

# Idaho

UNIFORM APPLICATION  
FY 2018 BEHAVIORAL HEALTH REPORT  
COMMUNITY MENTAL HEALTH SERVICES  
BLOCK GRANT

OMB - Approved 06/07/2017 - Expires  
(generated on 11/02/2017 1.07.27 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

Mailing Address POB 83720/3rd

City Boise

Zip Code 83720-0036

### II. Contact Person for the Grantee of the Block Grant

First Name Ross

Last Name Edmunds

Agency Name Idaho Department of Health and Welfare

Mailing Address POB 83720/3rd

City Boise

Zip Code 83720-0036

Telephone 208-334-5726

Fax 208-334-7305

Email Address ross.edmunds@dhw.idaho.gov

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

From 7/1/2016

To 6/30/2017

### IV. Date Submitted

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

Submission Date

Revision Date

### V. Contact Person Responsible for Report Submission

First Name Anne

Last Name Bloxham

Telephone 208-334-5527

Fax 208-334-7305

Email Address Anne.Bloxham@dhw.idaho.gov

### 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):**

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 funded prevention providers implementing approved environmental strategies as of June 1, 2017 was 14. The target was exceeded, in part, by awarding community "mini-grants" specifically around the issue of underage drinking. A program-in-a-box, which included practical examples of environmental strategy activities, policies, and media materials, etc., was created to help "jump start" local coalitions in addressing community concerns.

**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):**

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 Idaho Board of Alcohol/Drug Counselor Certification (IBADDC) database by June 1, 2017 was 18. ODP partnered with the IBADCC and CADCA to develop and deliver a series of in-person CPS trainings made available during our annual prevention conference. Participants were able to sit for the required certification examination upon completion of the coursework. Having a dedicated education track at our conference, as well as the opportunity to take the examination on site, proved very attractive to our providers.

**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):**

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 providers accurately reporting outcome measures in the data management system was 76.09% by June 1, 2017. ODP staff prioritized both training and technical assistance for providers with respect to the expectations of data collection and the protocol for data collection and entry. ODP developed a compliance tracking sheet and followed up with each provider quarterly to address any concerns or non-compliance.

**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 operationalized Crisis Centers by 6/30/2016.  
**Second-year target/outcome measurement:** Two fully operational Crisis Centers and a budget 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:  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.

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 2017 Idaho Legislature approved annualization of the funding necessary to fully fund the crisis centers in Twin Falls and Boise. The third crisis center located in Twin Falls opened in late November 2016 and an operator for the Boise crisis center was secured through an RFP. The Division is currently in the final phase of standing up the Pathways Community Crisis Center of Southwest Idaho scheduled to be opened in December. The Twin Falls and Boise crisis centers are the third and fourth crisis centers in the state of Idaho modeled after the successful implementation of the crisis centers in Idaho Falls and Coeur d'Alene. The success of the crisis centers has been phenomenal and the division will continue to seek the ultimate goal of a crisis center in each region of the state.

**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.

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):**

- Development is continuing for the Idaho CANS System (ICANS), a web-based platform for the administration, scoring, and sharing of the CANS in Idaho.
- o ICANS Phase 1 passed testing and the 18.25.5 release was pushed to the Production site on 9/18/2017.
  - o Trainings for IDHW Program Specialists participating in the pilot of ICANS occurred in August and September 2017. Two additional trainings are available in the month of October 2017.
  - o The start date of the pilot was September 18, 2017.

**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.

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 total number of unduplicated children who received respite care services funded by the Division of Behavioral Health (DBH) in SFY 2017 was 489. 276 children received services through the DHW Regional voucher system whereby parents/caregivers pay the respite worker of their choice up front and they are then reimbursed through a contract with the Idaho Federation of Families for Children's Mental Health. 213 children received respite services through the Regional contracts with community mental health provider agencies to provide respite care.

**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.

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):**

After one full year of the new Peer Certification process, the number of Peer Support Specialists trained and certified nearly doubled over the previous year with a total of 325 Certified Peer Support Specialists as of 6/30/2017. The certification committee saw a steady increase in the number of trainings that occurred with the DBH contracted trainings. The certification committee also received additional information from community mental health providers desiring to provide Peer Specialist trainings beyond the contracted trainings with Jannus. DBH developed a process to recognize those other training entities for more Peer to be trained and apply or certification. This change in the system is a factor in the increase certified peer specialists. In August 2016, DBH began the process to develop Rule for the certification of Peer Support Specialists. The chapter of rule was presented to the Legislature in January 2017 and passed both houses. Ensuring the legal support for certification has been helpful to provide structure to the certification process and for those applying for certification. The addition of the chapter of rule also prompted the Quality Assurance Unit of DBH with the policy unit to address the outdated Behavioral Health standards for Peer Support Specialists. This resulted in an updated standard. With the exponential increase for certified peers and the work that the committee invests in the certification of Peers, DBH began the process of developing a request for proposal for Peer Certification. This request for proposal is in the process of development and will likely be finalized in the FY2017-2018.

**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

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

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

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

**Priority #:** 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/>

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):**

Through are contractor, Jannus, Inc., the following parity initiatives were completed.

- Empower Idaho (EI; formerly the Office of Consumer and Family Affairs) features a NAMI infographic on their "Mental Health Parity" tab [www.empoweridaho.org](http://www.empoweridaho.org)
- Empower Idaho distributes the parity infographic during community outreach activities (i.e. mental health month at the capitol, recovery month the capitol, Recovery Rally in the Park, Behavioral Health Council meetings, state hospital visits, regional office visits, during community and provider educational activities, etc.)
- Empower Idaho plans to post information on their Facebook page periodically. A concerted effort to share insurance-related content that is germane to the Idaho network is posted frequently.
- Empower Idaho met with the Department of Insurance and with Blue Cross Blue Shield of Idaho in July and August to discuss parity and how it works

Parity education and awareness training continues to be a required component of the contract.

**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**

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

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 Regional Behavioral Health Boards (BHB) are a critical component to Idaho's transformed Behavioral Health System. The BHPC continues to support and encourage effective communication between the BHPC and each of the BHBs. Below are brief updates about the activities of each of the BHBs from the past fiscal year.

The Region 1 BHB partnered with the Panhandle Health District and was approved by the BHPC as a stand-alone board in September 2015. During the course of the past year, the Board supported the July 25, 2016 opening of the Crisis Center for North Idaho in Coeur d'Alene, partnered with community organizations to provide Trauma Informed Care trainings to over 700 providers, received a grant for suicide prevention training, and helped fund the regional Crisis Intervention Training for law enforcement personnel.

In early 2016, the Region 2 BHB partnered with the North Central District Public Health. Highlights of the past year for Region 2 include the opening of the Nez Perce County Recovery Center, successful Crisis Intervention Training for law enforcement personnel from across the region, and Youth Mental Health First Aid trainings conducted in several communities.

In the past year, the Region 3 BHB partnered with the Southwest District Health. The Board is also actively working with the Southwest District Health Statewide Health Innovation Plan (SHIP) Manager to create Patient Centered Medical Homes. The Board created subcommittees and their members are working with the Region 3 BHB Executive Board to address the needs and gaps in the region and develop a strategic plan. One of these is the Crisis Center subcommittee whose members are working collaboratively with community organizations to support placement of the next crisis center in Region 3.

The Region 4 BHB partnered with the Central District Health Department to serve the behavioral health needs of Ada, Boise, Elmore and Valley counties. The board made great strides in its organization and houses three (3) active committees including a Wellness and Recovery Committee, Youth Behavioral Health Committee, and Provider Committee.

Over the past year, the Region 5 BHB filled all of its board positions and completed a board orientation process. They also supported mental health awareness activities in the Twin Falls, Wood River Valley, and Mini Cassia areas. A strong working relationship has been established with South Central Public Health. The Region 5 BHB has invested significant time and energy into supporting the new crisis center in Twin Falls and looks forward to the positive impact that center will have on the region.

The Region 6 BHB continues to move toward supporting recovery in their region by educating the public about mental health issues and encouraging communication between service and support providers within their region. Their children's mental health (CMH)

subcommittee is reaching out to local school districts through a newsletter and a resource guide.

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. This partnership is working well. In December 2015, a grant of nearly \$15,000 from the Blue Cross Foundation for Health was awarded to the Region 7 BHB/EIPH for a regional community engagement project focusing on children's mental health issues, allowing the board to facilitate education to individuals throughout the region and connect them with resources to assist children with mental health needs. This outreach occurred in Clark, Bonneville, and Teton Counties, with events scheduled in Lemhi, Bingham, and Butte Counties in the coming months.

**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.

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 Idaho Behavioral Health Integration Survey was completed which assessed each provider's:  
Level of behavioral health integration into Primary Care;  
Referral Practices and Tracking Communication Practices both internal and external;  
Agreements with Specialty Services Providers;  
Screening Tools/Frequency of Use; and  
Current Training for All Staff

Survey methods consisted of onsite meetings encompassing 47 Medicaid Health Home sites, completion of the Integrated Practice Assessment Tool©, and interviews/conversation on survey focus points. As a result of the survey and evaluation report the following next steps were identified:

Work with the PCMH contractor to develop specific BH curriculum topics for the Learning Collaborative;  
Outline specific behavioral health goals and task that the RC can achieve in PCMH coaching and mentoring;  
Identify well integrated PCMH clinics who are willing to provide technical assistance, consultation and training to other PCMH clinics;  
Pursue a Behaviorist Peer to Peer model that will support training, networking and advocacy; Explore how Regional Behavioral Health Boards can support the work of the PCMH clinics.

**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.

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 implemented two planning initiatives to facilitate community integration and decreasing institutionalization. These initiatives 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. The first of these initiates is the establishment of the State Hospital Discharge Workgroup. This workgroup is tasked with updating the State Hospital Discharge Policies for the Division and establishing standardized protocols for discharge follow-up and aftercare services. The workgroup consists of representatives from all seven regional behavioral health centers, administrators from both state hospitals, and the Division of Medicaid.

The second initiative is the development and funding of Homes with Adult Residential Treatment (HART) services. Idaho has limited supported housing resources available for individuals being discharge from a state hospital and as a result inpatient discharges can be delayed due to lack of available housing. The Division has requested and received from the Idaho Legislature funding to develop a new level of care in Idaho specifically intended to meet the housing and clinical treatment needs in a coordinated setting for individuals with a serious and persistent mental illness who would otherwise be at risk of being homeless, incarcerated or hospitalized. The Division has developed a model framework identifying the core components of the HART residential services and has collaborated with the Division of Medicaid and the Idaho Behavioral Health Plan contractor, Optum Idaho in developing a Medicaid reimbursable package of clinical services. It is envisioned that the HART setting will be a homelike community housing setting which includes the provision of clinical services to be delivered based on an individualized assessment and treatment plan. It is the hoped that this new service will allow individuals with SPMI to remain in their communities, decrease inpatient hospitalizations and re-hospitalizations and allow for greater community integration for those receiving the services. The Division will begin the initial implementation of the program through a demonstration project in which 3 to 4 providers are selected in various locations across the state. Services will be funded via contract with the Division of Behavioral Health and through the Idaho Behavioral Health Plan. Additionally, Enhanced Safe and Sober Housing will be available for clients discharging from one of the two State Hospitals who are going into SUD treatment. This housing will provide more support and assistance than is afforded in traditional safe and sober living environments, including Recovery Coaching and services to support dual diagnosis treatment.

**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):**

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

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

While we were not able to meet the target of serving 450 women in 2017, services were provided to every client in the pregnant women and women with dependent children (PWWDC) population that requested them. No clients in this population were denied services in 2017.

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

**Priority #:** 14

**Priority Area:** IVDU Clients

**Priority Type:** SAT

**Population(s):** IVDU

**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):**

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

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

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

**Priority #:** 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):**

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):**

**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
<b>Healthcare Home/Physical Health</b>	\$
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;	
<b>Prevention (Including Promotion)</b>	\$
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;	
<b>Substance Abuse (Primary Prevention)</b>	\$
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);	
<b>Engagement Services</b>	<b>\$</b>
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
<b>Outpatient Services</b>	<b>\$</b>
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
<b>Medication Services</b>	<b>\$</b>
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
<b>Community Support (Rehabilitative)</b>	<b>\$</b>
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;	
<b>Recovery Supports</b>	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
<b>Other Supports (Habilitative)</b>	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
<b>Intensive Support Services</b>	\$
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	
Assertive Community Treatment;	

Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
<b>Out-of-Home Residential Services</b>	<b>\$</b>
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;	
<b>Acute Intensive Services</b>	<b>\$</b>
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
<b>Other (please list)</b>	<b>\$</b>
<b>Total</b>	<b>\$0</b>

**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 2016	Estimated/Actual SFY 2017
\$6,596,467	\$7,210,900	\$0

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:**

NOT FINAL

### 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(2015) + B2(2016)</u> 2 (C)
SFY 2015 (1)	\$23,871,500	
SFY 2016 (2)	\$25,922,100	\$24,896,800
SFY 2017 (3)	\$0	

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

SFY 2015      Yes      X      No    \_\_\_\_\_  
 SFY 2016      Yes      X      No    \_\_\_\_\_  
 SFY 2017      Yes    \_\_\_\_\_    No    \_\_\_\_\_

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

**Footnotes:**

