

Delaware

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

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

I: State Information

State Information

State DUNS Number

Number 1346326240

Expiration Date

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

Agency Name Delaware Health & Social Services
Organizational Unit Division of Substance Abuse & Mental Health
Mailing Address 1901 N. Dupont HWY, Main Admin Building
City New Castle
Zip Code 19720

II. Contact Person for the Grantee of the Block Grant

First Name Michael
Last Name Barbieri
Agency Name Delaware Health & Social Services, Division of Substance Abuse and Mental Health
Mailing Address 1901 N. Dupont HWY, Main Admin Building
City New Castle
Zip Code 19720
Telephone 302-255-9657
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Email Address michael.barbieri@state.de.us

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

From 7/1/2015
To 6/30/2016

IV. Date Submitted

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

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

First Name Cliffvon
Last Name Howell
Telephone 302-255-9415
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Footnotes:



STATE OF DELAWARE
OFFICE OF THE GOVERNOR
TALMAGE BUILDING, SECOND FLOOR
WILLIAM PENN STREET, DOVER, DE 19901

JACK A. MARKELL
GOVERNOR

PHONE: 302.744.4101
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March 4, 2009

Joseph Autry, M.D.
Acting Administrator
Substance Abuse and Mental Health
Service Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Dr. Autry:

As the Chief Executive Officer of the State of Delaware, I designate the Delaware Department of Health and Social Services, Division of Alcoholism, Drug Abuse and Mental Health as the sole administering agency in the State of Delaware for the following federal programs funded through Substance Abuse and Mental Health Services Administration:

Community Mental Health Services (CMHS) Block Grant
Substance Abuse Prevention and Treatment (SAPT) Block Grant
Projects for Assistance in Transition from Homelessness (PATH) Formula Grant

This designation shall remain in effect until further notice.

I also delegate authority to the Secretary of the Delaware Department of Health and Social Services to certify all required assurances, funding agreements, and certifications for the above referenced programs and to submit the annual applications and plans until such time as this delegation of authority might be rescinded. Please be informed that the Secretary of the Delaware Department of Health and Social Services is Rita Landgraf.

Sincerely,

Jack A. Markell
Governor

cc: Rita Landgraf, Cabinet Secretary, Delaware Department of Health and Social Services

Delegation Agreement Number 1
Delaware Department of Health and Social Services

October 23, 2015
(replaces June 29, 2015)

Divisions of the Delaware Department of Health & Social Services

This document incorporates delegation agreements between the Secretary of Delaware Department of Health and Social Services and the Division Director. The issues to be delegated appear in the following order:

- Approvals of out-of-state travel requests
- Approvals of Federal funding documents
- Approvals of certain contracts

1. The approvals of out-of-state travel requests.

Purpose

Pursuant to Delaware Code, Title 29; Section 7903, and the purpose of the following 3 Agreements is to delegate responsibility from the Secretary, Delaware Department of Health and Social Services to the Division Director. The purpose of the first Delegation Agreement is as follows:

The approval of routine out-of-state travel, in order to: take advantage of lower rates with early reservations; reduce time involved in processing travel requests; assure cost effective travel; place responsibility and accountability at the lowest appropriate level.

Scope

This Agreement transfers responsibility for acting on Division travel requests with the following exceptions:

- Any travel outside the United States;
- Any travel by the Division Director.

Assurances

The Division Director agrees:

1. To accept full responsibility and accountability for assuring that the Division will comply with all laws, regulations, and ethical standards in authorizing travel.
2. To assure that any travel, authorized directly or recommended to the Secretary, Delaware Department of Health and Social Services, under the exemptions, will not exceed the funding allocated to travel in the Division's budget.
3. To assure that the number of employee's traveling does not adversely affect the day to day operations of the Division.

4. To assure that the approval of all staff travel requests adhere to the Statewide Travel Policy.
5. To bring to the attention of the Secretary, Delaware Department of Health and Social Services, any policy issues relevant to delegated authority.

2. The approval of Federal funding documents.

Purpose

Pursuant to Delaware Code, Title 29, Section 7903, the purpose of this Agreement is to delegate responsibility for approval of Division Federal funding documents from the Secretary, Delaware Department of Health and Social Services to the Division Director.

Scope

This Agreement transfers responsibility for acting on all Federal Grant applications, State Plans, Sub-Grants and related documents, including Federal Aid Master (FM) and Single Point of Contact (SPOC) forms, with the following exceptions.

Grant Applications to support new programs, unless previously reviewed with the Secretary, DHSS. Continuation grants, which involve major changes in program directions or funding levels, unless previously reviewed with the Secretary, DHSS. Grant applications requiring a legislative public hearing and/or the Governor's signature, unless previously reviewed with the Secretary, DHSS.

Assurances

The Division Director agrees:

1. To take full responsibility for ensuring that all documents comply with the provisions of the Delaware law and relevant Federal regulation, as well as the provisions of the State Budget Act, as legislated year to year.
2. Ensure that all documents adhere to the review process and schedules established by the Delaware State Clearinghouse Committee and State Budget Office.
3. Provide the Secretary, DHSS, with timely notification of any policy issues relevant to the delegating authority.
4. Ensure that any disputes arising out of the process will be referred to the Secretary, DHSS for resolution.
5. Provide copies of all application materials and related documents to the Division of Management Services.

3. The signing of certain contracts.

Purpose

Pursuant to Delaware Code, Title 29, Section 7903, the purpose of this Agreement is to delegate responsibility for signing of certain contracts from the Secretary, Delaware Department of Health and Social Services to the Division Director.

Scope

This Agreement transfers responsibility for signing contracts and contract amendments where the total amended contract value does not exceed \$500,000.

The following contractual arrangements are excluded from this Agreement:

Professional service contracts for management consulting regardless of amounts. A management consultant contract pertains primarily to studies, which are conducted for the purpose of reviewing aspects of an agency's operation.

- Contracts which are for duration of more than two years.
- Contractual arrangements with providers that replace contracts that were discontinued due to unsatisfactory performance or cost considerations.
- Contracts with existing State employees and with former State employees who have left State service within two (2) years previous to the signing of the contract.
- Contracts with individuals who are expected to perform a full-time, ongoing task similar to that of a Full-Time Equivalency (FTE).
- Contracts and Memoranda of Understanding with other State agencies outside of the Department of Health and Social Services.
- Contracts that deviate from approved boilerplate language, as illustrated in the attached sample contract.

The above-mentioned situations would still require submittal for the Secretary's signature utilizing the current contract review procedure.

In addition, approval must still be obtained by Information Resource Management for lease or purchase of all data processing, word processing and information systems hardware and software, as well as the related maintenance and consulting service.

Construction-related contracts, including those pertaining to professional services provided in construction projects, i.e., architects, engineers, etc. would continue to follow the procedures currently in place for agreements of that type.

Assurances

The Director agrees to:

1. Take full responsibility for ensuring that all contracts comply with the provisions of Delaware laws and relevant Federal regulations, the provisions of the State Budget Act, as well as the requirements of the Department of Health and Social Services Contract Procedure Manual.

2. Assign responsibility for managing the contract functions within the Division and notify the Division of Management Services of that assignment. Ensure that the manager has read this agreement and the Contracts Procedures Manual, and that this responsibility is reflected in that employee's Performance Plan Agreement.
3. Maintain contract records and perform the necessary data entry into the system established by the Division of Management Services.
4. Ensure that the Division's Deputy Attorney General is consulted when appropriate.
5. Provide the specific reasons, related to exclusions on the previous page of this document, for submitting contracts to the Secretary, through DMS, for signature.
6. Provide the Secretary, DHSS, timely notification of any significant change which affects these contracts, and of any problems that arise in provider relations or the provision of services.



Division Director Date 10/23/15



Secretary, DHSS Date 10/23/15



Deputy Division Director Date 10/23/15

II: Annual Report

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

Priority #: 1
Priority Area: Person-Centered Service Delivery System
Priority Type: SAT, MHS
Population(s): SMI, PWWDC, IVDUs, HIV EIS

Goal of the priority area:

Promote participation by people with mental health and substance abuse disorders in shared decision making person centered planning, and self direction of their services and supports.

Strategies to attain the goal:

Consumers throughout the State of Delaware's behavioral health system will become the focus of a service system that is designed to provide person-centered services throughout by teaching families skills and strategies for better supporting their family members' treatment and recovery in the community. Supports include training on identifying a crisis and connecting people in crisis to services, as well as education about mental illness and about available ongoing community-based services. Family supports can be provided in individual and group settings. Peer supports are services delivered by trained individuals who have personal experience with mental illness and recovery to help people develop skills, in managing and coping with symptoms of illness, self-advocacy identifying and using natural supports.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Peer Support Specialists and Recovery Coaches Employed by Behavioral Health Agencies
Baseline Measurement: 24 Peer Specialists employed by the Division of Substance Abuse and Mental Health
First-year target/outcome measurement: 40 Peer Specialists and Recovery Coaches employed by Behavioral Health Agencies
Second-year target/outcome measurement: 45 Peer Specialists and Recovery Coaches employed by Behavioral Health Agencies
New Second-year target/outcome measurement (if needed):

Data Source:

Staffing information collected by Behavioral Health agencies under contract with the Division of Substance Abuse and Mental Health and reports from Peer Support programs.

New Data Source (if needed):

Description of Data:

By virtue of the Voluntary Settlement Agreement between Delaware and the United States Department of Justice, DHSS/DSAMH agreed to hire 24 Peer Specialist throughout the Community Behavioral Health System by July 1, 2012 and maintain them throughout the life span of the Settlement Agreement (July 1, 2016). The success and lessons learned in the implementation of this measure of the Settlement Agreement, the Division was able to articulate employment expectations for peer support specialists and recovery coaches in peer support programs and within behavioral health agencies.

Agencies under contract for the provision of behavioral health treatment and peer support services will provide staffing information to support this measure.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Staffing is a fluid number, so the number of peer support specialists and recovery coaches will be collected as a point in time figure.

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:

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

As of report submission, a total of 28 peer support specialists and recovery coaches are employed by behavioral health agencies on contract with DSAMH. Most of these agencies had plans in progress to hire additional peer support specialists and recovery coaches in the SFY 17 year. Delaware expects to achieve the year 2 target by next reporting cycle.

How first year target was achieved (optional):

Indicator #: 2
Indicator: The percentage of consumers receiving community-based services who actively participate in their own treatment planning.
Baseline Measurement: 82%
First-year target/outcome measurement: 90%
Second-year target/outcome measurement: 92%

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

Data Source:

DSAMH Consumer Satisfaction Survey

New Data Source (if needed):

Description of Data:

Increase by 2% the number of consumers who respond positively to questions on the Consumer Satisfaction Survey regarding their role in setting goals and treatment strategies

Numerator: # of surveys marked "agree" on specific items

Denominator: Total valid responses on consumer satisfaction item

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The target for this measure was 90%. The actual measure was recorded at 85.6%. This measure is one that has the immediate attention of DSAMH staff. 100% of all persons that receive services throughout the community behavioral health system develop person-centered recovery plans with their clinicians. As such, the expectation is that the consumers of services should be responding at the highest percentage that they are actively involved in their own treatment planning.

DSAMH will evaluate how this measure is quantified and recorded to ensure that the consumer is aware of their level of participation in their recovery planning process.

How first year target was achieved (optional):

Indicator #: 3

Indicator: The percentage of consumers responding positively to the Division's Consumer Satisfaction Survey on questions regarding satisfaction with the type, location, frequency, timeliness, and level of services.

Baseline Measurement: 83%

First-year target/outcome measurement: 90%

Second-year target/outcome measurement: 92%

New Second-year target/outcome measurement (if needed): 89%

Data Source:

DSAMH Consumer Satisfaction Survey

New Data Source (if needed):

Description of Data:

Increase by 2% the number of consumers who respond positively to questions on the Consumer Satisfaction Survey regarding the type, location, frequency, timeliness, and level of services.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

The second year data target is being amended to 89% to reflect a 2% increase over the SFY 2015 final indicator percentage of 86.7%. As indicated in the Annual Report for the previous year, the data set used to record progress towards this indicator had been received by DSAMH, but was not fully processed at the time the Annual Report was due. The data processed at that time suggested that 90% was the achievement level towards the goal in SFY 2015, but once the full data set was processed the actual achievement level was 86.7%. As such, the proper 2% increase for SFY 2016 should be 88.7% instead of 92%.

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:

Recent restructuring of community service delivery locations is believed to be a major reason this target was not achieved. Access to program participants was also impacted by the restructuring of services, yielding the lowest number of survey respondents since 2009.

To increase access to program participants for survey administration DSAMH's data unit is currently working with DSAMH's contracts unit to have amendments placed in all provider contracts to reduce the known barriers to surveying a higher percentage of program participants. DSAMH is confident that direct feedback from program participants is the most impactful way to positively affect service delivery and information in a way that increases the likelihood that consumers will respond positively towards survey questions related to their satisfaction level.

How first year target was achieved (optional):

Indicator #: 4

Indicator: Percentage of consumers reporting positively regarding outcomes.

Baseline Measurement: 75%

First-year target/outcome measurement: 76%

Second-year target/outcome measurement: 77%

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

Data Source:

DSAMH Consumer Satisfaction Survey

New Data Source (if needed):

Description of Data:

Increase by 1% the number of consumers who respond positively to questions on the Consumer Satisfaction Survey regarding their treatment outcomes.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

DSAMH did not meet this target during the previous reporting year (73.9%) or the current year data target (74%).

Recent restructuring of community-based service delivery locations and consumer reaction to the changes is believed to be a substantial reason this target was not achieved. Access to program participants was also impacted by the restructuring of services, yielding the lowest number of survey respondents since 2009.

DSAMH is confident that direct feedback from program participants is the most impactful way to positively affect service delivery and information in a way that increases the likelihood that consumers will respond positively towards survey questions related to their satisfaction level. DSAMH will also use this data to hold discussions with the clinical staff of the service sites and consumer advisory groups to find ways to expand on the consumer driven recovery plans of all program participants throughout the service system.

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

Indicator #: 5

Indicator: Percentage of consumers who are satisfied with their level of functioning.

Baseline Measurement: 82%

First-year target/outcome measurement: 84%

Second-year target/outcome measurement: 86%

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

Data Source:

DSAMH Consumer Satisfaction Survey

New Data Source *(if needed)*:

Description of Data:

DSAMH Consumer Satisfaction Survey

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Increase the number of consumers responding positively about level of functioning by 2%

Numerator: # of surveys marked "agree" on specific items
Denominator: Total valid responses on consumer satisfaction item

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The baseline for this performance indicator was derived by taking the highest achievement percentage towards this goal (80%) during the previous 5 years. The intent to increase the performance indicator representing the highest achievement level towards the indicator in recent history is great in concept, but it's proving to be academically unrealistic because every other year between 2009-present has yielded an achievement percentage between 75.1% (2009) and 78.8% (current). More recently, the figures have been 78% (2014), and 78.7% (2015). The average indicator percentage over the previous 3 years has proven to be 78.5%. For this reason DSAMH will re-evaluate the baseline and goal for this indicator in future years. DSAMH will also utilize direct interaction from program participants to help develop strategies to increase consumer perception towards their level of functioning.

How first year target was achieved (optional):

Indicator #: 6
Indicator: Positive responses regarding social supports/social connectedness
Baseline Measurement: 82%
First-year target/outcome measurement: 84%
Second-year target/outcome measurement: 86%
New Second-year target/outcome measurement (if needed):

Data Source:

DSAMH Consumer Satisfaction Survey

New Data Source (if needed):

Description of Data:

Increase the number of consumers responding positively about social supports/social connectedness by 2%

Numerator: # of surveys marked "agree" on specific items

Denominator: Total valid responses on consumer satisfaction item

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The baseline for this performance indicator was derived by taking the highest achievement percentage towards this goal (80.9% - FY2011) during the previous 5 years. The intent to increase the performance indicator to represent the highest achievement level towards the indicator in recent history is a great concept, but it's proving to be academically unrealistic because all years between 2009-present, excluding 2011, has yielded an achievement percentage between 76.9% (2009) and 80.2% (2010). More recently, the figures have been 78.3% (2014), and 79% (2015). The average indicator percentage over the previous 3 years is 77.9%. For this reason DSAMH will re-evaluate the baseline and goal for this indicator in future years. The 2016 performance level was 79.2% which is well below the ambitious goal of 86% that was listed for year-two of the Plan. The 2016 percentage is above the 3-year average for the indicator. DSAMH will also utilize direct interaction from program participants to help develop strategies to increase consumer perception towards their social connectedness.

Access to program participants was also impacted by the restructuring of services, yielding the lowest number of survey respondents since 2009.

DSAMH is confident that direct feedback from program participants is the most impactful way to positively affect service delivery and information in a way that increases the likelihood that consumers will respond positively towards survey questions related to their

satisfaction level. DSAMH will also use this data to hold discussions with the clinical staff of the service sites and consumer advisory groups to find ways to expand on the consumer-driven recovery plans of all program participants throughout the service system.

How first year target was achieved (optional):

Priority #: 2
Priority Area: Culturally Competent System of Care
Priority Type: SAP, SAT, MHS
Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB, Other (Adolescents w/SA and/or MH, LGBTQ, Children/Youth at Risk for BH Disorder)
Goal of the priority area:

Ensure access to effective culturally and linguistically competent services for underserved populations including Tribes, racial and ethnic minorities, and LBGTO individuals

Strategies to attain the goal:

Consumers throughout Delaware's behavioral health system will have access to a system of care that is culturally and linguistically competent by requiring contracts with service providers contain cultural competency plans that are updated annually and reflect the populations they serve.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of contracted providers requiring a cultural competency plan
Baseline Measurement: Agencies will be contractually obligated to provide agency-based cultural competency plans in the SFY 17 contracts.
First-year target/outcome measurement: 80% of contracted agencies will complete training and internal measures for employee demonstration of cultural competency by the end of the year.
Second-year target/outcome measurement: 90% of contracted agencies are educated as per their cultural competency plans
New Second-year target/outcome measurement (if needed):

Data Source:

Agency reports to DSAMH.

New Data Source (if needed):

Description of Data:

Agencies will be required in the SFY 17 contracts to develop cultural competency plans to include training and employee level demonstration of cultural competencies.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Cultural Competence Plans are a required component of 100% of community behavioral health contracts. Providers are required to submit them with their executed contract.

Priority #: 3
Priority Area: Mental Health Early Intervention and Treatment Services
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Strategies to attain the goal:

Consumers throughout Delaware's behavioral health system receive services in a manner that promotes hope, recovery, resiliency and community integration as components to their recovery planning process that is created through a person-centered approach that promotes client participation in the development, implementation and execution of the plan.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Maintain (4) crisis apartments throughout the state
Baseline Measurement: 4
First-year target/outcome measurement: 4
Second-year target/outcome measurement: 4
New Second-year target/outcome measurement (if needed):

Data Source:

USDOJ Settlement Agreement Tracking Form

New Data Source (if needed):

Description of Data:

The U.S. Department of Justice (USDOJ) began its three-year investigation of the Delaware Psychiatric Center in November, 2007. The investigation culminated in a letter to the State, dated November 9, 2010, citing the USDOJ findings. Based on the findings, the State of Delaware was sued by the USDOJ because of the lack of compliance with the Americans with Disabilities Act (ADA) and the Supreme Court's Olmstead decision. During the following eight months, the USDOJ and the State of Delaware negotiated a settlement and signed the Settlement Agreement in July, 2011. Numerous targets were outlined in this Settlement Agreement to establish a community system of care for persons with Severe and Persistent Mental Illness. Among these targets, the creation and maintenance of 4 crisis apartments was established.

Pursuant to the binding language of the Voluntary Settlement Agreement between the State of Delaware and the United States Department of Justice: "Delaware will maintain compliance with all regulations stated within the following: Title II of the American Disabilities Act (ADA), 42 U.S.C. § 12101, and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. Compliance will be monitored by an independent third-party that reports to the US District Court; evaluation of findings will be conducted twice per year. In sum, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the State will ensure principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved."

The performance indicator "Maintain (4) crisis apartments throughout the state" is a requirement expressly outlined in the Settlement Agreement. To this end, Delaware was required to establish the (4) crisis apartments by 7/1/2012, and maintain or increase the number of crisis apartments throughout the lifespan of the Settlement Agreement which expires 7/1/2016. The DHSS/DSAMH created the crisis apartments by 7/1/2012 and the DHSS/DSAMH will continue to maintain the existence of the crisis apartments through 7/1/2016 via MHBG resources.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The performance indicator "Maintain (4) crisis apartments throughout the state" is a requirement expressly outlined in the Settlement Agreement between Delaware and the United States department of Justice. To this end, Delaware is required to establish the (4) crisis apartments by 7/1/2012, and maintain or increase the number of crisis apartments throughout the lifespan of the Settlement Agreement which expires 7/1/2016. The DHSS/DSAMH created the crisis apartments by 7/1/2012 and the DHSS/DSAMH will continue to maintain the existence of the crisis apartments through 7/1/2016 via MHBG resources. Delaware was released from the Settlement Agreement on 10/11/2016. The (4) crisis apartments will continue to be supported via CMHBG through the end of this 2-year Plan. At the conclusion of this Plan, the goal will be removed from future consideration.

Indicator #: 2

Indicator: Maintain (2) Crisis walk-in clinics statewide

Baseline Measurement: 2

First-year target/outcome measurement: 2

Second-year target/outcome measurement: 2

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

Data Source:

USDOJ Data Settlement Agreement tracking of compliance and annual report

New Data Source (if needed):

Description of Data:

The U.S. Department of Justice (USDOJ) began its three-year investigation of the Delaware Psychiatric Center in November, 2007. The investigation culminated in a letter to the State, dated November 9, 2010, citing the USDOJ findings. Based on the findings, the State of Delaware was sued by the USDOJ because of the lack of compliance with the Americans with Disabilities Act (ADA) and the Supreme Court's Olmstead decision. During the following eight months, the USDOJ and the State of Delaware negotiated a settlement and signed the Settlement Agreement in July, 2011. Numerous targets were outlined in this Settlement Agreement to establish a community system of care for persons with Severe and Persistent Mental Illness. Among these targets, the creation and maintenance of 2 crisis walk-in centers was established.

Pursuant to the binding language of the Voluntary Settlement Agreement between the State of Delaware and the United States Department of Justice: "Delaware will maintain compliance with all regulations stated within the following: Title II of the American Disabilities Act (ADA), 42 U.S.C. § 12101, and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. Compliance will be monitored by an independent third-party that reports to the US District Court; evaluation of findings will be conducted twice per year. In sum, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the State will ensure principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved."

The performance indicator "Maintain (2) Crisis walk-in clinics statewide" is a requirement expressly outlined in the Settlement Agreement. To this end, Delaware was required to establish the (2) Crisis walk-in clinics by 7/1/2012, and maintain or increase the number of crisis clinics throughout the lifespan of the Settlement Agreement which expires 7/1/2016. The DHSS/DSAMH created the crisis clinics by 7/1/2012 and the DHSS/DSAMH will continue to maintain the existence of the crisis clinics through 7/1/2016 via MHBG resources.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The performance indicator "Maintain (2) crisis walk-in clinics throughout the state" is a requirement expressly outlined in the Settlement Agreement between Delaware and the United States department of Justice. To this end, Delaware is required to establish the (2) crisis walk-in clinics by 7/1/2012, and maintain or increase the number of crisis apartments throughout the lifespan of the Settlement Agreement which expires 7/1/2016. The DHSS/DSAMH created the crisis walk-in clinics by 7/1/2012 and the DHSS/DSAMH will continue to maintain the existence of the crisis walk-in clinics 7/1/2016 via MHBG resources. Delaware was released from the Settlement Agreement on 10/11/2016. The (2) crisis walk-in clinics will continue to be supported via CMHSBG resources through the end of this 2-year Plan. At the conclusion of this Plan, the goal will be removed from future consideration.

How first year target was achieved (optional):

Indicator #: 3
Indicator: Increased access to services
Baseline Measurement: 7,501
First-year target/outcome measurement: 7,651
Second-year target/outcome measurement: 7,801
New Second-year target/outcome measurement (if needed):

Data Source:

DSAMH MIS Unit

New Data Source (if needed):

Description of Data:

CMHC Front-Door clients

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Beginning in SFY 2015 Delaware stopped serving clients in (3) statewide mental health clinics in favor of a restructured community case management re-design which has resulted in a decrease in clients served.

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:

Beginning in SFY 2015 Delaware stopped serving clients in (3) statewide mental health clinics in favor of a restructured community case management re-design which has resulted in a decrease in clients served. DSAMH served 6,368 persons during FY2016. That is down from 7,867 during FY2015.

The recent restructuring of community-based service delivery locations is believed to have impacted this target. A full year of service delivery under the current model should eliminate some of the factors that led to a decrease in persons served as consumers become more comfortable in the service offerings and ways to retain the full list of services previously offered at the mental health clinics via the new service delivery model that emphasizes case management throughout the community.

How first year target was achieved (optional):

Indicator #: 4
Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)
Baseline Measurement: 8%
First-year target/outcome measurement: 7.5%
Second-year target/outcome measurement: 7%
New Second-year target/outcome measurement (if needed):

Data Source:

MIS, Consumer Information Manager, MH CRF Master Table

New Data Source (if needed):

Description of Data:

Reduce the number of readmissions to the State psychiatric hospital within 30 days by .5%.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The target for this measure was 7.5%. The actual measure was recorded at 8.2%

In the not too distant past, this performance measure was adversely affected by the fact that DSAMH discharged a large number of individuals that had previously been receiving residential care at the Delaware Psychiatric Center for many years. Some of those residents had been receiving care at the Delaware Psychiatric Center upwards of a decade. DSAMH administration has been monitoring this measure's performance outcome for nearly 2 years in conjunction with the Court Monitor. It is strongly believed by both parties that this reverse in trend from previous years was to be expected, and that it should return to the previous trend (pre-FFY 2013) in upcoming years as the clients that have been experiencing re-hospitalization are now receiving more adequate community-based care to meet their individual recovery needs. This year's performance level fell short of the target, but is very much in line with the prediction that the data is returning to the previous performance levels prior to the discharge of long term residents from the Delaware Psychiatric Center.

How first year target was achieved (optional):

Indicator #: 5
Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)
Baseline Measurement: 10
First-year target/outcome measurement: 9.5
Second-year target/outcome measurement: 9
New Second-year target/outcome measurement (if needed):

Data Source:

MIS, Consumer Information Manager, MH CRF Master Table

New Data Source (if needed):

Description of Data:

Reduce the number of readmissions to the State psychiatric hospital within 180 days by .5%.

Numerator: # of adults with SMI who were readmitted within 180 days

Denominator: # of adults with SMI who were discharged during fiscal year

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The target for this measure was 9.5%. The actual measure was recorded at 16.5%

In the not too distant past, this performance measure was adversely affected by the fact that DSAMH discharged a large number of individuals that had previously been receiving residential care at the Delaware Psychiatric Center for many years. Some of those residents had been receiving care at the Delaware Psychiatric Center upwards of a decade. DSAMH administration has been monitoring this measure's performance outcome for nearly 2 years in conjunction with the Court Monitor. It is strongly believed by both parties that this reverse in trend from previous years was to be expected, and that it should return to the previous trend (pre-FFY 2013) in upcoming years as the clients that have been experiencing re-hospitalization are now receiving more adequate community-based care to meet their individual recovery needs.

The target for this year increased slightly over last year's target, but is very much in line with the prediction that the data is returning to the previous performance level prior to the discharge of long term residents from the Delaware Psychiatric Center.

How first year target was achieved (optional):

Priority #: 4
Priority Area: Substance Abuse Prevention Services
Priority Type: SAP
Population(s): Other (Adolescents w/SA and/or MH, Students in College, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Strategies to attain the goal:

Implementation of substance abuse prevention strategies throughout the state

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Misuse of prescription opiates and use of illegal narcotics (youth prevention)
Baseline Measurement: Prescription opiate and illegal narcotic use (for youth) as reported in the 2014-2015 State Epi Profile
First-year target/outcome measurement: 10% reduction in the misuse of prescription opiates and use of illegal narcotics
Second-year target/outcome measurement: 10 reduction in the misuse of prescription opiates and use of illegal narcotics
New Second-year target/outcome measurement (if needed):

Data Source:

State Epi Profile, School Surveys, NSDUH; KIT Solutions

New Data Source *(if needed)*:

Description of Data:

Repeated measures of the Performance Indicators updated quarterly for short term measures and at least annually for long term measures changes in laws, policies and operating procedures.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Indicator #:

2

Indicator:

Underage alcohol use and misuse prevention (youth prevention)

Baseline Measurement:

Underage alcohol use and misuse (for youth) as reported in the 2014-15 State Epi Profile

First-year target/outcome measurement:

Decrease alcohol use, misuse, and abuse by 10% for those underage and 5% for young adults

Second-year target/outcome measurement:

Decrease alcohol use, misuse, and abuse by 10% for those underage and 5% for young adults

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

Data Source:

State Epi Profile, School Surveys, NSDUH; KIT Solutions

New Data Source *(if needed)*:

Description of Data:

Repeated measures of the Performance Indicators updated quarterly for short term measures and at least annually for long term measures changes in laws, policies and operating procedures.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Indicator #: 3

Indicator: Marijuana use among youth and young adults (youth prevention)

Baseline Measurement: Marijuana use among youth and young adults are reported in the 2014-15 State Epi Profile

First-year target/outcome measurement: 10% reduction in the use and abuse of marijuana among youth and young adults

Second-year target/outcome measurement: 10% reduction in the use and abuse of marijuana among youth and young adults

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

Data Source:

State Epi Profile, School Surveys, NSDUH; KIT Solutions

New Data Source (if needed):

Description of Data:

Repeated measures of the Performance Indicators updated quarterly for short term measures and at least annually for long term measures, changes in laws, policies and operating procedures.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Indicator #: 4

Indicator: Implementation of Evidence Based Practices recognized by NREPP or other federally recognized sources

Baseline Measurement: Number of contracts with a prevention EBP in SAPT prevention contracts

First-year target/outcome measurement: 75% of all SAPT funded prevention contracts include an EBP recognized by NREPP or other federally recognized sources

Second-year target/outcome measurement: 90% of all SAPT funded prevention contracts include an EBP recognized by NREPP or other federally recognized sources

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

Data Source:

Contracted prevention agencies with DSAMH

New Data Source (if needed):

Description of Data:

NREPP and federally recognized sources for latest EBP, and DSAMH contracts ending SFY 17.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

In SFY 2017, 3 prevention contracts are funded for adult primary prevention services through SAPT funding. Within those contracts, the following EBP's are being implemented: 2 contracts include Prime for Life, 1 contract includes Challenging College Alcohol Abuse, 1 contract includes Prevention Promoters. 100%, or all three contracts have at least one EBP.

Indicator #: 5

Indicator: Increase and Maintain qualified prevention workforce

Baseline Measurement: Number of Certified prevention Specialists in year ending SFY 16

First-year target/outcome measurement: Increase by 10% number of new Certified Prevention Specialists in SFY 17

Second-year target/outcome measurement: Increase by 15% from baseline number of new Certified Prevention Specialists in SFY 17

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

Data Source:

Delaware Certification Board

New Data Source *(if needed)*:

Description of Data:

Number of new Certified Prevention Specialists each state fiscal year.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

As of the end of SFY 2016, June 30, 2016, Delaware has 96 Certified Prevention Specialists.

Priority #: 5

Priority Area: HIV Prevention and Early Intervention Services to Individuals receiving Substance Abuse Treatment

Priority Type:

Population(s): PWWDC, IVDUs, HIV EIS

Goal of the priority area:

Provide HIV prevention as early intervention services at the sites at which individuals receive substance use disorder treatment services.

Strategies to attain the goal:

Individuals receiving substance abuse treatment services will be offered HIV prevention and early intervention services, as well as referral to treatment for HIV as needed through community-based contracts.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increased HIV testing and referral to medical treatment in Sussex County Delaware.

Baseline Measurement: Increase testing and education among drug users in Sussex County.

First-year target/outcome measurement: Increase number by 10% of drug users referred for testing and education in Sussex County.

Second-year target/outcome measurement: Increase number by 20% of drug users referred for testing and education in Sussex County.

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

Data Source:

Division of Public Health's Communicable Disease Bureau data collection on HIV testing.

New Data Source (if needed):

Description of Data:

DPH collects HIV testing data from the programs they fund or collaborate with (i.e. CBOs, State Service Centers, Title X programs and DSAMH's rapid testing.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Despite decreased funding for this fiscal year, we were able to provide 470 individuals with Safe in the City educational sessions, which is comparable to 482 individuals in the prior FY and 332 individuals with VOICES, which is slightly lower than the 404 individuals served in the prior year when funding was fully intact and sufficient allowing REACH to have more staff availability. REACH tested 169 unduplicated individuals in Sussex County. VOICES was provided to 332 individuals and Safe in the City (SIC) was presented to 470 individuals in Sussex County. The state plans to reissue an RFP for this service to better target Sussex County in the next fiscal year.

How first year target was achieved (optional):

Priority #: 6

Priority Area: Data Driven Decision Making

Priority Type: SAP

Population(s): PWWDC, IVDUs, HIV EIS, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Military Families)

Goal of the priority area:

Increased accountability for prevention, early identification, treatment and recovery support activities through uniform reporting regarding substance use and abstinence, criminal justice involvement, education, employment, housing, and recovery supp

Strategies to attain the goal:

Delaware's behavioral health system agencies and provider organizations employ increased accountability standards for prevention, early identification, treatment and recovery support activities through uniform reporting regarding substance use and abstinence, criminal justice involvement, education, employment, housing, and recovery support services. Data derived from the uniform reporting tools will be used to assess strengths and weaknesses of the behavioral health system and provide data-driven service solutions where applicable.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Utilization of KIT Solution (web based evaluation monitoring tool) by substance abuse prevention contractors and state prevention staff
Baseline Measurement: Number of KIT Solution Users in FY13; Number of users accessing and inputting data into KIT Solutions in FY15.
First-year target/outcome measurement: 100% access and utilization of KIT Solutions program and evaluation software by prevention contractors and state prevention staff
Second-year target/outcome measurement: Maintain 100% access and utilization of KIT Solutions program and evaluation software by prevention contractors and state prevention staff
New Second-year target/outcome measurement (if needed):

Data Source:

KIT Solution Usage Reports; KIT Solutions Outcome Reports

New Data Source(if needed):

Description of Data:

DSAMH and DPBHS will track the number of providers using the KIT Solutions system in FY14 and 15. KIT Solutions will track usage as well as program process and outcome data for community prevention contractors. Data will be used for strategic planning and data driven decision making.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

// Not Applicable to CMHGB - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Priority #: 7
Priority Area: Comprehensive Substance Abuse and Mental Health Services
Priority Type: SAT, MHS
Population(s): SMI, PWWDC, IVDUs, HIV EIS

Goal of the priority area:

Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Strategies to attain the goal:

Delaware's behavioral health system agencies and provider organizations will ensure access to a comprehensive system of care, including education, employment housing, case management, rehabilitation, dental services, and health services, as well as behavioral health services and supports. The services will be delivered in a manner that is evidence-based. Uniform data tools will be used to identify gaps of service. Identified gaps of service will be addressed via data-informed care solutions

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Determination of prevalence estimate of SMI and SPMI for adults
Baseline Measurement:
First-year target/outcome measurement: (2016) SMI = 51,289 // SPMI = 24,695
Second-year target/outcome measurement: (2017) SMI = 51,706 // SPMI = 24,895
New Second-year target/outcome measurement (if needed):
Data Source:

Delaware Population Consortium

New Data Source (if needed):

Description of Data:

State of Delaware estimation of prevalence data study

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The mental health prevalence estimate for 2016 is: SMI = 51,289 // SPMI = 24,695

Indicator #: 2
Indicator: Percentage of adults with SMI or COD receiving Evidence Based Supportive Employment as part of their recovery plan.
Baseline Measurement: # of individuals receiving supported employment services on ACT teams.
First-year target/outcome measurement: Increase by 10% number of adults with SMI or COD receiving Evidence Based Supportive Employment as part of their recovery plan.
Second-year target/outcome measurement: Increase by 20% number of adults with SMI or COD receiving Evidence Based Supportive Employment as part of their recovery plan.
New Second-year target/outcome measurement (if needed):
Data Source:

ACT Team Reports.

New Data Source *(if needed)*:

Description of Data:

ACT team monthly and annual budget reports – staffing (year 1).
ACT team reports to MIS unit and CRF data- reports of individuals receiving Supported employment.

New Description of Data: *(if needed)*

Clarifying the the indicator- this measure it tracking an increase of the number of consumers receiving supported employment.

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

in FY2015 159 consumers were receiving supported employment at community service providers sites. in FY2016 198 consumers were receiving supported employment at community service provider sites. This represents a 25% increase of consumers receiving supported employment at community service provider sites.

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

Indicator #: 3

Indicator: Maintain the number of available permanent and permanent supported housing opportunities for persons with SMI

Baseline Measurement: 650 by July 1, 2015

First-year target/outcome measurement: 650 by July 1, 2016

Second-year target/outcome measurement: 650 by July 1, 2017

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

Data Source:

USDOJ Data Settlement Agreement tracking of compliance and annual report

New Data Source *(if needed)*:

Description of Data:

Permanent housing and permanent supported housing targets established by the Voluntary Settlement Agreement between the State of Delaware and the United States Department of Justice.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

DSAMH maintains 650 Permanent housing and permanent supported housing units as established by the Voluntary Settlement Agreement between the State of Delaware and the United States Department of Justice. As of 10/11/2016 the State of Delaware is formally released from Settlement Agreement based upon the achievement level of the goals and targets of the Settlement Agreement.

Delaware is required to maintain the 650 units of permanent and permanent supported housing through June 30, 2017.

How first year target was achieved (optional):

Indicator #: 4
Indicator: Percentage of Adults w/ SPMI receiving ACT in the DSAMH behavioral health system
Baseline Measurement: 34%
First-year target/outcome measurement: 35%
Second-year target/outcome measurement: 36%

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

Data Source:

DSAMH client census and service data

New Data Source (if needed):

Description of Data:

Increase the percentage of consumers receiving ACT by 1%

Numerator: # of consumers that received ACT Services

Denominator: total # of consumers receiving treatment at a Comm Serv Provider

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The target for this measure was 35%. The actual measure was recorded at 53.6%.

How first year target was achieved (optional):

Indicator #: 5
Indicator: Number of evidence based practices (EBPs) provided to youth and adults seeking substance abuse and/or mental health services
Baseline Measurement: Number of evidence based practices (EBPs) provided to youth and adults seeking substance abuse and/or mental health services in FY15
First-year target/outcome measurement: Increase the number of evidence based practices (EBPs) provided to youth and adults seeking substance abuse and/or mental health services by 1 or more strategies
Second-year target/outcome measurement: Increase the number of evidence based practices (EBPs) provided to youth and adults seeking substance abuse and/or mental health services by 1 or more strategies

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

Data Source:

DPBHS Family and Children Tracking System (FACTS); KIT Solutions

New Data Source (if needed):

Description of Data:

Number of EBP practices provided; Provider survey and monitoring reports Family and Children Tracking System (FACTS); KIT Solutions strategy/activity reports

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Moving to evidence-based practices applicable to substance abuse and/or mental health.

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

Indicator #: 6

Indicator: Number of youth receiving DPBHS services who report improvement in school

Baseline Measurement: Number of youth receiving DPBHS services who report improvement in school in FY 16

First-year target/outcome measurement: Increase the number of youth receiving DPBHS services who report improvement in school by 1%

Second-year target/outcome measurement: Increase the number of youth receiving DPBHS services who report improvement in school by 2%

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

Data Source:

DPBHS FACTS (Family & Child Tracking System)

New Data Source *(if needed)*:

Description of Data:

Number of youth attending school & reporting improvement, FACTS system & with collaboration from Dept of Education

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Number of youth in DPBHS services, but may be not in school

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)*:

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Indicator #: 7
Indicator: Implementation of outreach activities to special populations for youth
Baseline Measurement: Number of youth outreach activities to special populations in FY16
First-year target/outcome measurement: Increase number of youth outreach activities by 3 events
Second-year target/outcome measurement: Maintain increased level of youth outreach to special populations
New Second-year target/outcome measurement (if needed):

Data Source:

DPBHS FACTS

New Data Source (if needed):

Description of Data:

Number of activities, trainings, educational sessions reported through DPBHS FACTS system, DPBHS database and community partners

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Indicator #: 8
Indicator: Increased access to services for youth seeking substance abuse treatment services
Baseline Measurement: Number of youth accessing substance abuse treatment services in FY16
First-year target/outcome measurement: Increase number of youth accessing substance abuse treatment services provided by DPBHS by 5%
Second-year target/outcome measurement: Maintain increased number of youth accessing substance abuse treatment services provided by DPBHS by 5%
New Second-year target/outcome measurement (if needed):

Data Source:

DPBHS FACTS

New Data Source (if needed):

Description of Data:

Access and delivery of services monitored through DPBHS FACTS

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Revamping our Substance Abuse Treatment Service system.

How first year target was achieved (optional):

Indicator #: 9

Indicator: Improve functioning of children & youth receiving substance abuse treatment services

Baseline Measurement: Level of functioning of children & youth receiving substance abuse treatment services in FY16

First-year target/outcome measurement: Improved functioning rate of 80% or higher

Second-year target/outcome measurement: Maintain improved functioning rate of 80% or higher

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

Data Source:

DPBHS FACTS

New Data Source (if needed):

Description of Data:

Number of parents/caregivers reporting positively about their child's functioning & number of positive responses reported in the functioning domain using the OHIO Scales in FACTS

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Revamping our substance abuse treatment services.

How first year target was achieved (optional):

Indicator #: 10

Indicator: Dissemination of substance abuse prevention information on data trends, resources, and other relevant behavioral health information to the prevention community

Baseline Measurement: Number of correspondences with community prevention professionals in FY16

First-year target/outcome measurement: Increase information dissemination with community prevention professionals by 10%

Second-year target/outcome measurement: Maintain increased number of information dissemination with community professionals of

increased 10%

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

Data Source:

DPBHS and DSAMH prevention activity reports

New Data Source (if needed):

Description of Data:

Disseminate information regularly on emerging trends & issues within the behavioral health field, provide access to information on supports & resources for individual to utilize within the state. Number of emails or correspondence made with community to promote prevention & behavioral health strategies, initiatives, events & activities.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Indicator #: 11

Indicator: Number of people receiving treatment in Medication Assisted Treatment Programs

Baseline Measurement: Number of people receiving MAT services through DSAMH contracts in SFY17.

First-year target/outcome measurement: Increase number of admissions for MAT services by 10%.

Second-year target/outcome measurement: Increase number of admissions for MAT services by 20%

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

Data Source:

Number of MAT prescribers. List of prescribers authorized.

New Data Source (if needed):

Description of Data:

Number of participants in substance abuse treatment for illicit drug use (number of IVDUs) receiving substance abuse treatment and/or recovery services. Efforts are currently underway to increase the amount of physician time available for MAT services to increase access and decrease wait times. This is expected to increase the number of admissions.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

We have not begun collecting this data. Data will begin being collected with contracts in SFY17.

How first year target was achieved (optional):

Indicator #:

12

Indicator:

Retention of IVDUs participating in treatment in MAT services

Baseline Measurement:

Increase the number of individuals participating in therapeutic contact such as individual and group treatment.

First-year target/outcome measurement:

Collect baseline data on the number of clinical sessions individuals in MAT received in FY16.

Second-year target/outcome measurement:

Increase by 10%, engagement in MAT clinical services during the first 90 days of treatment.

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

Data Source:

DSAMH contracts, service programs.

New Data Source (if needed):

Description of Data:

Will collect this data from contracts starting in the SFY 17 state fiscal year, billing data to confirm sessions.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

We have not begun collecting this data. Data will begin being collected with contracts in SFY17.

How first year target was achieved (optional):

Priority #:

8

Priority Area:

Integration with the Affordable Care Act

Priority Type:

Population(s):

SMI, SED, PWWDC, IVDUs, HIV EIS

Goal of the priority area:

Maximize the utilization of the Affordable Care Act to ensure Block Grant funds are concentrated on identified service gaps.

Strategies to attain the goal:

State agencies and their contracted providers will work with the State Partnership Health Insurance Exchange to ensure community behavioral health services are provide in a manner that maximizes the utilization of the Affordable Care Act to ensure Block grant funds are concentrated on identified service gaps

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of uninsured in the DSAMH treatment system.
Baseline Measurement: Number of individuals receiving services through the DSAMH system who are uninsured.
First-year target/outcome measurement: Increase the number of individuals receiving services through the DSAMH system who are insured by 10%. Measure capacity needs based on utilization and length of stay in the initial year to determine needs for the 2nd year target
Second-year target/outcome measurement: Increase the number of individuals receiving services through the DSAMH system who are insured by 20%.

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

Data Source:

Navigators' reports.

New Data Source (if needed):

Description of Data:

The number of applications filed is a figure in the Navigators' reports.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

This target was not achieved because the required monthly reporting to track the number of uninsured clients has not been completed. We will begin requiring this reporting in order to achieve the year two target.

How first year target was achieved (optional):

Priority #: 9
Priority Area: Services to Pregnant Women and Women with Dependent Children
Priority Type: SAT, MHS
Population(s): SMI, PWWD, IVDUs

Goal of the priority area:

Increase substance use and mental health disorder treatment options available to pregnant women and women with children

Strategies to attain the goal:

Create residential treatment bed options for pregnant women and women with dependent children

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of housing options available to pregnant women and women with children.

Baseline Measurement: Number of beds available for women in SFY 2017 contracts.

First-year target/outcome measurement: Establish Sober Living program in each county (3).

Second-year target/outcome measurement: Increase number of women supported in sober living by 5%.

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

Data Source:

DSAMH Contracts.

New Data Source (if needed):

Description of Data:

Collect number of women served through new sober living contracts.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

A total of 74 Sober Living beds were established in the SFY 16 and SFY 17 contracts in all three counties.

New Castle County Total: 28

Kent County Total: 28

Sussex County Total: 18

Indicator #: 2

Indicator: Residential treatment options available to pregnant women and women

Baseline Measurement: Number of women receiving residential treatment in a DSAMH funded facility

First-year target/outcome measurement: Establish 2 16-bed women residential treatment facilities

Second-year target/outcome measurement: Increase number of women receiving treatment by 10%

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

Data Source:

Contracts for residential services with DSAMH

New Data Source (if needed):

Description of Data:

Number of women served through contracts referenced in data source

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

// Not Applicable to CMHBG - This performance indicator is specific to the Substance Abuse Prevention and Treatment Block Grant //

Residential Treatment for Women – this can include pregnant women or parenting women but the children are not admitted into the residential program.

- Kent County: 16 beds
- New Castle County: 16 beds

Footnotes:

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

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

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

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

Skill Building (social, daily living, cognitive);	
Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$
Substance Abuse Intensive Outpatient (IOP);	

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

Footnotes:

III: Expenditure Reports

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

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2015	Estimated/Actual SFY 2016
\$35,690,000	\$50,436,002	\$50,043,495

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:

III: Expenditure Reports

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

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2014) + B2(2015)</u> 2 (C)
SFY 2014 (1)	\$98,942,433	
SFY 2015 (2)	\$95,942,638	\$97,442,536
SFY 2016 (3)	\$97,355,479	

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

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

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

Footnotes: