

# Idaho

## UNIFORM APPLICATION FY 2020 Mental Health Block Grant Report COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020  
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Center for Mental Health Services  
Division of State and Community Systems Development

## A. 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 7/1/2018

To 6/30/2019

#### IV. Date Submitted

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

Submission Date

Revision Date

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#### Footnotes:

## B. Implementation Report

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

**Priority #:** 1  
**Priority Area:** Primary Prevention Workforce Development  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

Increase the number of Certified Prevention Specialists in Idaho.

**Strategies to attain the goal:**

Provide ongoing training and technical assistance to local prevention providers to enhance quality prevention programming and equip them with the knowledge necessary to take the CPS exam.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of Certified Prevention Specialists registered in Idaho with the IBADCC  
**Baseline Measurement:** Number of active Idaho Certified Prevention Specialists registered with the IBADCC as of June 1, 2017, is 16.  
**First-year target/outcome measurement:** Number of active Idaho Certified Prevention Specialists registered with the IBADCC as of June 1, 2018, will be 19.  
**Second-year target/outcome measurement:** Number of active Idaho Certified Prevention Specialists registered with the IBADCC as of June 1, 2019, will be 24 .

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

**Data Source:**

Idaho Board of Alcohol/Drug Counselor's Certification Database

**New Data Source(if needed):**

**Description of Data:**

CPS Registration Certifications

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No data issues forseen

**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 active Idaho Certified Prevention Specialists registered with the IBADCC as of June 1, 2018, is 21 as measured by IBADCC Counselor Search database at: <http://www.ibadcc.org/>. The Office of Drug Policy (ODP) contracted with Community Anti-Drug Coalitions of America (CADCA) to design and implement an Idaho specific CPS training curriculum. Both in-person and online courses were made

available covering information in each of the six domains associated with the CPS credential to prevention providers. As part of the course, ODP sponsored CPS exam preparation sessions and arranged for the exam to be available as the last piece of the training module. Additionally, ODP worked with SAMHSA's Center for the Application of Prevention Technologies (CAPT) to increase access to on-line competency-based training for providers in our rural and frontier areas.

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

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

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

The number of active Idaho Certified Prevention Specialists registered with the IBADCC as of June 1, 2019, is 24. ODP achieved 2nd year target by actively identifying and specifically promoting CPS domain related trainings. ODP shared monthly on-line course offerings from the PTTC and provided scholarship support for providers to attend in-person state, regional and national trainings when appropriate. ODP completed a formal workforce development plan with an identified priority to increase and support the number of Idaho CPS credentialed providers.

**Priority #:** 2

**Priority Area:** Primary Prevention Outcomes Measurement

**Priority Type:** SAP

**Population(s):** PP

**Goal of the priority area:**

Strengthen Idaho's data collection and evaluation capacity to accurately measure prevention program outcomes.

**Strategies to attain the goal:**

Provide ongoing training and technical assistance to local prevention providers to enhance evaluation capacity to accurately evaluate their programs/activities.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number of primary prevention providers in compliance with established quarterly data report deliverables as entered into the ODP data management system.

**Baseline Measurement:** Number of current SABG funded primary prevention providers in compliance with reporting data as of June 30, 2017, is 59% as measured by ODP data management system.

**First-year target/outcome measurement:** Number of current SABG funded primary prevention providers in compliance with reporting data as of June 30, 2018, is 62% as measured by ODP data management system.

**Second-year target/outcome measurement:** Number of current SABG funded primary prevention providers in compliance with reporting data as of June 30, 2019, is 65% as measured by ODP data management system.

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

**Data Source:**

Office of Drug Policy (ODP) data management system

**New Data Source(if needed):**

**Description of Data:**

ODP Qualitative and quantitative data tracking reports

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No data issues foreseen.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

The number of current SABG funded primary prevention providers in compliance with reporting data was 62% as of June 30, 2018, as measured by the Office of Drug Policy (ODP) data management system. Both the Office of Drug Policy (ODP) Grant Director and Research Analyst were available for questions from grantees as they arose. Like previous years, ODP conducted a pre-application webinar and grantee webinar to discuss the grant process and reporting requirements. Further, the Grant Director implemented tracking mechanisms to better identify grantees that need additional follow up.

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

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

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

ODP achieved 2nd year target with 82% of current SABG funded primary prevention providers in compliance with reporting data as of June 30, 2019, as measured by ODP data management system. ODP provided a webinar for grantees outlining reporting requirements and demonstrating reporting documentation. The webinar was recorded and housed on our website for ongoing access. Providers received e-mail prompts in advance of quarterly reporting deadlines and directed to the webinar for additional education. Additionally, ODP provides one-on-one technical assistance on the reporting requirements as needed by the grantees.

**Priority #:** 3  
**Priority Area:** Primary Prevention Evidence-based Programming  
**Priority Type:** SAP  
**Population(s):** Other (Primary Prevention Providers, Coalition Members)

#### Goal of the priority area:

Increase the number of prevention providers implementing programs/activities as defined under CSAP strategy "Community-based Processes."

#### Strategies to attain the goal:

Identify approved community-based process strategies and disseminate recommendations for programs/activities to specific, selected providers.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Number of primary prevention providers reporting programs/activities defined under the community-based strategy as measured by ODP data management system.  
**Baseline Measurement:** Number of primary prevention providers reporting programs/activities defined under the community-based strategy as of June 30, 2017, is 1 as measured by ODP data management system.  
**First-year target/outcome measurement:** Number of primary prevention providers reporting programs/activities defined under the community-based strategy as of June 30, 2018, will be 3 as measured by ODP data management system.  
**Second-year target/outcome measurement:** Number of primary prevention providers reporting programs/activities defined under the community-based strategy as of June 30, 2019, will be 5 as measured by ODP data management system.

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

#### Data Source:

Office of Drug Policy data tracking system.

#### 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:**

Providers may need further training regarding correct identification of community-based process activities.

**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):**

Two separate grantees, Research and Business Development Center and Homedale School District, identified specific local conditions tied to increasing youth use of vaping products as a catalyst for community organizing and planning. Both groups were successful in pulling community members together to launch collaborative awareness campaigns and advocate for increased prevention education in their schools. A third grantee, Lifeways Community Services, completed CADCA training to assist with coalition building and successfully produced a comprehensive substance abuse needs assessment. By 02/01/2018, this group had signed Coalition Involvement Agreements identifying the required 12 community sectors and defined SMART objectives addressing their local conditions as the first step of their initial 12-month action plan.

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

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

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

The number of primary prevention providers reporting programs/activities defined under the community-based strategy as of June 30, 2019, is 7, as measured by ODP data management system. ODP achieved 2nd year target by providing technical assistance and education regarding community-based strategies during pre-application webinars and during post award site visits with grantees. Direct service providers were prompted to engage in planning and coalition building activities in their communities to enhance the effectiveness of their prevention projects.

**Priority #:** 4  
**Priority Area:** Intravenous Drug Users  
**Priority Type:** SAT  
**Population(s):** Other (Substance Use Disorders Clients)

**Goal of the priority area:**

Continue to ensure that Idaho does not have a waiting list for services for this population given the opioid epidemic.

**Strategies to attain the goal:**

Monitor time frames experienced by this population in accessing care; assess network capacity on a regular basis; recruit new providers as needed; analyze current process; and make changes where needed in order to expedite services.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Status of waiting list.  
**Baseline Measurement:** No wait for access to service currently.  
**First-year target/outcome measurement:** No wait list.  
**Second-year target/outcome measurement:** No wait list.  
**New Second-year target/outcome measurement(if needed):** Eliminate waitlist for IVDU population by June 30, 2019.

**Data Source:**

WITS; DBH Dashboard

**New Data Source(if needed):**

**Description of Data:**

Screening, referral and intake data available through WITS. If Idaho ever needs to create a waiting list, that too will be a WITS product. The DBH Dashboard provides information regarding days between intake and service delivery.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None 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:**

Idaho is a non-Medicaid expansion state. The Block Grant is the primary resource for Substance Use Disorder (SUD) treatment for low-income, uninsured Idahoans. Requests for SUD treatment during SFY 18 exceeded available funding in all categories (IVDU, PWWDC, etc). As a result of this budget shortfall, Idaho was forced to implement a waitlist for the IVDU population. Our Managed Services Contractor (MSC) uses an internal capacity management tracking system to track eligible individuals in order to admit this priority population within the prescribed time frames, maintains contact with, and reports on this priority population while they were awaiting admission to treatment. Additionally, interim services are offered to all qualifying individuals placed on the waitlist. Interim services are offered within 48 hours of being added to our waitlist. Any pregnant women injecting drugs are not waitlisted and are given priority access to treatment aligning with Block Grant requirements. Idaho follows SABG requirements in ensuring that all individuals on the IVDU treatment waitlist are assigned a unique client identifier. Clients are only removed from the waitlist if they cannot be located or they refuse treatment when contacted. Idaho follows SABG timelines for working to ensure individuals on the waitlist are offered treatment at 120 days or greater on the waitlist. Idaho is presently working on outreach to any individuals remaining on our waitlist who have been on longer than 45 days to offer treatment services with a goal of eliminating our present waitlist for IVDUs by the end of SFY 19 while still maintaining a balanced budget.

Finally, Idaho has revised our 2nd year target. We will hope to eliminate the waitlist implemented in SFY 2018 for the IVDU population by the close of SFY 2019.

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

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

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

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

Beginning in June 5, 2018, our Managed Services Contractor was instructed to begin removing individuals from the waitlist by contacting them and offering services, prioritizing those who had been on the list the longest and ensuring that no individual was on the list for more than 120 days. These outreach efforts continued through November 13, 2018 when we had worked the entire list, attempted outreach and offered services. Furthermore, this funding stream was opened to begin accepting new IVDU referrals thus eliminating our need to continue a waitlist.

**Priority #:** 5

**Priority Area:** Pregnant Women and Women with Dependent Children

**Priority Type:** SAT

**Population(s):** PWWDC

**Goal of the priority area:**

Expand number of providers in the PWWDC specialty network.

**Strategies to attain the goal:**

Work with Managed Care Services Contractor to recruit and train additional providers.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Number of providers.  
**Baseline Measurement:** There are currently 7 providers in this specialty network.  
**First-year target/outcome measurement:** Increase number of specialty providers to 8.  
**Second-year target/outcome measurement:** Increase number of specialty providers to 10.  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Managed Care Services Contractor (MSC) contractor.

**New Data Source(if needed):**

**Description of Data:**

Provider Enrollment Report.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

We may have a new MSC contractor for FFY 19.

**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):**

As of 9/20/2018, there are 24 provider agencies with 38 locations in Idaho's PWWDC specialty network. We met this goal through targeted outreach efforts from our Managed Services Coordinator (MSC).

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

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

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

To ensure a robust network of providers that can serve various specialties, Idaho requires our Managed Services Contractor to conduct gap analyses and respond to any gaps in access to providers and specialty providers statewide. Through these efforts, we have been able to expand our PWWDC Specialty network to ensure statewide access for pregnant women and women with dependent children,

**Priority #:** 6  
**Priority Area:** Tuberculosis  
**Priority Type:** SAT  
**Population(s):** TB

**Goal of the priority area:**

All SUD clients are screened for TB and referred for medical services 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:** Number of client screened for TB  
**Baseline Measurement:** Number of clients screened for TB in 2016.  
**First-year target/outcome measurement:** 85% of SUD clients are screened for TB  
**Second-year target/outcome measurement:** 90% of SUD clients are screened for TB  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

WITS

**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):**

All individuals receiving SUD treatment services are screened for TB at the time of eligibility screening. Additionally, IDHW's electronic health record (EHR) system, WITS, contains a required TB screening field. Further, clients are offered referrals for testing facilities and locations.

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

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

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

The target for year 2 was achieved by adding text to our SUD funding screening script. When clients call requesting funding for SUD treatment and RSS, they are reminded of the importance for being screened for diseases including Tuberculosis and are provided low-cost testing referrals as requested. Furthermore, network providers must ask about TB (discussing TB and the importance of testing for TB). Any test results are collected and retained in the client file. Referrals are also provided for low-cost testing if needed for at-risk individuals.

**Priority #:** 7  
**Priority Area:** Adult Mental Health- System Concerns, Barriers to Accessing Services  
**Priority Type:** MHS  
**Population(s):** SMI

**Goal of the priority area:**

Assess the adult mental health system of care Idaho currently has in place, initiatives that are currently under development, and the state's overall needs.

**Strategies to attain the goal:**

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Conduct a statewide assessment of Idaho's publicly funded Adult Mental Health system.

**Baseline Measurement:** Last assessment conducted in 2008.

**First-year target/outcome measurement:** Contract in place for the assessment of the current adult mental health system of care, current initiatives, and the state's overall needs.

**Second-year target/outcome measurement:** Assessment reviewed and strategic planning conducted to determine the steps needed to meet the state's overall needs for its adult mental health system.

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

**Data Source:**

Western Interstate Commission for Higher Education (WICHE) assessment report, Division Administration, contract monitoring

**New Data Source(if needed):**

**Description of Data:**

Assessment findings and final report, contract monitoring reports.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Possible issues may be encountered during the contracting process as the state will need to develop a contract and enter into a contract to conduct the assessment.

**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 Department of Health and Welfare for the state of Idaho contracted with the Western Interstate Commission for Higher Education's Mental Health Program (WICHE MHP) to complete a third-party assessment and recommendations for a redesign of Idaho's mental health and substance use treatment delivery system.

In May 2018, the report on the System Redesign Status Update and Mental Health Service Array Assessment 2018, was provided to the Division of Behavioral Health's Division Administrator, who submitted it to stakeholders, employees, and citizens of Idaho. The report can be found on the Department of Health and Welfare's website at [https://healthandwelfare.idaho.gov/Portals/0/Medical/Mental%20Health/WICHE\\_2018\\_ID\\_FINAL\\_REPORT\\_4.30.18.pdf](https://healthandwelfare.idaho.gov/Portals/0/Medical/Mental%20Health/WICHE_2018_ID_FINAL_REPORT_4.30.18.pdf).

On October 19, 2018, the first meeting is scheduled for the Steering Committee who will be reviewing the WICHE MHP report 2018. On this date the Steering Committee will begin the strategic planning process and determine the necessary steps to begin working towards meeting the state's overall needs for the mental health system.

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

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

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

DHW engaged the Western Interstate Commission for Higher Education's Mental Health Mental Health Program (WICHE MHP) to perform a System Redesign Status Update and Mental Health Service Array Assessment. The report from this Update and Assessment was released in 2018 and DHW is incorporating recommendations into the Medicaid Expansion strategic planning.

**Priority #:** 8  
**Priority Area:** Barriers to Maintaining Recovery  
**Priority Type:** MHS  
**Population(s):** SMI

**Goal of the priority area:**

Implement Homes with Adult Residential Treatment (HART) services in Idaho.

**Strategies to attain the goal:**

Idaho has identified a gap in community placement options for individuals with mental illness who have complicated personal care and behavioral challenges. The appropriate model for providing the level of support necessary to safely manage and effectively treat individuals with mental illness of a certain severity does not exist in Idaho. To address this service gap, a work group of providers, advocates, stakeholders and Department of Health and Welfare (DHW) representatives was established to develop a specialized category of residential care for individuals with a SPMI. This new residential level of care is called Homes with Adult Residential Treatment (HART) and will consist of coordinated residential care and clinical behavioral health services in a homelike setting. Funding has been allocated to conduct a demonstration of the HART model.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Enter into contracts for HART services in each of the three service hub areas of the state.  
**Baseline Measurement:** There are currently no HART services available in the state.  
**First-year target/outcome measurement:** Identify HART demonstration project providers and enter into contracts.  
**Second-year target/outcome measurement:** Conduct assessment to determine feasibility of expanding HART services statewide.

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

**Data Source:**

Contraxx contract monitoring, Optum Idaho, Division Administration

**New Data Source(if needed):**

**Description of Data:**

Numbers of contracted services providers and numbers of services provided.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Implementation and expansion of HART services will be dependent on Legislative approval of funding and availability of providers.

**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 HART demonstration project was initiated to pilot an intensive treatment oriented residential living program for individuals with a serious and persistent mental illness. Contracts have been implemented with four HART facilities across the state. The HART provides a safe and therapeutic homelike environment including meals, living space, assistance with daily living, and integrated clinical treatment services. Each HART provider is required to be an Optum approved Idaho Behavioral Health Plan provider, able to deliver an array of treatment services including assessment, treatment planning, psychotherapy, community/peer supports, CBRS, group therapy, case management, and medication services. It is hoped the HART model will allow for the provision of clinical treatment interventions to better address behavioral health related issues which previously were unable to be addressed without evicting the resident or escalating the resident to a crisis or emergency facility.

Second Year Target:

Achieved

Not Achieved (if not achieved, explain why)

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

How second year target was achieved (optional):

The Division of Behavioral Health has contracts in place for four Homes with Adult Residential Treatment (HART). The Division completed the HART pilot as of 12/31/2019 and has identified funding to support expanding the number of total HART programs in the state to six. The Division is actively engaged in planning the expansion of the HART program and is currently in the process of identifying potential HART providers with the plan to contract for two additional HARTs by the end of FY20.

Priority #: 9

Priority Area: Barriers to Accessing Services

Priority Type: MHS

Population(s): ESMI

Goal of the priority area:

Implement and expand access to First Episode Psychosis (FEP) services in Idaho.

Strategies to attain the goal:

Idaho is in the process of implementing the STAR program in three regions, providing state-delivered services to provide FEP treatment based on the On-Track Coordinated Specialty Care (CSC) treatment model. Ongoing implementation strategies include identifying staffing resources, addressing training needs, developing standard procedures and developing data and outcome tracking.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of fully implemented FEP teams.

Baseline Measurement: Idaho currently has one active FEP team and two teams still in development.

First-year target/outcome measurement: Two teams in the implementation stage.

Second-year target/outcome measurement: Three teams in the implementation stage.

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

Data Source:

WITS, Division Administration

New Data Source(if needed):

Description of Data:

Numbers of clients receiving FEP services, numbers and types of services provided, outcome data

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The implementation of FEP services is currently being funded from the designated block grant allotment. Challenges to implementing the regional FEP programs include outreach to increase referrals on clients that have a short duration of untreated psychosis prior to being hospitalized, rural access, and staffing issues. We serve numerous counties in rural areas, which makes accessing services and travel difficult for clients and team members. One of our greatest challenges is staffing, as the Department does not have the authority to hire additional permanent positions outside of the current approved limit established by the Idaho Legislature. This makes building a team, maintaining and adding additional staff as needed a challenge. Additionally, limited availability of psychiatric providers impacts available prescriber time to dedicate to the FEP programs. The Region 6 program has faced significant challenges due to turnover in staffing and a change in administration and is in the process of re-configuring the FEP service team.

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 has been working towards expanding the First Episode Psychosis programs across the state. Currently, there are three Regions that have specific First Episode Psychosis programs called STAR (Strength Through Active Recovery) in the Implementation Stages.

Region 7 is in the Full Implementation Stage. Their STAR Team currently participates in the MHBG 10% Early Intervention Study. They have several staff on the STAR Team providing these roles, an Outreach Coordinator, Primary Clinician, Recovery Coach, Nurse, Psychiatrist, Peer Specialist, IPS-Individual Placement Specialist, and Clinical Supervisor. There are twenty-one Clients enrolled, and there have been three graduates this past year. Two members from the Region 7 STAR Team will be attending the 11th International Conference on Early Intervention in Mental Health in October 2018.

Region 3 is at Initial Implementation Stage, moving towards the Full Implementation Stage, by putting into practice much of what they have researched and received in training. Their caseload has increased to eleven Clients enrolled, with two individuals in the screening process. As of 8/20/2018, Region 3 has a .75 clinician providing FEP direct clinical services (prior to that it was .65), a .475 clerical staff providing office support, and are in the process of hiring a .65 peer specialist. One member from the Region 3 STAR Team will also be attending the 11th International Conference on Early Intervention in Mental Health in October 2018

Region 6 has progressed to the Initial Implementation Phase. They have eight staff members identified as part of their STAR Team and two Client's currently enrolled. Services they offer include medication management, having a primary clinician, case management, skills-based learning, and independent living.

On May 25, 2018, the three STAR programs brought in Dr. Ryan Melton from Portland State University, to train the Division of Behavioral Health Clinicians on Cognitive Behavioral Therapy for Psychosis. An estimate of 130 Department of Health and Welfare employees and community Clinicians attended this training.

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

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

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

Achieved

All three regional programs have fully implemented the Coordinated Specialty Care model selected by Idaho, the STAR Program. The first regional program to implement STAR is now in sustainability phase. The remain two regional STAR programs are fully implemented and nearly at sustainability phase as both are preparing for their initial planned annual fidelity reviews by the end of fall 2019.

Priority #: 10

Priority Area: Barriers to Maintaining Recovery

Priority Type: MHS

Population(s): SED

### Goal of the priority area:

Provide Family Engagement services.

### Strategies to attain the goal:

As Idaho moves forward with the development of a new system of care for children with SED, a primary need identified by parent and stakeholders is the availability of family engagement services. The Division will need to identify the categories of needed services and supports, develop a Request For Proposal (RFP) and select a contractor for the provision of needed services and supports.

### Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Contract initiated for the provision of Family Engagement supports and services.
Baseline Measurement:	Contract not in place.
First-year target/outcome measurement:	Specific services and supports identified, defined and a RFP posted.

**Second-year target/outcome measurement:** Contract for Family Engagement services implemented.

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

**Data Source:**

Contraxx contract monitoring, YES, Division Administration

**New Data Source(if needed):**

**Description of Data:**

Contract monitoring reports and numbers and types of services delivered.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Funding availability, identification of a qualified contractor, development of needed service types.

**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 completed the development of a Request for Proposal (RFP) for the provision of family engagement supports and services. The RFP includes the Scope of Work requirements for a Family and Youth Involvement and Support contract. The review of the RFP by the Department of Purchasing has been completed and the RFP has been posted to the E-Procurement system for bid solicitation.

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

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

DHW has not been able to secure a contractor for these services. A Request for Proposal (RFP) has been released three times, each time with revisions, with no successful bidders. In 2019, DHH engaged a consultant to assess the State's infrastructure and ability to deliver these services and draft a new RFP based on that assessment.

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

**Priority #:** 11

**Priority Area:** Barriers to Maintaining Recovery

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Increase access to Peer Support and Family Support services.

**Strategies to attain the goal:**

The Division will develop and publish a RFP for certification process, select a contractor and enter into a contract.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Contract for peer support specialist and family support partner certification implemented.

**Baseline Measurement:** No contract

**First-year target/outcome measurement:** Contract for certification initiated.

**Second-year target/outcome measurement:** Reporting in place for tracking numbers of Peer Support Specialists and Family Support Partners certified.

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

**Data Source:**

Contraxx, contract monitor

**New Data Source(if needed):**

**Description of Data:**

Contract monitoring reports

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

Contracting will be dependent on the receipt of a qualified bidder and the ongoing availability of funds to maintain the 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):**

As a result of responding to a Request for Proposal, Business Psychology Associates Health, Inc. (BPAH) was awarded a contract to administer the Peer Support Specialist and Family Support Partner Certification effective 04/01/2018. April and May of 2018 consisted of contract implementation activities and June 1st marked the start of BPAH managing all aspects of the certification process. The contract is effective through 05/31/2020. As of 8/31/2018 there were 472 Certified Peer Support Specialists and 127 Certified Family Support Partners. This is a fluid number because there are ongoing applications submitted for certification and there are those that do not renew their certification for a variety of reasons.

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

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

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

While Idaho Department of Health and Welfare does not currently maintain the list of current Peer Support and Family Support Services we monitor the contract of Peer Support Specialist accreditation. Through this contract we have access to the numbers of individuals who are working in network and are given a monthly and annual report which includes the current and newly certified individuals broken down by category. Additionally we support the addition of trainers and facilitate their registering with our contractor as well as posting their information on the IDHW site.

Peer

2015-2016 = 196

2016-2017 = 325

2017-2018 = 398

2018-2019 = 477 (BPA)

Family support

2017-2018 = 115

2018-2019 = 106 (BPA)

**Priority #:** 12

**Priority Area:** Increased Access to Services

**Priority Type:** MHS

**Population(s):** SED

**Goal of the priority area:**

Increase access to Wraparound services for children and youth with SED.

**Strategies to attain the goal:**

Enter into an agreement with Portland State University to provide training and coaching to children's mental health staff. Develop phase-in plan for implementing the service across the state. Track progress of service implementation.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Wraparound services are available and provided in each of the seven regional CMH programs.

**Baseline Measurement:** Service is not provided on a statewide basis.

**First-year target/outcome measurement:** CMH staff trained on the Wraparound model.

**Second-year target/outcome measurement:** Wraparound services implemented in each of the seven CMH programs.

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

**Data Source:**

WITS, Youth Empowerment Services (YES), Division Administration

**New Data Source(if needed):**

**Description of Data:**

Number of staff trained, number of clients receiving services

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Funding availability, continued approval of the YES Implementation Plan.

**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):**

Currently there are twenty-eight Wraparound Coordinators trained in the state of Idaho, with Wraparound Services occurring in the seven regions. The first Foundational Wraparound Training was held from January 29-February 2, 2018, with a second training held for Supervisor's and Coaches on September 12, 2018. There is a tentative plan for a third Foundational training to occur at the beginning of 2019, while Regions continue to build capacity and transition coordinators into coaches, then begin training more coordinators in Children's Mental Health. There is also a weekly clinical coaching call for the Regional Coordinators, with monthly hub-based coaching calls in a group supervision type setting, with the possibility of in-person coaching to occur once a quarter as capacity increases.

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

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

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

In January 2018, the State of Idaho Division of Behavioral Health implemented a high-fidelity model of Wraparound within its state-operated Behavioral Health Centers that are located in each of the seven (7) geographical regions of Idaho. This model is based in the National Wraparound Initiative (NWI) training and incorporates an Idaho coaching model, Idaho wraparound standards, and quality monitoring. Each of the seven CMH programs offers wraparound services and there are currently 33 trained wraparound coordinators and 124 families receiving wraparound services.

**Priority #:** 13  
**Priority Area:** Increased Access to Services  
**Priority Type:** MHS  
**Population(s):** SED

**Goal of the priority area:**

Implement Child and Adolescent Needs and Strengths (CANS) statewide.

**Strategies to attain the goal:**

Develop plan for deployment of CANS, including a training plan for creating and maintaining statewide capacity for use of the tool, automation of the tool and descriptions of agencies' and providers' roles and responsibilities.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Statewide implementation of the CANS assessment tool.  
**Baseline Measurement:** The current assessment tool for children's mental health is the CAFAS.  
**First-year target/outcome measurement:** Development of automated Child and Adolescent Needs and Strengths (CANS) system.  
**Second-year target/outcome measurement:** Implement statewide CANS deployment plan.  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DBH, Interagency Governance Team (IGT), WITS

**New Data Source(if needed):**

**Description of Data:**

Trainings conducted, status of automation of the tool, locations implementing the CANS, number of assessment completed.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Funding availability, approval of the Idaho customized tool, approval of the Implementation Plan. Constraints around the identification and development of electronic requirements for implementation of the CANS (timeframes, funding, system requirements).

**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 completed the initial development of the ICANS system, which is the statewide web-based platform for the administration, scoring, and collection of the CANS Assessment tool in Idaho. Beginning January 1, 2018, the CANS was implemented as a state-approved measure of functional impairment for the Division of Behavioral Health Children's Mental Health System.

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

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

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

The CANS has been implemented throughout the entire State of Idaho. Division of Behavioral Health employees along with Liberty Assessors (the State's Independent Assessor) began using the CANS in 2018. In June of 2019 Optum Network providers throughout the State began using the CANS.

**Priority #:** 14  
**Priority Area:** Barriers to Accessing Services, System Concerns  
**Priority Type:** MHS  
**Population(s):** SED

**Goal of the priority area:**

Establish a due process procedural system and tracking for compliance and continuous quality improvement.

**Strategies to attain the goal:**

Establish requirements in IDAPA rule, develop procedures, develop materials, provide training

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Implement standardized due process requirements.  
**Baseline Measurement:** Standardized system not in place.  
**First-year target/outcome measurement:** Develop a standardized complaint and administrative hearing system.  
**Second-year target/outcome measurement:** Create process for centralized complaint routing and tracking system.  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

IGT, DBH

**New Data Source(if needed):**

**Description of Data:**

Implementation report, YES updates

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Continued approval of the Implementation plan. System capacity to meet planned timelines due to staffing or other limited resources.

**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 is currently utilizing a standardized complaint response and administrative hearing system. The Division of Behavioral Health has developed and implemented notices and informational materials provided to Clients, that describe the complaint and administrative hearing processes. The Division of Behavioral Health continues to work with their stakeholders and system partners towards creating a centralized complaint routing and tracking system. The ongoing challenges include the differing needs for privacy and compliance with individual agency state and/or federal laws.

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

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

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

Following the Jeff D. class action lawsuit and the resulting Settlement Agreement, the Department of Behavioral Health (DBH) has been tasked with establishing a centralized complaint routing and tracking system. DBH is currently managing a standardized complaint

response and administrative hearing system. A toll-free telephone number, email inbox and family advisory subcommittee are 3 ways that complaints can be submitted to DBH, where they are logged, tracked and scrutinized by committee at times. When responses are needed from separate entities (e.g., DBH, OPTUM and Medicaid) all input is compiled into a cohesive response.

Differing needs for privacy and compliance with state and/or federal law remain a challenge and DBH has developed workgroups with stakeholders and the community to increase collaboration and achieve centralization. Research has identified resources currently in use with Department of Health and Welfare (DHW) that show promise in completing this priority. This new development will need to be proposed and accepted before proceeding.

**Priority #:** 15  
**Priority Area:** Barriers to Maintaining Recovery  
**Priority Type:** MHS  
**Population(s):** SMI

**Goal of the priority area:**

Provide consumer and family advocacy, empowerment and education.

**Strategies to attain the goal:**

DBH will contract with a consumer advocacy organization to provide information and education to adults with SMI and their families. The contractor will provide and maintain an updated website. The contractor will participate in stakeholder groups and meetings and provide educational activities to individuals and providers.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Provide training and educational activities for adult consumers and providers of mental health services.  
**Baseline Measurement:** Training activities have not been regularly reported or tracked.  
**First-year target/outcome measurement:** Provide three Parity Awareness training events.  
**Second-year target/outcome measurement:** Provide four educational or awareness events to consumers and providers.  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Contraxx, DBH contract monitor

**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 signed contract and compliance with contract terms.

**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 a contract with Empower Idaho that stipulates they are to provide three trainings on parity, one in each hub per year. Empower Idaho has actively pursued seeking information relevant to Parity issues in Idaho via consultation with the health insurance field, the Department of Insurance, as well as other states. They provided one in-person training last year as a pilot and have created an informative infographic that can be found on their website <https://www.empoweridaho.org/parity-law/>. They will be presenting three parity awareness trainings, one in each hub, scheduled to be completed by the end of this quarter per their contract requirements.

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

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

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

The Division of Behavioral Health has a contract with Jannus, Inc.'s Empower Idaho program that stipulates they are to provide, per year, four educational awareness events for consumers and four for providers. The contractor is to deliver for consumers and family members one educational webinar statewide per quarter and one live educational activity per each of the Department's three hubs (northern, southwest and southeast). The contractor is to also deliver for providers and all interested professionals one educational webinar per statewide per quarter and one live educational activity per hub each year. Some examples of educational topics include Diabetes and Mental Health, Un-shaming: Essential to Recovery, LGBTQ in Recovery, and Compassion Fatigue.

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**Footnotes:**

NOT FINAL

## C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2018	Estimated/Actual SFY 2019	Expense Type
\$538,391	\$9,306,300	\$11,681,800	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

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

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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**Footnotes:**

NOT FINAL

## C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2017) + B2(2018)</u> 2 (C)
SFY 2017 (1)	\$31,062,700	
SFY 2018 (2)	\$34,722,000	\$32,892,350
SFY 2019 (3)	\$33,328,200	

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

SFY 2017      Yes      X      No    \_\_\_\_\_  
 SFY 2018      Yes      X      No    \_\_\_\_\_  
 SFY 2019      Yes      X      No    \_\_\_\_\_

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

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**Footnotes:**

