				\$
23 hr. observation bed				\$
Medically Monitored Intensive Inpatient				\$
24/7 crisis hotline services				\$
Other (please list)				\$

Footnotes:

Idaho is unable to track MHBG expenditures by service at this time.

III: State Agency Expenditure Reports

Table 6 - Primary Prevention Expenditures Checklist

Start Year:

End Year:

Strategy	IOM Target	MHBG Block Grant	Other Federal	State	Local	Other
Information Dissemination	Universal	\$ <input type="text"/>				
Information Dissemination	Selective	\$ <input type="text"/>				
Information Dissemination	Indicated	\$ <input type="text"/>				
Information Dissemination	Unspecified	\$ <input type="text"/>				
Information Dissemination	Total	\$	\$	\$	\$	\$
Education	Universal	\$ <input type="text"/>				
Education	Selective	\$ <input type="text"/>				
Education	Indicated	\$ <input type="text"/>				
Education	Unspecified	\$ <input type="text"/>				
Education	Total	\$	\$	\$	\$	\$
Alternatives	Universal	\$ <input type="text"/>				
Alternatives	Selective	\$ <input type="text"/>				
Alternatives	Indicated	\$ <input type="text"/>				
Alternatives	Unspecified	\$ <input type="text"/>				
Alternatives	Total	\$	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$ <input type="text"/>				
Problem Identification and Referral	Selective	\$ <input type="text"/>				
Problem Identification and Referral	Indicated	\$ <input type="text"/>				
Problem Identification and Referral	Unspecified	\$ <input type="text"/>				
Problem Identification and Referral	Total	\$	\$	\$	\$	\$

Community-Based Process	Universal	\$ <input type="text"/>				
Community-Based Process	Selective	\$ <input type="text"/>				
Community-Based Process	Indicated	\$ <input type="text"/>				
Community-Based Process	Unspecified	\$ <input type="text"/>				
Community-Based Process	Total	\$	\$	\$	\$	\$
Environmental	Universal	\$ <input type="text"/>				
Environmental	Selective	\$ <input type="text"/>				
Environmental	Indicated	\$ <input type="text"/>				
Environmental	Unspecified	\$ <input type="text"/>				
Environmental	Total	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$ <input type="text"/>				
Section 1926 Tobacco	Selective	\$ <input type="text"/>				
Section 1926 Tobacco	Indicated	\$ <input type="text"/>				
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>				
Section 1926 Tobacco	Total	\$	\$	\$	\$	\$
Other	Universal	\$ <input type="text"/>				
Other	Selective	\$ <input type="text"/>				
Other	Indicated	\$ <input type="text"/>				
Other	Unspecified	\$ 32,854	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Total	\$ 32,854	\$	\$	\$	\$

Footnotes:

Mental Health Block Grant funds expended in SFY 2012 were directed to suicide prevention activities.

III: State Agency Expenditure Reports

Table 7 (URS Table 8) - Profile Of Community Mental Health Block Grant Expenditures For Non-Direct Service Activities

Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities

Service	Estimated Total Block Grant
MHA Technical Assistance Activities	\$ <input type="text"/>
MHA Planning Council Activities	\$ 18,416
MHA Administration	\$ 98,444
MHA Data Collection/Reporting	\$ <input type="text"/>
MHA Activities Other Than Those Above	\$ 18,500
Total Non-Direct Services	\$ 135,360
Comments on Data:	Administration at 5% of block grant. MA Other activities include suicide prevention contract.

Footnotes:

III: State Agency Expenditure Reports

Table 8 (URS Table 10) - Statewide Entity Inventory(Available in Dec. 2013)

Expenditure Period Start Date: 10/1/2009 Expenditure Period End Date: 9/30/2011

Entity Number	I-SATS ID (for SABG)	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults serious mental illness	CMHS Block Grant - G. Children with a serious emotional disturbance
		State	Mountain States Group	1607 W. Jefferson	Boise	ID	83702						\$244,483.00	\$0.00
		State	St. Luke's Regional Medical Center (physician training)	109 E. Bannock	Moscow	ID	83701						\$0.00	\$5,273.00
		State	ID Federation of Families	1509 S. Robert Street	Boise	ID	83705						\$0.00	\$152,607.00
		State	Benchmark Research (suicide prevention)	P. O. Box 9088	Moscow	ID	83843						\$0.00	\$20,750.00
Total													\$244,483.00	\$178,630.00

Footnotes:

III: State Agency Expenditure Reports

Table 9 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2010) + B2(2011)</u> 2 (C)
SFY 2010 (1)	\$20,430,000	
SFY 2011 (2)	\$21,154,300	\$20,792,150
SFY 2012 (3)	\$20,853,600	

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

SFY 2010	Yes	<u>X</u>	No	_____
SFY 2011	Yes	<u>X</u>	No	_____
SFY 2012	Yes	<u>X</u>	No	_____

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

Footnotes:

III: State Agency Expenditure Reports

Table 10 - Report on Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2011	Estimated/Actual SFY 2012
\$14662700.00	\$7100600.00	\$6366200.00

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:

The FY 1994 amount (federal statute) was \$536,391. The SFY 2012 amount was \$6,366,200, so maintenance of effort on the children's set-aside was met.

IV: Populations and Services Reports

Table 11 (URS Table 1) - Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. CMHS will provide this data to States based on the standardized methodology developed and published in the Federal Register and the State level estimates for both adults with SMI and children with SED.

	Current Report Year	Three Years Forward
Adults with Serious Illness (SMI)	<input type="text"/>	<input type="text"/>
Children with Serious Emotional Disturbances (SED)	<input type="text"/>	<input type="text"/>

Note: This Table will be completed for the States by CMHS.

Footnotes:

IV: Populations and Services Reports

Table 12 (URS Table 12) - State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

Population Served

1. Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	Populations Covered:		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Aged 0 to 3	<input checked="" type="checkbox"/> Yes			
2. Aged 4 to 17	<input checked="" type="checkbox"/> Yes			
3. Adults Aged 18 and over	<input checked="" type="checkbox"/> Yes			
4. Forensics	<input checked="" type="checkbox"/> Yes			
Comments on Data:	<input type="text"/>			

2. Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?

Serious Mental Illness

Serious Emotional Disturbances

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance?

2.a.1. Percent of adults meeting Federal definition of SMI:

2.a.2. Percentage of children/adolescents meeting Federal definition of SED:

3. Co-Occurring Mental Health and Substance Abuse:

3.a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

3.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:

3.a.2. Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse?

3.b.1. Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:

3.b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

3.b.3. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

Adults with diagnoses of a serious mental illness and substance use disorder are referred through mental health courts and treated on Assertive Community Treatment (ACT) teams. Some self-report; detailed data not reported at this time - See client level extract

4. State Mental Health Agency Responsibilities

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

1. State Medicaid Operating Agency

2. Setting Standards

3. Quality Improvement/Program Compliance

- 4. Resolving Consumer Complaints
- 5. Licensing
- 6. Sanctions
- 7. Other

b. Managed Care (Mental Health Managed Care)

Are Data for these programs reported on URS Tables?

- 4.b.1 Does the State have a Medicaid Managed Care initiative? Yes Yes
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care? Yes
- If yes, please check the responsibilities the SMHA has:
- 4.b.3 Direct contractual responsibility and oversight of the MCOs or BHOs Yes
- 4.b.4 Setting Standards for mental health services Yes
- 4.b.5 Coordination with state health and Medicaid agencies Yes
- 4.b.6 Resolving mental health consumer complaints Yes
- 4.b.7 Input in contract development Yes
- 4.b.8 Performance monitoring Yes
- 4.b.9 Other

5. Data Reporting: Please describe the extent to which your information systems allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for Table 2, which requires unduplicated counts of clients served across your entire mental health system.

Are the data reporting in the tables?

- 5.a. Unduplicated: counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.
- 5.b. Duplicated: across state hospital and community programs
- 5.c. Duplicated: within community programs
- 5.d. Duplicated: Between Child and Adult Agencies
- 5.e. Plans for Unduplication: If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

The Division of Behavioral Health implemented the WITS system for AMH data in October 2009 and for CMH data in July 2011. This is the first year for data extraction and reporting for CMH from the WITS system.

6. Summary Administrative Data

- 6.a. Report Year:
- 6.b. State Identifier:
- Summary Information on Data Submitted by SMHA:*
- 6.c. Year being reported:
- 6.d. Person Responsible for Submission:
- 6.e. Contact Phone Number:
- 6.f. Contact Address:
- 6.g. E-mail:

Footnotes:

IV: Populations and Services Reports

Table 13 A/B (URS Tables 2A/2B)-Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 13A

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for table 2b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	95	213	0	308	2	4	0	0	0	0	2	4	0	0	0	0	82	185	0	0	0	0	6	4	0	3	16	0
13-17 years	473	800	0	1,273	15	16	0	0	3	0	13	14	0	0	1	0	383	656	0	0	0	0	21	36	0	41	74	0
18-20 years	260	487	1	748	7	9	0	1	2	0	8	7	0	0	0	0	220	419	1	0	0	0	6	7	0	18	43	0
21-24 years	402	601	0	1,003	9	11	0	0	1	0	5	8	0	3	1	0	343	516	0	0	0	0	6	14	0	36	50	0
25-44 years	2,104	2,476	2	4,582	37	30	0	10	8	0	14	52	0	1	4	0	1,886	2,199	1	0	0	0	28	25	0	128	158	1
45-64 years	1,496	1,319	0	2,815	21	11	0	6	2	0	10	15	0	1	0	0	1,390	1,207	0	0	0	0	12	17	0	56	67	0
65-74 years	136	110	0	246	1	1	0	3	0	0	1	0	0	1	0	0	124	102	0	0	0	0	1	1	0	5	6	0
75+ years	58	54	2	114	0	1	0	0	0	0	0	0	0	0	0	0	50	46	0	0	0	0	0	0	0	8	7	2
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5,024	6,060	5	11,089	92	83	0	20	16	0	53	100	0	6	6	0	4,478	5,330	2	0	0	0	80	104	0	295	421	3
Pregnant Women	0	0	0	0	0			0			0			0			0			0			0			0		

Are these numbers unduplicated? Unduplicated Duplicated : between Hospitals and Community Duplicated : Among Community Programs Duplicated between children and adults Other : describe

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	Children's Mental Health (CMH) and Adult Mental Health (AMH) data extracted from WITS. See General Notes.

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 13A.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 13B

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	80	166	0	9	38	0	6	9	0	95	213	0	308
13-17 years	372	648	0	76	102	0	25	50	0	473	800	0	1,273
18-20 years	225	396	1	18	61	0	17	30	0	260	487	1	748
21-24 years	354	515	0	32	59	0	16	27	0	402	601	0	1,003
25-44 years	1,866	2,197	1	169	192	1	69	87	0	2,104	2,476	2	4,582
45-64 years	1,389	1,211	0	63	70	0	44	38	0	1,496	1,319	0	2,815
65-74 years	124	103	0	5	1	0	7	6	0	136	110	0	246
75+ years	46	44	0	3	2	1	9	8	1	58	54	2	114
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4,456	5,280	2	375	525	2	193	255	1	5,024	6,060	5	11,089
Pregnant Women	0			0			0			0	0	0	0

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	See General Notes. Pregnant women served are included in the aggregate counts.

Footnotes:

IV: Populations and Services Reports

Table 14 (URS Table 3) - Profile Of Persons Served In The Community Mental Health Settings, State Psychiatric Hospitals And Other Settings

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	879	1,377	0	142	270	0	2,817	2,778	0	76	40	0	0	0	0	3,914	4,465	0	8,379
State Psychiatric Hospitals	31	33	0	14	17	0	357	458	0	32	18	0	0	0	0	434	526	0	960
Other Psychiatric Inpatient	0	1	0	25	29	0	492	599	0	50	30	0	0	0	0	567	659	0	1,226
Residential Treatment Centers	15	31	0	3	2	0	0	0	0	0	0	0	0	0	0	18	33	0	51

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Footnotes:

IV: Populations and Services Reports

Table 15A - Profile of Persons Served With SMI/SED by Age and Gender

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	879	1,377	0	142	270	0	2,817	2,778	0	76	40	0	0	0	0	3,914	4,465	0	8,379
State Psychiatric Hospitals	31	33	0	14	17	0	357	458	0	32	18	0	0	0	0	434	526	0	960
Other Psychiatric Inpatient	0	1	0	25	29	0	492	599	0	50	30	0	0	0	0	567	659	0	1,226
Residential Treatment Centers	15	31	0	3	2	0	0	0	0	0	0	0	0	0	0	18	33	0	51

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Instructions:

- States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
- If forensic hospitals are part of the state mental health agency system include them.
- Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row.
- Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted through the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services through a provider that is not licensed or contracted by the SMHA should not be counted here.
- A person who is served in both community settings and inpatient settings should be included in both rows.
- RTC: CMHS has a standardized definition of RTC for Children: "An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily 17 years old and younger. It has a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classified by DSM-IV codes-other than the codes for mental retardation, developmental disorders, and substance-related disorders such as drug abuse and alcoholism (unless these are co-occurring with a mental illness)."

Footnotes:

IV: Populations and Services Reports

Table 15 B/C (URS Tables 14A/14B) - Profile of Persons With SMI/SED Served by Age, Gender, Race and Ethnicity

Table 15B

This is a developmental table similar to Table 2A. and 2B. This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. Table 2A. and 2B. included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as Tables 2A. and 2B. For 2007, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition. Please report the data under the categories listed - "Total" are calculated automatically.

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for table 14b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	95	213	0	308	2	4	0	0	0	0	2	4	0	0	0	0	82	185	0	0	0	0	6	4	0	3	16	0
13-17 years	473	800	0	1,273	15	16	0	0	3	0	13	14	0	0	1	0	383	656	0	0	0	0	21	36	0	41	74	0
18-20 years	260	487	1	748	7	9	0	1	2	0	8	7	0	0	0	0	220	419	1	0	0	0	6	7	0	18	43	0
21-64 years	4,002	4,396	2	8,400	67	52	0	16	11	0	29	75	0	5	5	0	3,619	3,922	1	0	0	0	46	56	0	220	275	1
65-74 years	136	110	0	246	1	1	0	3	0	0	1	0	0	1	0	0	124	102	0	0	0	0	1	1	0	5	6	0
75+ years	58	54	2	114	0	1	0	0	0	0	0	0	0	0	0	0	50	46	0	0	0	0	0	0	0	8	7	2
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5,024	6,060	5	11,089	92	83	0	20	16	0	53	100	0	6	6	0	4,478	5,330	2	0	0	0	80	104	0	295	421	3

Comments on Data (for Age):	See General Notes
Comments on Data (for Gender):	See General Notes
Comments on Data (for Race/Ethnicity):	See General Notes
Comments on Data (Overall):	See General Notes

1. State Definitions Match the Federal Definitions

Yes No Adults with SMI, if No describe or attach state definition:

Diagnoses included in the state SMI definition:

jm Yes jm No Children with SED, if No describe or attach state definition:

Diagnoses included in the state SED definition:

Table 15C

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A. Please report the data under the categories listed - "Total" are calculated automatically.

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	80	166	0	9	38	0	6	9	0	95	213	0	308
13-17 years	372	648	0	76	102	0	25	50	0	473	800	0	1,273
18-20 years	225	396	1	18	61	0	17	30	0	260	487	1	748
21-64 years	3,609	3,923	1	264	321	1	129	152	0	4,002	4,396	2	8,400
65-74 years	124	103	0	5	1	0	7	6	0	136	110	0	246
75+ years	46	44	0	3	2	1	9	8	1	58	54	2	114
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4,456	5,280	2	375	525	2	193	255	1	5,024	6,060	5	11,089
Comments on Data (for Age):										<input type="text" value="See General Notes"/>			
Comments on Data (for Gender):										<input type="text" value="See General Notes"/>			
Comments on Data (for Race/Ethnicity):										<input type="text" value="See General Notes"/>			
Comments on Data (Overall):										<input type="text" value="See General Notes"/>			

Footnotes:

IV: Populations and Services Reports

Table 16 (URS Table 6) - Profile of Client Turnover

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospitals	128	854	843						
Children (0 to 17 years)	9	81	75	47	42	51	42	0	0
Adults (18 yrs and over)	119	773	768	58	36	71	54	3,209	976
Age Not Available	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	46	1,590	1,601						
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	46	1,590	1,601	11	8	12	8	398	412
Age Not Available	0	0	0	0	0	0	0	0	0
Residential Tx Centers	13	48	33						
Children (0 to 17 years)	13	46	31	173	173	173	173	0	0
Adults (18 yrs and over)	0	2	2	174	174	174	174	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Community Programs	3,247	6,168							
Children (0 to 17 years)	1,032	1,500							
Adults (18 yrs and over)	2,215	4,668							
Age Not Available	0	0							

Comments on Data (State Hospital):

State hospital data extracted from Vista used by State Hospital North and State Hospital South.

Comments on Data (Other Inpatient):

Extracted from WITS for CMH & AMH

Comments on Data
(Residential Treatment):

Extracted from WITS for CMH & AMH

Comments on Data
(Community Programs):

Extracted from WITS for CMH & AMH

Comments on Data (Overall):

Footnotes:

V: Performance Indicators and Accomplishments

Table 17 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services During the Year

ADULTS WITH SERIOUS MENTAL ILLNESS				
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20	0	29	14	132
21-64	0	538	597	4,862
65-74	0	0	16	106
75	0	0	1	12
Not Available	0	0	0	0
TOTAL	0	567	628	5,112

Gender				
Female	0	251	278	2,564
Male	0	316	350	2,548
Not Available	0	0	0	0

Race				
American Indian or Alaska Native	0	10	6	67
Asian	0	1	5	31
Black or African American	0	5	8	64
Native Hawaiian or Pacific Islander	0	0	0	2
White	0	514	572	4,678
Hispanic *	0	0	0	0
More Than One Race Reported	0	13	12	88

Race Not Available	0	24	25	182
--------------------	---	----	----	-----

Hispanic / Latino Origin				
Hispanic / Latino origin	0	49	63	385
Non Hispanic / Latino	0	514	565	4,703
Not Available	0	4	0	24

Do you monitor fidelity for this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES,				
What fidelity measure do you use?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who measures fidelity?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often is fidelity measured?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have staff been specifically trained to implement the EBP?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

*Hispanic is part of the total served. Yes No

Comments on Data (overall): <input type="text" value="Data extracted from WITS (AMH)"/>
Comments on Data (Family Psychoeducation): <input type="text"/>
Comments on Data (Integrated Treatment for Co-occurring Disorders): <input type="text"/>
Comments on Data (Illness Self Management): <input type="text" value="Adult SMHA clients served by the regional ACT teams receive Illness Self Management. Data for this EBP is equal to the data for the ACT EBP."/>
Comments on Data (Medication Management): <input type="text"/>

*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Footnotes:

V: Performance Indicators and Accomplishments

Table 18A (URS Table 4) - Profile of Adult Clients By Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force?" category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force?". Unemployed refers to persons who are looking for work but have not found employment.

Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Adults Served	18-20			21-64			65+			Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	22	32	0	594	547	0	3	4	0	0	0	0	619	583	0	1,202
Unemployed	36	88	0	581	722	0	2	2	0	0	0	0	619	812	0	1,431
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	109	155	0	1,686	1,648	1	114	71	0	0	0	0	1,909	1,874	1	3,784
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	167	275	0	2,861	2,917	1	119	77	0	0	0	0	3,147	3,269	1	6,417

How Often Does your State Measure Employment Status? At Admission At Discharge Monthly Quarterly Other, describe:

What populations are included: All clients Only selected groups, describe:

Comments on Data (for Age):

V: Performance Indicators and Accomplishments

Table 18B (URS Table 4A) - Profile Of Adult Clients By Employment Status: By Primary Diagnosis Reported

The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (295)	128	123	1,016	0	1,267
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	854	984	1,986	0	3,824
Other Psychoses (297, 298)	55	65	231	0	351
All Other Diagnoses	162	255	548	0	965
No Dx and Deferred DX (799.9, V71.09)	3	4	3	0	10
Diagnosis Total	1,202	1,431	3,784	0	6,417

Comments on Data (for Diagnosis):

Data Extracted from WITS

Footnotes:

V: Performance Indicators and Accomplishments

Table 19 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period
 All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	214	33	79	4	0	17	8	7	766	0	1,128
18-64	4,437	11	208	10	0	35	542	709	269	0	6,221
65+	158	0	20	0	0	3	2	5	8	0	196
Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	4,809	44	307	14	0	55	552	721	1,043	0	7,545
Female	2,532	19	138	6	0	24	143	309	418	0	3,589
Male	2,276	25	169	8	0	31	409	412	625	0	3,955
Not Available	1	0	0	0	0	0	0	0	0	0	1
TOTAL	4,809	44	307	14	0	55	552	721	1,043	0	7,545
American Indian/Alaska Native	56	1	11	0	0	0	11	11	21	0	111
Asian	22	0	1	0	0	0	2	0	3	0	28

Black/African American	51	3	4	0	0	1	12	16	22	0	109
Hawaiian/Pacific Islander	2	0	0	0	0	0	2	0	0	0	4
White/Caucasian	4,377	38	281	14	0	49	474	645	890	0	6,768
Hispanic *	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	70	1	5	0	0	2	8	19	46	0	151
Race/Ethnicity Not Available	231	1	5	0	0	3	43	30	61	0	374
TOTAL	4,809	44	307	14	0	55	552	721	1,043	0	7,545

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	354	3	18	1	0	5	53	45	124	0	603
Non Hispanic or Latino Origin	4,343	40	287	12	0	50	486	652	883	0	6,753
Hispanic or Latino Origin Not Available	112	1	2	1	0	0	13	24	36	0	189
TOTAL	4,809	44	307	14	0	55	552	721	1,043	0	7,545

Comments on Data:	<input type="text"/>
How Often Does your State Measure Living Situation?	<input type="radio"/> At Admission <input type="radio"/> At Discharge <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Other: Describe <input type="text"/>

*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available

Footnotes:

V: Performance Indicators and Accomplishments

Table 20 (URS Table 19B) - Profile of Change in School Attendance

For Consumers in Service for at least 12 months

T1		T2			T1 to T2 Change						Impact of Services						
"T1" Prior 12 months (more than 1 year ago)		"T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have						
# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
6	7	0	5	8	0	4	2	0	1	6	0	0	6	5	2	0	13
Gender																	
Female	4	0	0	3	1	0	3	1	0	0	0	0	0	2	2	0	4
Male	2	7	0	2	7	0	1	1	0	1	6	0	4	3	2	0	9
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																	
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

T1		T2			T1 to T2 Change						Impact of Services						
"T1" 12 months prior to beginning services		"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Since starting to receive MH Services, the number of days my child was in school have						
# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
5	14	0	2	17	0	2	3	0	0	14	0	5	5	2	7	0	19
Gender																	

Female	1	4	0	0	5	0	0	1	0	0	4	0	0	2	0	3	0	5
Male	4	10	0	2	12	0	2	2	0	0	10	0	5	3	2	4	0	14
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source of School Attendance Information:

- 1. Consumer survey (recommended items)
- 2. Other Survey: Please send us items
- 3. Mental health MIS
- 4. State Education Department
- 5. Local Schools/Education Agencies
- 6. Other (specify)

Measure of School Attendance:

- 1. School Attendance
- 2. Other (specify):

Mental health programs include:

- 1. Children with SED only
- 2. Other Children (specify)
- 3. Both

Region for which data are reported:

- 1. The whole state
- 2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported
Child/Adolescents

1,581

1. If data is from a survey, what is the total number of people from which the sample was drawn?
2. What was your sample size? (How many individuals were selected for the sample)?
3. How many survey contacts were made? (surveys to valid phone numbers or addresses)
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?
5. What was your response rate? (number of Completed surveys divided by number of Contacts)

1,581

1,581

32

1 %

State Comments/Notes:

Client level data will address this - see DIG SFY2012 Extract

Footnotes:

V: Performance Indicators and Accomplishments

Table 21 (URS Table 9) NOMS Social Connectedness and Improved Functioning

Adult Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness		53	95	56%
2. Functioning		56	95	59%
Child/Adolescent Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness		18	32	56%
4. Functioning		9	32	28%
Comments on Data:	Idaho uses the YSS-F and MHSIP for measures of Social Connectedness and Functioning			

Adult Social Connectedness and Functioning Measures

1. Did you use the recommended new Social Connectedness Questions?

Yes No Measure used

2. Did you use the recommended new Functioning Domain Questions?

Yes No Measure used

3. Did you collect these as part of your MHSIP Adult Consumer Survey?

Yes No

If No, what source did you use?

Child/Family Social Connectedness and Functioning Measures

4. Did you use the recommended new Social Connectedness Questions?

Yes No Measure used

5. Did you use the recommended new Functioning Domain Questions?

Yes No Measure used

6. Did you collect these as part of your YSS-F Survey?

Yes No

If No, what source did you use?

Footnotes:

V: Performance Indicators and Accomplishments

Table 22A (URS Table 11) - Summary Profile of Client Evaluation of Care

Adults Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	74	95	0
2. Reporting Positively About Quality and Appropriateness for Adults	79	95	0
3. Reporting Positively About Outcomes.	59	95	0
4. Adults Reporting on Participation In Treatment Planning.	73	95	0
5. Adults Positively about General Satisfaction with Services.	78	95	0

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	14	32	0
2. Reporting Positively about General Satisfaction for Children.	16	32	0
3. Reporting Positively about Outcomes for Children.	9	32	0
4. Family Members Reporting on Participation In Treatment Planning for their Children	22	32	0
5. Family Members Reporting High Cultural Sensitivity of Staff.	22	32	0

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

* Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.

Comments on Data:

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used? Yes No

1.a. If no, which version:

- 1. Original 40 Item Version Yes
- 2. 21-Item Version Yes
- 3. State Variation of MHSIP Yes
- 4. Other Consumer Survey Yes

1.b. If other, please attach instrument used.

- 1.c. Did you use any translations of the MHSIP into another language?
- 1. Spanish
 - 2. Other Language:

Adult Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state) All Consumers In State Sample of MH Consumers

- 2.a. If a sample was used, what sample methodology was used?
- 1. Random Sample
 - 2. Stratified / Random Stratified Sample
 - 3. Convenience Sample
 - 4. Other Sample:

- 2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?
- 1. Persons Currently Receiving Services
 - 2. Persons No Longer Receiving Services

3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)
- 1. All Adult Consumers In State
 - 2. Adults With Serious Mental Illness
 - 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care
 - 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mail	<input type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-Based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

- 4.b. Who administered the Survey? (Check all that apply)
- 1. MH Consumers
 - 2. Family Members
 - 3. Professional Interviewers
 - 4. MH Clinicians
 - 5. Non Direct Treatment Staff
 - 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?
- 1. Responses are Anonymous
 - 2. Responses are Confidential
 - 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

- 6.a. How Many Surveys were Attempted (sent out or calls initiated)?
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?
- 6.c. How many surveys were completed? (survey forms returned or calls completed)
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)
- 6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates? Yes No

7. Who Conducted the Survey

- 7.a. SMHA Conducted or contracted for the Survey (survey done at state level) Yes No
- 7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level) Yes No
- 7.c. Other, describe:

* Report Confidence Intervals at the 95% confidence level

Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer. The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level. When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)

Child / Family Consumer Surveys

1. Was the MHSIP Children / Family Survey (YSS-F) Used? Yes
- 1.a. If no, what survey did you use?
- If no, please attach instrument used.*
- 1.c. Did you use any translations of the Child MHSIP into another language? 1. Spanish 2. Other Language:

Child Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state) All Consumers In State Sample of MH Consumers
- 2.a. If a sample was used, what sample methodology was used? 1. Random Sample 2. Stratified / Random Stratified Sample 3. Convenience Sample 4. Other Sample:
- 2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service? 1. Persons Currently Receiving Services 2. Persons No Longer Receiving Services

2a. If yes to 2, please describe how your survey persons no longer receiving services.

3. Please Describe the populations included in your sample: (e.g., all children, only children with SED, etc.)

- 1. All Child Consumers In State
- 2. Children With Serious Mental Illness
- 3. Children who were Medicaid Eligible or in Medicaid Managed Care
- 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input type="radio"/> Yes	<input type="radio"/> Yes
Mail	<input type="radio"/> Yes	
Face-to-face	<input type="radio"/> Yes	<input type="radio"/> Yes
Web-Based	<input type="radio"/> Yes	<input type="radio"/> Yes

4.b. Who administered the Survey? (Check all that apply)

- 1. MH Consumers
- 2. Family Members
- 3. Professional Interviewers
- 4. MH Clinicians
- 5. Non Direct Treatment Staff
- 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

- 1. Responses are Anonymous
- 2. Responses are Confidential
- 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

6.a. How Many Surveys were Attempted (sent out or calls initiated)?

6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

6.c. How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?

Yes

No

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

Yes

No

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

Yes

No

7.c. Other, describe:

Footnotes:

V: Performance Indicators and Accomplishments

Table 22B (URS Table 11A) - Consumer Evaluation of Care By Consumer Characteristics: (Optional Table by Race/Ethnicity)

Adult Consumer Survey Results:

*State used the 2 question version for Hispanic Origin Yes No Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	74	95	4	4	0	1	0	0	0	0	69	89	0	0	1	1	2	6
2. Reporting Positively About Quality and Appropriateness.	79	95	4	4	0	1	0	0	0	0	74	89	0	0	1	1	2	6
3. Reporting Positively About Outcomes.	59	95	4	4	1	1	0	0	0	0	53	89	0	0	1	1	3	6
4. Reporting Positively about Participation in Treatment Planning	73	95	4	4	0	1	0	0	0	0	68	89	0	0	1	1	2	6
5. Reporting Positively about General Satisfaction	78	95	4	4	0	1	0	0	0	0	73	89	0	0	1	1	2	6
6. Social Connectedness	53	95	4	4	1	1	0	0	0	0	47	89	0	0	1	1	2	6
7. Functioning	56	95	3	4	1	1	0	0	0	0	52	89	0	0	0	1	3	6

Child/Adolescent Family Survey Results:

*State used the 2 question version for Hispanic Origin Yes No Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	14	32	1	2	0	0	1	2	0	0	10	26	0	0	2	2	1	5
Reporting Positively About General	16	32	1	2	0	0	1	2	0	0	12	26	0	0	2	2	1	5

Satisfaction																		
Reporting Positively About Outcomes.	9	32	1	2	0	0	0	2	0	0	7	26	0	0	1	2	1	5
Reporting Positively Participation in Treatment Planning for their Children.	22	32	2	2	0	0	1	2	0	0	17	26	0	0	2	2	3	5
Reporting Positively About Cultural Sensitivity of Staff.	22	32	2	2	0	0	2	2	0	0	16	26	0	0	2	2	4	5
6. Social Connectedness	18	32	1	2	0	0	2	2	0	0	13	26	0	0	2	2	3	5
7. Functioning	9	32	1	2	0	0	0	2	0	0	7	26	0	0	1	2	2	5

Comments on Data:

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Footnotes:

V: Performance Indicators and Accomplishments

Table 23 (URS Table 19A) - Profile Of Criminal Justice Or Juvenile Justice Involvement

1. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
2. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
3. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	4	71	0	6	69	0	3	1	0	2	69	0	12	6	4	52	0	74
Total Children/Youth (under age 18)	2	11	0	4	9	0	2	0	0	2	9	0	2	2	3	6	0	13
Female	2	2	0	3	1	0	2	0	0	1	1	0	0	1	2	1	0	4
Male	0	9	0	1	8	0	0	0	0	1	8	0	2	1	1	5	0	9
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Adults (age 18 and over)	2	60	0	2	60	0	1	1	0	0	60	0	10	4	1	46	0	61
Female	1	29	0	0	30	0	0	1	0	0	29	0	3	2	0	25	0	30
Male	1	31	0	2	30	0	1	0	0	0	31	0	7	2	1	21	0	31
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

	T1		T2		T1 to T2 Change				Assessment of the Impact of Services			
	"T1" 12 months prior to beginning services		"T2" Since Beginning Services (this year)		If Arrested at T1 (Prior 12 Months)		If Not Arrested at T1 (Prior 12 Months)		Since starting to receive MH Services, my encounters with the police have...			

	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	9	44	0	7	46	0	5	4	0	2	42	0	17	2	2	28	0	49
Total Children/Youth (under age 18)	4	15	0	5	14	0	3	1	0	2	13	0	9	2	2	6	0	19
Female	0	5	0	0	5	0	0	0	0	0	5	0	0	0	1	4	0	5
Male	4	10	0	5	9	0	3	1	0	2	8	0	9	2	1	2	0	14
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Adults (age 18 and over)	5	29	0	2	32	0	2	3	0	0	29	0	8	0	0	22	0	30
Female	2	22	0	0	24	0	0	2	0	0	22	0	4	0	0	18	0	22
Male	3	7	0	2	8	0	2	1	0	0	7	0	4	0	0	4	0	8
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Time period in which services were received:

7/1/2011-6/30/2012

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information:

- 1. Consumer survey (recommended questions)
- 2. Other Consumer Survey: Please send copy of questions
- 3. Mental health MIS
- 4. State criminal justice agency
- 5. Local criminal justice agency
- 6. Other (specify)

Sources of children/youth criminal justice information:

- 1. Consumer survey (recommended questions)
- 2. Other Consumer Survey: Please send copy of questions
- 3. Mental health MIS
- 4. State criminal/juvenile justice agency
- 5. Local criminal/juvenile justice agency
- 6. Other (specify)

Measure of adult criminal justice involvement:

- 1. Arrests
- 2. Other (specify)

Measure of children/youth criminal justice involvement:

- 1. Arrests
- 2. Other (specify)

Mental health programs included:

- 1. Adults with SMI only
- 2. Other adults (specify)
- 3. Both (all adults)
- 1. Children with SMI only
- 2. Other Children (specify)
- 3. Both (all Children)

Region for which adult data are reported:

1. The whole state

2. Less than the whole state (please describe)

Region for which children/youth data are reported:

1. The whole state

2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported

1. What was your sample size? (How many individuals were selected for the sample)?

Child/Adolescents

Adults

1,581

9,508

2. How many survey Contacts were made? (surveys to valid phone numbers or addresses)

3. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?

32

95

4. What was your response rate? (number of Completed surveys divided by number of Contacts)

1.0 %

1.0 %

State Comments/Notes:

Annual surveys are given to all participants in July. Client level data will address this - See DIG extract

Footnotes:

V: Performance Indicators and Accomplishments

Table 24 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Age	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-12 years	0	0	0	0	0	0	0	307
13-17 years	0	0	0	0	8	0	19	1,274
18-20 years	0	6	14	747	0	0	0	0
21-64 years	51	128	597	8,401	0	0	0	0
65-74 years	1	1	16	245	0	0	0	0
75+ years	0	0	1	115	0	0	0	0
Not Available	0	0	0	0	0	0	0	0
Total	52	135	628	9,508	8	0	19	1,581

Gender	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	25	56	278	4,456	0	0	0	0
Male	27	79	350	5,047	0	0	0	0
Not Available	0	0	0	5	8	0	19	1,581

Ethnicity	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	1	1	6	137	0	0	0	0
Asian	0	0	5	33	0	0	0	0
Black / African American	0	1	8	120	0	0	0	0
Hawaiian / Pacific Islander	0	0	0	11	0	0	0	0

White	47	126	572	8,504	0	0	0	0
Hispanic *	0	0	0	0	0	0	0	0
More than one race	0	2	12	118	0	0	0	0
Not Available	4	5	25	585	8	0	19	1,581

Hispanic/Latino Origin	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino origin	3	12	63	675	0	0	0	0
Non Hispanic / Latino	49	123	565	8,470	0	0	0	0
Not Available	0	0	0	363	8	0	19	1,581

	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED

Do you monitor fidelity for this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES,								
What fidelity measure do you use?	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Who measures fidelity?	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
How often is fidelity measured?	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have staff been specifically trained to implement the EBP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

* Hispanic is part of the total served.

Yes No

Comments on Data (overall):

Comments on Data (Supported Housing):

Comments on Data (Supported Employment):

Comments on Data (Assertive Community Treatment):

Comments on Data (Therapeutic Foster Care):

Comments on Data (Multi-Systemic Therapy):

Comments on Data (Family Functional Therapy):

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Footnotes:

V: Performance Indicators and Accomplishments

Table 25A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	791	12	70	1.52 %	8.85 %
Age					
0-12 years	9	0	1	0.00 %	11.11 %
13-17 years	66	0	3	0.00 %	4.55 %
18-20 years	35	0	1	0.00 %	2.86 %
21-64 years	645	12	64	1.86 %	9.92 %
65-74 years	32	0	0	0.00 %	0.00 %
75+ years	4	0	1	0.00 %	25.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	368	8	34	2.17 %	9.24 %
Male	423	4	36	0.95 %	8.51 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	25	0	0	0.00 %	0.00 %
Asian	7	1	1	14.29 %	14.29 %
Black/African American	23	1	3	4.35 %	13.04 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	<input type="text" value="733"/>	<input type="text" value="9"/>	<input type="text" value="65"/>	1.23 %	8.87 %
Hispanic *	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
More than one race	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Race Not Available	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	33.33 %	33.33 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	<input type="text" value="41"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	2.44 %	4.88 %
Non Hispanic/Latino	<input type="text" value="750"/>	<input type="text" value="11"/>	<input type="text" value="68"/>	1.47 %	9.07 %
Hispanic/Latino Origin Not Available	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %

Are Forensic Patients Included? Yes No

Comments on Data:

**Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available*

V: Performance Indicators and Accomplishments

Table 25B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	52	1	5	1.92 %	9.62 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	0	0	0	0.00 %	0.00 %
21-64 years	51	1	5	1.96 %	9.80 %
65-74 years	1	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	9	0	1	0.00 %	11.11 %
Male	43	1	4	2.33 %	9.30 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	0	0	0	0.00 %	0.00 %
Black/African American	1	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	51	1	5	1.96 %	9.80 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	52	1	5	1.92 %	9.62 %
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %

Comments on Data:

Adults Only

**Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available*

Footnotes:

V: Performance Indicators and Accomplishments

Table 26 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	601	44	58	7.32 %	9.65 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	0	0	0	0.00 %	0.00 %
21-64 years	0	0	0	0.00 %	0.00 %
65-74 years	0	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	601	44	58	7.32 %	9.65 %
Gender					
Female	0	0	0	0.00 %	0.00 %
Male	0	0	0	0.00 %	0.00 %
Gender Not Available	601	44	58	7.32 %	9.65 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	0	0	0	0.00 %	0.00 %
Black/African American	0	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Hispanic *	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
More than one race	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Race Not Available	<input type="text" value="601"/>	<input type="text" value="44"/>	<input type="text" value="58"/>	7.32 %	9.65 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Non Hispanic/Latino	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	<input type="text" value="601"/>	<input type="text" value="44"/>	<input type="text" value="58"/>	7.32 %	9.65 %

1. Does this table include readmission from state psychiatric hospitals? Yes No

2. Are Forensic Patients Included? Yes No

Comments on Data:

Current claims data is used to extract numbers for community hospitalization (not including State Hospital Data). Age, Race, Ethnicity and Gender are not captured in the claims data at this time.

**Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available*

Footnotes: