

Idaho

UNIFORM APPLICATION FY 2017 BEHAVIORAL HEALTH REPORT COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 09/01/2016 - Expires 12/01/2016
(generated on 11/04/2016 2.45.35 PM)

Center for Mental Health Services
Division of State and Community Systems Development

I: State Information

State Information

State DUNS Number

Number 825201486

Expiration Date

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

Agency Name Idaho Department of Health and Welfare

Organizational Unit Division of Behavioral Health

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

From 7/1/2015

To 6/30/2016

IV. Date Submitted

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

Submission Date

Revision Date

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Footnotes:

II: Annual Report

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

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

Goal of the priority area:

Increase the number of prevention providers employing approved evidence-based environmental strategies

Strategies to attain the goal:

Identify approved evidence-based environmental strategies and disseminate recommendations for evidence-based programs/practices

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of funded prevention providers implementing approved environmental strategies
Baseline Measurement: Number of funded prevention providers implementing approved environmental strategies as of June 1, 2015 is 3.
First-year target/outcome measurement: Number of funded prevention providers implementing approved environmental strategies as of June 1, 2016 will be 6.
Second-year target/outcome measurement: Number of funded prevention providers implementing approved environmental strategies as of June 1, 2017 will be 9.

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

Data Source:

Idaho Substance Abuse Prevention Data System (MOSAIX).

New Data Source (*if needed*):

Description of Data:

Name of program/activity funded.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

No data issues foreseen.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 2
Priority Area: Workforce Development
Priority Type: SAP
Population(s): PP, Other (Primary Prevention Providers, Coalition Members)

Goal of the priority area:

Idaho will increase the number of Certified Prevention Specialist from 3 to 12 as measured by the Idaho Board of Alcohol/Drug Counselor Certification (IBADCC) data base by June 30 2017.

Strategies to attain the goal:

Provide training and technical assistance to local prevention providers to enhance quality prevention programming.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of Certified Prevention Specialists (CPS) registered in Idaho with teh IBADCC
Baseline Measurement: Number of active Idaho Certified Prevention Specialists registered with the Ibadcc as of June 1, 2015, is 3
First-year target/outcome measurement: Number of active Idaho Certified Prevention Specialists registered with the IBADXX as of June 1, 2016 will be 6.
Second-year target/outcome measurement: Number of active Idaho Certified Prevention Specialists registered with the IBADXX as of June 1, 2017 will be 12.

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

Data Source:

Idaho Board of Alcohol/Drug Counselor Certification data base

New Data Source (if needed):

Description of Data:

CPS Registration/Certification

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No data issues foreseen.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 3
Priority Area: Outcome Measures
Priority Type: SAP
Population(s): PP, Other (Prevention Providers)

Goal of the priority area:

Strengthen data collection and evaluation capacity to accurately measure outcomes.

Strategies to attain the goal:

Provide training and technical assistance to enhance evaluation capacity for local prevention providers. Identify and Develop evaluation tools and resources to support local prevention providers to accurately evaluate their programs.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of prevention providers accurately reporting program outcomes in state data management system.

Baseline Measurement: No prevention providers have utilized the evaluation area of the state data management system for program outcomes as of June 1, 2015.

First-year target/outcome measurement: Training and technical assistance provider to 100% of prevention providers funded with SABG funds.

Second-year target/outcome measurement: 35% of providers are accurately reporting outcome measures in data management system.

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

Data Source:

State Data Management System (MOSAIX).

New Data Source (if needed):

Description of Data:

Evaluation data entered by providers

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No issues foreseen.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 4

Priority Area: Crisis Services

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Increase the number of Behavioral Health Crisis Centers to a total of three.

Strategies to attain the goal:

The state has one fully operational Crisis Center located in Idaho Falls in the Eastern part of Idaho. Funding was approved by the SFY 2015 Legislature to fund a second Crisis Center to be located in Northern Idaho. The Division of Behavioral Health will support efforts to operationalize the second Crisis Center and will initiate a budget request for a third crisis center.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase the number of Behavioral Health Crisis Centers to a total of three.
Baseline Measurement: There is one fully operationalized Crisis Center in Idaho.
First-year target/outcome measurement: Two fully operationlized Crisis Centers by 6/30/3016.
Second-year target/outcome measurement: Two fully operational Crisis Centers and a budet request submitted for a third Crisis Center by 6/30/2017.

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

Data Source:

DBH, WITS,

New Data Source(if needed):

Description of Data:

Operational status will be monitored and reported to the Division of Behavioral Health. Service delivery data will be recorded in WITS.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Legislative approval is required to receive funding.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

During the 2016 legislative session the Division of Behavioral Health requested funding for a third behavioral health crisis center, modeled after the two successful crisis facilities currently operating in Idaho Falls and Coeur d'Alene.

Priority #: 5
Priority Area: Accessing appropriate services for children
Priority Type: MHS
Population(s): SED

Goal of the priority area:

Replace the current assessment tool, the CAFAS, with the Child and Adolescent Need and Strengths (CANS) assessment tool.

Strategies to attain the goal:

The Division of Behavioral Health will develop an Idaho Behavioral Health specific version of the CANS assessment tool, develop a training plan, provide training on the tool and implement the tool on a statewide basis.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Statewide implementation of the CANS assessment tool.
Baseline Measurement: The current assessment tool utilized for children's mental health services is the CAFAS.

First-year target/outcome measurement: Evaluation and requirements for the Idaho BH specific CANS assessment tool are completed by 6/30/2016.

Second-year target/outcome measurement: CANS assessment tool implemented statewide 6/30/2017.

New Second-year target/outcome measurement(*if needed*): Plan developed for pilot implementation of the Idaho BH specific CANS assessment tool by 6/30/2017.

Data Source:

DBH, Interagency Governance Team (IGT), WITS

New Data Source(*if needed*):

Description of Data:

The Division of Behavioral Health will provide training on the CANS assessment and a coordinate the development of the CANS assessment tools in collaboration with the IGT.

New Description of Data: (*if needed*)

Final development and use the CANS tool statewide, as described in the Jeff D Agreement, to screen potential Class Members for unmet mental health needs, assess Class Members' individual and family strengths and needs, support clinical decision-making and practice including formulating treatment plans, measure and communicate client outcomes, and improve service coordination and quality is not anticipated to be fully implemented until 2019.

Data issues/caveats that affect outcome measures:

Funding availability, approval of the Idaho customized tool.

New Data issues/caveats that affect outcome measures:

Constraints around the identification and development of electronic requirements for implementation of the CANS (timeframes, funding, system requirements).

Report of Progress Toward Goal Attainment

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

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

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

The work of determining the Idaho profiles that will determine Jeff D. class membership and the designation for intensive care coordination is moving forward. Profiles developed in other states are being analyzed for best fit here in Idaho. DBH is also working on the procurement process for the automation of the CANS tool. A Request for Proposal (RFP) on how to automate the CANS is still on track to be posted in the fall of 2016.

The CANS Workgroup has completed the following tasks:

- Praed Foundation provided the draft ICANS algorithms for determining YES class membership and the ICANS screening algorithm.
- ICANS class membership algorithm is in testing primarily by regional staff to validate the accuracy of the algorithm.
- DBH researched solutions related to a web-based data collection system for administration and management of the ICANS. After participating in a demonstration of the eCANS system that has been developed by Chapin Hall (the licensing entity for the CANS tool), the Division is pursuing a sole-source agreement with Chapin Hall for the procurement of the eCANS system. Implementation of this system in Idaho will require considerable enhancement and modification to the existing system (eCANS); however, fully integrated TCOM measures and functionality within the eCANS system makes this the preferred solution to support successful transformation of the CMH system in Idaho.

Priority #: 6

Priority Area: Respite Care

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Increase access to respite care services for families with children with SED.

Strategies to attain the goal:

The Division of Behavioral Health will request additional funding for respite care services. The Division contracts with a family run organization to provide training of respite providers and to maintain and respite information and referral center. The Division will coordinate a workgroup to identify respite care needs.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase by 5% the number of families receiving respite care services.
Baseline Measurement: In SFY 2015, 128 unduplicated clients received DBH funded repite care services.
First-year target/outcome measurement: 135 unduplicated clients will have received respite care by 6/30/2016.
Second-year target/outcome measurement: 142 unduplicated clients will have received respite care by 6/30/2017.
New Second-year target/outcome measurement (if needed):

Data Source:

WITS

New Data Source (if needed):

Description of Data:

WITS is the electronic data record utilized by the Division of Behavioral Health. Data tracked includes unduplicated counts of clients receiving DBH funded respite services.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Funding is subject to legislative approval.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The number of unduplicated children who received respite care services funded by the Division of Behavioral Health (DBH) in SFY 2016 was 144. DBH implemented several initiatives to increase access to respite care including implementing a pilot program through the DBH contract with the Idaho Federation of Families. This project was intended to assist families in finding a respite care provider by utilizing private mental health provider agencies that have existing staff who can serve in this capacity. DBH revised the protocol for CMH respite funds so that a family receiving CMH services in the community but not active DBH clients will be able to receive a respite voucher.

Priority #: 7
Priority Area: Service Gaps
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

The Division of Behavioral Health will implement a state certification for Peer Specialists and increase the number of trained and certified peer specialists in Idaho.

Strategies to attain the goal:

The Division of Behavioral Health will develop and implement a state certification process for certifying trained peer specialists. The Division has developed Peer Specialist standards, and will also facilitate the development of three peer specialty endorsements. The Division will utilize contractors as needed to provide peer specialist training.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase the number of trained and state certified Peer Specialists.
Baseline Measurement: There are approximately 200 trained peer specialists in Idaho.
First-year target/outcome measurement: Implement a State certification process for trained peer specialists by 6/30/2016.
Second-year target/outcome measurement: Complete training and certification of an additional 75 peer specialist by 6/30/2017.
New Second-year target/outcome measurement (if needed):

Data Source:

DBH, contract monitor, Contract provider

New Data Source (if needed):

Description of Data:

DBH will contract to provide training and will receive contract monitoring reports as required. DBH will implement a tracking system to document state certified peer specialists.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

Training availability will be subject to available funding.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

On Sept. 1, 2015, DBH began accepting applications for Certified Peer Support Specialists. Peer Specialist trainings are conducted by a contractor, JANNUS, Inc.. After receiving training and completing a two-part evaluation, peers can begin the certification process. A Certified Peer Support Specialist website through healthandwelfare.idaho.gov has also been implemented which provides electronic access to the application process.

Priority #: 8
Priority Area: Access Behavioral Health Services
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Evaluate the impact of high utilization of services including inpatient and outpatient to the behavioral health service delivery systems and identify system improvements.

Strategies to attain the goal:

The Division of Behavioral Health will identify and define high utilization for service categories including inpatient and outpatient services and develop a utilization review protocol based on best practices.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Implement utilization review of high users of behavioral health services.

Baseline Measurement: The DBH does not currently review high use of behavioral health services.

First-year target/outcome measurement: DBH will identify and define high utilization for service categories including inpatient and outpatient services by 6/30/2016

Second-year target/outcome measurement: DBH will and develop and implement a utilization review process by 6/30/2017.

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

Data Source:

WITS, VISTA, Molina

New Data Source (if needed):

Description of Data:

WITS is the electronic health record utilized for both DBH Mental Health and SUD service delivery systems. VISTA is the data system utilized by the two state hospitals. Molina is the data management contractor for Medicaid.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

none known

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The Idaho Division of Behavioral Health (DBH) implemented a project on High/Super Utilizers (HSU) in April of 2016. The initial goals for this project were to:

- 1) define a profile for HSU,
- 2) collect and analyze data from the DBH EHR system (WITS),
- 3) establish a process for identifying individuals as HSU based on the profile,
- 4) establish a system for identifying HSU individuals receiving care in the DBH system.

The first aspect of the HSU Project has been to establish a theoretical profile of the HSU individual in Idaho's state operated mental health system. A workgroup from DBH Central Office began the work on defining HSU profile through an analysis of the data that was available in the EHR (WITS) system which is used in the state operated regional mental health outpatient clinics. The workgroup's participants were the Program Manager for Automation, the Supervisor of the Data Unit, a Data Management Analyst, and the QA Program Manager. The workgroup evaluated what indicators would be used in the profile to identify an individual as a HSU. The indicators that were under consideration initially were: mental health diagnosis, substance use diagnosis, client demographics, placement on a mental health hold, prior hospitalizations and readmissions, hospital length of stay, number and type of psychotropic medications, criminal justice involvement, assessments to competency to stand trial, participation in MH Court, housing at admission, cost of services.

A second aspect of the DBH HSU project is being conducted in collaboration with State Hospital South. The purpose for this portion of the study was to assist in validating the theoretical profile that was created. The hospital created a list of individuals based on the number of readmissions within 30, 90, 180 days. This data was delivered to the DBH Data Unit and compared to data in the WITS about their use of OP MH and SUD services. The information was then analyzed to determine what factors may have had a significant role in the readmission, and if those factors were the same as the profile for HSU.

It is notable that the Substance use Disorder (SUD) system is also conducting an analysis of high utilizers. The criteria use for SUD HSU study was the same as the criteria used for the MH portion of this study. For example the SUD study includes the use cost of services part of the criteria. In order to make the process more consistent in the future SUD staff will be added to the DBH HSU workgroup.

The first two goals have been substantially met, however DBH will continue to work on enhancing the HSU project

Priority #: 9
Priority Area: Parity
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

The Division of Behavioral Health as the state behavioral health authority has a role in providing education regarding the MHPAEA in the state.

Strategies to attain the goal:

The DBH will contract with a provider for education and information on parity to consumers of behavioral health services

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: DBH will implement one parity education and awareness initiative.
Baseline Measurement: DBH has not provided or sponsored a parity education or awareness initiative.
First-year target/outcome measurement: DBH will contract for a parity education and awareness training by 6/30/2017.
Second-year target/outcome measurement: One DBH sponsored parity education and awareness training will be completed by 6/30/2107.
New Second-year target/outcome measurement (if needed):

Data Source:

Contract monitoring, DBH

New Data Source (if needed):

Description of Data:

Contract monitoring reports are utilized to ensure compliance with contract scope of work requirements. Updates will be provided to DBH leadership.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Successful completion of a signed contract.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The Division of Behavioral Health contracts with Jannus, Inc. for the provision of an Office of Consumer and Family Affairs (OCAFA). This contract scope of work was amended to include providing education and raising consumer awareness regarding mental health parity and how it relates to consumer's health insurance and care. The OCAFA has completed two parity initiatives. The first initiative involved an explanation of parity, a post about parity legislation, and

a call for consumers to provide comment to the Mental Health and Substance Use Disorder Parity Task Force about ways to improve parity protections. The second initiative is the creation of a webpage dedicated to parity. The page includes a parity infographic, a short video, and parity information resources. The webpage is located at <http://www.consumerandfamilyaffairs.org/parity-law/>

Priority #: 10
Priority Area: Service Gaps
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Regional Behavioral Health Boards (RBHB) will transition from being advisory to functional boards.

Strategies to attain the goal:

The Division of Behavioral Health will support the establishment/infrastructure development of the RBHBs. The RBHB will demonstrate their readiness and their ability to provide guidance on behavioral health service delivery in their respective regions to the State Behavioral Health Planning Council. The RBHBs will enter into formal agreements with the local public health districts.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Five of the seven Regional Behavioral Health Boards (RBHB) will be stood up by entering into formal agreements with their public health departments.
Baseline Measurement: One RBHB has entered into a contract with public health.
First-year target/outcome measurement: Three of the seven RBHBs will be stood up by entering into formal agreements with their public health departments by 6/30/2016.
Second-year target/outcome measurement: Five of the seven RBHBs will be stood up by entering into formal agreements with their public health departments by 6/30/2017.

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

Data Source:

Division of Behavioral Health, State Behavioral Health Planning Council, Regional Behavioral Health Boards

New Data Source (if needed):

Description of Data:

Establishment of and readiness of the regional behavioral health boards.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The Region 1 BHB partnered with the Panhandle Health District and was approved by the BHPC as a stand-alone board in September 2015.

In early 2016, the Region 2 BHB partnered with the North Central District Public Health. As of June 2016 the Board was approved by the BHPC as a stand-alone board.

In January 2016, the Region 3 BHB entered into a Memorandum of Understanding with Southwest District Health.

The Region 4 BHB partnered with the Central District Health Department to serve the behavioral health needs of Ada, Boise, Elmore and Valley counties.

In September 2015, the Region 7 BHB, through a contract from Idaho Department of Health and Welfare's (IDHW), Division of Behavioral Health (DBH), partnered with Eastern Idaho Public Health (EIPH) for the provision of administrative and support services to the board.

Priority #: 11

Priority Area: System of Care

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Integration of behavioral health and primary care.

Strategies to attain the goal:

The Division is actively engaged in partnering with the transformation activities related to transforming primary care practices across the state into patient centered medical homes. The Division will assist in the implementation of a survey to assess levels of integration.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Survey of patient centered medical homes completed and results evaluated.

Baseline Measurement: Level of integration has not been assessed.

First-year target/outcome measurement: Survey developed and implemented by 6/30/2016

Second-year target/outcome measurement: Survey results evaluated and survey report completed by 6/30/17.

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

Data Source:

Survey results

New Data Source (*if needed*):

Description of Data:

Survey results will be presented to the Behavioral Health Integrations Primary Care Sub-committee and the Idaho Health Care Coalition.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Idaho Department of Health and Welfare (DHW) Division of Behavioral Health (DBH) staff conducted onsite surveys between October 14 and December 14, 2015 with existing patient centered medical homes (PCMH) enrolled in the Idaho Medicaid Health Home Program.

The Idaho Medicaid Health Home Program was implemented in January of 2013. Currently 47 primary care clinics participate in the network, serving 9,000 patients with chronic conditions.

Onsite interviews with key center staff (care coordinators, behavioral health specialists, primary care providers and clinic/center administrators) drove data collection. The process yielded a collection of rich qualitative survey data.

Priority #: 12

Priority Area: System of Care- Olmstead

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Ensure behavioral health services are implemented in accordance with Olmstead and Title II of the ADA.

Strategies to attain the goal:

The Division of Behavioral Health will review the Olmstead and the ADA regulations. Idaho does not have a state Olmstead plan and the Division in its ongoing transformation efforts to integrate behavioral health services will evaluate the service delivery system, identify partners and establish a plan that addresses Olmstead.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Establish a plan specific to Behavioral Health that addresses the state's obligations under Olmstead and Title II of the ADA.

Baseline Measurement: Idaho does not have an Olmstead plan.

First-year target/outcome measurement: The Division of Behavioral Health will review the Olmstead decision and requirements of the Title II ADA in assessing the service delivery system needs for a plan by 6/30/2017.

Second-year target/outcome measurement: The Division of Behavioral Health will establish an Olmstead plan specific to Behavioral Health by 6/30/2017.

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

Data Source:

Olmstead decision, Title II ADA

New Data Source (if needed):

Description of Data:

The Division will review current regulation and Olmstead requirements and report to leadership the needs for the development of an BH specific plan.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The Division of Behavioral Health has implemented two planning initiatives to facilitate community integration and decreasing institutionalization. These initiative will focus on developing community based housing services which are not currently available and developing standardized protocols for continuity of care for clients discharged from a state hospital.

Priority #: 13
Priority Area: Pregnant Women and Women with Dependent Children
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

The Idaho budget for pregnant women and women with dependent children (PWWDC) will be increased to \$900,000. It is anticipated that we will be able to served an additional 100 women and families with this increase in funding.

Strategies to attain the goal:

Increase the number of PWWDC specialty providers throughout Idaho.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of women served.
Baseline Measurement: 369 women were served in 2015.
First-year target/outcome measurement: 400 women will be served in 2016.
Second-year target/outcome measurement: 450 women will be served in 2017.
New Second-year target/outcome measurement (if needed):

Data Source:

Idaho's Treatment Data System - WITS

New Data Source (if needed):

Description of Data:

Number of PWWDC-designated clients served.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None anticipated at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 14
Priority Area: IVDU Clients
Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Evaluate alternatives to costly residential treatment to enable Idaho to serve all individuals indicating IV drug use.

Strategies to attain the goal:

Monitor individuals indicating IV drug use during assessment to identify the most effective method of treatment for each client.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of IVDU clients served

Baseline Measurement: Current number of actual IV drug users unknown.

First-year target/outcome measurement: Review system to identify actual number of IV drug users

Second-year target/outcome measurement: Treat 470 IVDU clients.

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

Data Source:

WITS data system

New Data Source (if needed):

Description of Data:

Number of IVDU clients treated.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None anticipated at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 15

Priority Area: All Substance Use Disordered (SUD) clients

Priority Type: SAT

Population(s): TB

Goal of the priority area:

All SUD clients are screened for TB and referred as appropriate.

Strategies to attain the goal:

Screen all SUD applicants for TB and make medical referrals as appropriate.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percent of SUD clients screened for TB.
Baseline Measurement: Number of clients screened for TB in State Fiscal Year 2015.
First-year target/outcome measurement: 75% of clients are screened.
Second-year target/outcome measurement: 95% of clients are screened.
New Second-year target/outcome measurement (if needed):

Data Source:

WITS data system

New Data Source (if needed):

Description of Data:

Number of client responses to TB questions entered into WITS system.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None anticipated.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Footnotes:

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

Service	Expenditures
Healthcare Home/Physical Health	\$
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
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;	
Substance Abuse (Primary Prevention)	\$
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
Engagement Services	\$
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
Outpatient Services	\$
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;	
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	\$
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
Acute Intensive Services	\$
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
Other (please list)	\$
Total	\$0

Footnotes:

III: Expenditure Reports

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

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2015	Estimated/Actual SFY 2016
\$14,662,700	\$7,401,700	\$7,210,900

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:

Our Fiscal Division has been able to identify the actual FY 2008 Children's Mental Health expenditures that are a more accurate reflection of the SMHA's Children's Mental Health expenditures after the budgets were officially separated between the Division of Behavioral Health's Children's Mental Health program and the Division of Family and Community Service's Child Welfare program. We would like to formally request changing our base FY2008 expenditures for the Children's Set Aside to \$6,596,467 which is a more accurate reporting of actual expenditures specifically allocated to the SMHA's Children's Mental Health program in FY2008 and excludes all funds allocated to the Division of Family and Community Services (FACS) which were included in the previously reported FY2008 estimate. Additionally it has been determined the actual CMH expenditures for FY2008, if we were to include the funds transferred to the FACS Division, were \$13,446,253 not the reported estimate of \$14,662,700. Otherwise we will need to continue to report allocated funding and expenditures from the Division of Family and Community Services which houses the Child Welfare Program without any clear substantiation the expenditures were for children's mental health related services.

In compiling the fiscal information for this revision request our Fiscal Division has determined the FY2008 amount of \$14,662,700 was based on an estimate that is inconsistent with the actual FY2008 expenditures for Children's Mental Health. As has been previously reported, beginning in SFY 2005, the Idaho Legislature separated the Children's Mental Health funding out of the larger Department of Health and Welfare's children's services funding pool in order to better track and identify expenditures specific to Children's Mental Health. Historically, all residential care funding for both children's mental health and child welfare was appropriated to the Children's Mental Health Program. During the 2007 legislative session, the Idaho Legislature separated the budgets for residential care into the respective program budgets, Children's Mental Health and Child Welfare. This resulted in a more than \$5,000,000 permanent reduction in the Children's Mental Health budget. As of SFY 2009, the transition and separation of budget allocations between the Division of Behavioral Health and the Division of Family and Community Services was fully implemented.

III: Expenditure Reports

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

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2014) + B2(2015)</u> 2 (C)
SFY 2014 (1)	\$23,745,400	
SFY 2015 (2)	\$23,871,500	\$23,808,450
SFY 2016 (3)	\$25,922,100	

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

SFY 2014	Yes	<u>X</u>	No	_____
SFY 2015	Yes	<u>X</u>	No	_____
SFY 2016	Yes	<u>X</u>	No	_____

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

Footnotes: