

Delaware

**UNIFORM APPLICATION
2011**

**STATE IMPLEMENTATION REPORT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT**

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Center for Mental Health Services

Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0168.

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II. SET-ASIDE FOR CHILDREN'S MENTAL HEALTH SERVICES REPORT

States are required to provide systems of integrated services for children with serious emotional disturbances(SED). Each year the State shall expend not less than the calculated amount for FY 1994.

Data Reported by:

State FY X Federal FY _____

State Expenditures for Mental Health Services

Calculated FY	Actual FY	Estimate/Actual FY
1994	2010	2011
<u>\$14,882</u>	<u>\$34,279,600</u>	<u>\$39,581</u>

Waiver of Children's Mental Health Services

If there is a shortfall in children's mental health services, the state may request a waiver. A waiver may be granted if the Secretary determines that the State is providing an adequate level of comprehensive community mental health services for children with serious emotional disturbance as indicated by a comparison of the number of such children for which such services are sought with the availability of services within the State. The Secretary shall approve or deny the request for a waiver not later than 120 days after the request is made. A waiver granted by the Secretary shall be applicable only for the fiscal year in question.

III. MAINTENANCE OF EFFORT(MOE) REPORT

States are required to submit sufficient information for the Secretary to make a determination of compliance with the statutory MOE requirements. MOE information is necessary to document that the State has maintained expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

MOE Exclusion

The Secretary may exclude from the aggregate amount any State funds appropriated to the principle agency for authorized activities of a non-recurring nature and for a specific purpose. States must consider the following in order to request an exclusion from the MOE requirements:

1. The State shall request the exclusion separately from the application;
2. The request shall be signed by the State's Chief Executive Officer or by an individual authorized to apply for CMHS Block Grant on behalf of the Chief Executive Officer;
3. The State shall provide documentation that supports its position that the funds were appropriated by the State legislature for authorized activities which are of a non-recurring nature and for a specific purpose; indicates the length of time the project is expected to last in years and months; and affirms that these expenditures would be in addition to funds needed to otherwise meet the State's maintenance of effort requirement for the year for which it is applying for exclusion.

The State may not exclude funds from the MOE calculation until such time as the Administrator of SAMHSA has approved in writing the State's request for exclusion.

States are required to submit State expenditures in the following format:

MOE information reported by:

State FY X Federal FY _____

State Expenditures for Mental Health Services

Actual FY Actual FY Actual/Estimate FY

2009	2010	2011
<u>\$63,429,500</u>	<u>\$64,454,900</u>	\$_

MOE Shortfalls

States are expected to meet the MOE requirement. If they do not meet the MOE requirement, the legislation permits relief, based on the recognition that extenuating circumstances may explain the shortfall.

These conditions are described below.

(1). Waiver for Extraordinary Economic Conditions

A State may request a waiver to the MOE requirement if it can be demonstrated that the MOE deficiency was the result of extraordinary economic conditions that occurred during the SFY in question. An extraordinary economic condition is defined as a financial crisis in which the total tax revenues declined at least one and one-half percent, and either the unemployment increases by at least one percentage point, or employment declines by at least one and one-half percent. In order to demonstrate that such conditions existed, the State must provide data and reports generated by the State's management information system and/or the State's accounting system.

(2). Material Compliance

If the State is unable to meet the requirements for a waiver under extraordinary economic conditions, the authorizing legislation does permit the Secretary, under certain circumstances, to make a finding that even though there was a shortfall on the MOE, the State maintained material compliance with the MOE requirement for the fiscal year in question. Therefore, the State is given an opportunity to submit information that might lead to a finding of material compliance. The relevant factors that SAMHSA considers in making a recommendation to the Secretary include: 1) whether the State maintained service levels, 2) the State's mental health expenditure history, and 3) the State's future commitment to funding mental health services.

Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

A summary of the most significant areas that could be improved in the mental health system of the State in FY2011 is:

1. The continued enhancement of the array of services and standardizing service delivery protocols in clinic-based services.
2. The continued expansion of the availability of community-based supervised residential options for consumers transitioning from inpatient care.
3. Increased statewide clinical training opportunities for all community mental health clinic staff.
4. Increase efforts to integrate mental health treatment as a part of primary care.
5. Increased opportunities for consumer and family participation in evaluation and research initiatives.
6. Increase access to mental health services in rural areas.
7. Increase screening for co-occurring mental health and substance abuse disorders.
8. Decrease the number of persons improperly referred to residential treatment when viable community options exist.
9. Increase evidence based supported employment training to the work force, and expand these opportunities to consumers and family members.
10. Adhere to the terms outlined in the voluntary settlement agreement between Delaware and the United States Department of Justice.

Through the implementation of the FY 2012-2013 State Plan, the Division will:

1. Continue to enhance the array of services and standardizing service delivery protocols in clinic-based services and prepare for CARF accreditation.
2. Continue to expand the availability of community-based supervised residential options for consumers through the development of new staffed apartment programs, thus increasing the total number of supervised residential programs.
3. Continue the statewide clinical training program for all community mental health clinic staff.
4. DSAMH and the Medicaid Managed Care entity will continue to support efforts to co-locate mental health clinics with community health centers (FQHCs).
5. Continue to promote increased involvement from consumers and families in evaluation and research initiatives through participation on program evaluation initiatives and consumers will continue to be hired to conduct satisfaction surveys and participate on decision-making committees.
6. Continue to focus on and fund initiatives to increase access to mental health services in rural areas. For example, the PATH program provides outreach and engagement to homeless individuals with SMI. Since the project is statewide, it serves rural areas in our state.
7. Continue to require all mental health service providers to screen for co-occurring mental health and substance abuse disorders. All clinics, ACT teams, and AOD currently administer the screening instrument. The Division

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will continue to locate and expand front door screening so that more location can join the 100% COD screening universe.

8. Continue to collaborate with state emergency rooms (ERs) to provide appropriate assessment of MH/SA conditions to prevent inpatient care. The CAPES and High-end user programs assure clients are provided with access to appropriate services and supports.
9. Continue conducting evidence based supported employment training to the work force, and will expand the opportunities available to consumers and family members.
10. As part of the settlement agreement, the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

A summary of the most significant events that impacted the mental health system of the State in FY2011 is:

1. The Division continued to improve the High End User program.
2. The Division continued to enhance the array of services and standardizing service delivery protocols in clinic-based services and prepare for CARF accreditation.
3. The Division maintained the availability of community-based supervised residential options for consumers, and the Division continued its commitment to reshaping the community based residential options to ensure consumers are living in a residential setting of their choice.
4. The Division is a leading participant in the new State Rental Assistance Program (SRAP) which provides a housing subsidy in the form of a voucher to assist individuals with disabilities to live independently in the community.
5. The Division continued to assist individuals in signing up for medication benefits under Medicare Part D.
6. The Division continued to offer the statewide clinical training program for all Community Mental Health Clinic staff.
7. DSAMH and the Medicaid Managed Care entity continued to support efforts to co-locate mental health clinics with community health centers (FQHCs).
8. The Division continued to promote involvement from consumers and families in evaluation and research initiatives through participation on program evaluation initiatives and consumers continued to be hired to conduct satisfaction surveys.
9. The Division continues to include recovery goals in all community contracts in 2011-2012.
10. The Division continued to provide evidence-based practices that include a recovery-based perspective such as ACT teams, and a supported employment pilot project.
11. The Division continued to collaborate with other organizations to reduce barriers to mental health services and coordinate service delivery with employment, juvenile justice, criminal justice, education, child welfare, Medicaid, and substance abuse.
12. The Division continued to execute the Committee's Cultural Competence Plan that includes a comprehensive strategy to address all administrative levels within the organization.
13. The Division continued to fund initiatives to increase access to mental health services in rural areas.
14. The Division continued to require all mental health service providers to screen for co-occurring mental health and substance abuse disorders. All clinics, ACT teams, and AOD sites currently administer the screening instrument.
15. The Division continued to collaborate with state emergency rooms (ERs) to provide appropriate assessment of MH/SA conditions to prevent inpatient care.
16. The Division continued the implementation of an EBP to transform the delivery of supported employment services.

17. The Division continued conducting evidence based supported employment training to the work force, and will expand these opportunities to consumers and family members.
18. Delaware entered into a voluntary settlement agreement with the United States Department of Justice:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, 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 Parties intend that the 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. As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

19. The settlement agreement will ensure that Delaware features a community behavioral health system that features enhancements and components that will make it one of the country's premiere systems of care for community based behavioral health services. Delaware's enhanced service system will include, but is not limited to:
 - Crisis services that provide timely and accessible support to individuals with mental illness experiencing a behavioral health crisis, including a crisis due to substance abuse. The enhanced crisis system will stabilize individuals as quickly as possible and assist them in returning to their pre-crisis level of functioning.
 - Intensive support services that are flexible and individualized to meet the needs of the individual; promote successful community living, including the retention of housing; help individuals to increase individuals abilities to recognize and deal with situations that may otherwise result in crises; and increase and improve individuals' networks of community and natural supports, as well as their use of these supports for crisis prevention.

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- Housing that ensures that people with SPMI can live like the rest of Delawareans, in their own homes, including leased apartments, supported housing situations, or living with family.
- Supported employment that assists individuals in identifying, attaining, and maintaining integrated, paid, competitive employment. These services may feature job coaching, transportation, assistive technology, specialized job training, and individually tailored supervision.
- Rehabilitative services that include education, substance abuse treatment, volunteer work, recreational activities, and other opportunities to develop and enhance social, functional and academic skills in integrated settings.
- Family and peer supports that are designed to teach 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.

The activities referenced above encompass the entire grant period for the 2012-2013 Combined Behavioral Health Services Block Grant period. The activities represent Delaware's major focus of activities for the period and until all items contained in the settlement agreement have been completed. This is the most significant event that occurred during the implementation period for this application.

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

DESCRIPTION OF INTENDED EXPENDITURES – CMHS BLOCK GRANT

Delaware's award under the FFY 2011 Community Mental Health Services (CMHS) Block Grant is \$751,221.

The portion of the award that will be allocated for adult community support services is \$539,261. Children and youth activities was allocated \$211,960 of the FFY 2011 award.

ADULT ACTIVITIES

The community support program development activities for adults with serious mental illness that were funded under the FFY 2011 Block Grant include: case management services, medications and medication management, staff training, public education, consumer satisfaction survey and administration/infrastructure. All areas of the State were served through these Block Grant-funded activities.

DETAILED BUDGET

Table 3 is a line-item budget summary for the entire CMHS Block Grant and State discretionary funds (adult and children/youth activities). Table 4 gives a breakdown of the adult and children portions of the award.

TABLE 3: PLANNED EXPENDITURES FOR FFY 2010 CMHS BLOCK GRANT

	Federal Grant	State Funds	Total Amount
Salaries & Fringe	\$ 39,338	\$ 0	\$ 39,338
Personal/Contractual	0	0	0
Travel	23,479	0	23,479
Supplies and Materials	10,278	0	10,278
Purchase of Service	673,838	1,500,000	2,173,838
Capital Expenditures	0	0	0
Audit	1,467	0	1,467
Indirect Costs	2,821	0	2,821
TOTAL	\$751,221	\$ 1,500,000	\$2,251,221

TABLE 4: ADULTS AND CHILDREN’S PORTION OF THE FY 2011 CMHS BLOCK GRANT

<u>Cost Categories</u>	<u>Adult</u>	<u>Children</u>	<u>Total Amount</u>
Salaries and Fringe Benefits	\$ 39,338	\$ 0	\$ 39,338
Personal/Contractual Services	0	0	0
Travel	23,479	0	23,479
Supplies and Materials	5,318	4,960	10,278
Purchase of Service	466,838	207,000	673,838
Capital Expenditures	0	0	0
Audit	1,467	0	1,467
Indirect Costs	2,821	0	2,821
TOTAL	\$539,261	\$ 211,960	\$751,221

INTENDED RECIPIENTS OF FY 2010 CMHS BLOCK GRANT FUNDS

The following is a list of recipients of FFY 2011 funds from the Block grant. As stated above, all of the entities below will be providing one or more of the following: 1) case management services and other community support services to help maintain adults with serious mental illness in the community; 2) training/infrastructure development; and 3) consumer/family self-help.

ADULT ACTIVITIES

Purchase of Services

Transformational Goal #1: Americans Understand that Mental Health Is Essential to Overall Health.....Transformational Activities Total \$296,998

Community Mental Health Services

In continuation from previous years, funding from the 2010 Community Mental Health Services Block Grant will be used towards the Community Continuum of Care Programs (CCCP’s). The CCCP programs provide a comprehensive array of resource/service management supports that includes: clinical and rehabilitation services, employment and educational rehabilitation and supports, 24/7 crisis response, full-time psychiatrists, housing assistance, coordination of care with other community providers such as an individuals medical doctor, and supports for families. The CCCP approach allows individuals to remain within one service system in which all services are provided by the same staff.

Contractual Sub-recipients: **Total \$273,998**

- Connections CSP, Inc. (\$56,105)
- Horizon House, Inc. (\$56,105)
- Fellowship Health Resources, Inc. (\$93,394)
- Psychotherapeutic Community Services Association (\$68,394)

Public Education and Awareness Campaigns

DSAMH will contract with the Mental Health Association in Delaware to provide several public awareness and education campaign efforts including anti-stigma activities,

Contractual Sub-recipient Mental Health Association in Delaware **\$23,000**

Transformational Goal #2: Mental Health Care is Consumer and Family Driven.

.....*Transformational Activities Total \$50,000*

Peer Support Services

DSAMH will provide support with Community Block Grant Funds to support a consumer-run program to offer peer recovery supports. Specific goals are based on individual needs and personal choice which may be in the areas of wellness and recovery, education and employment, crisis support, housing, social networking, self determination, and individual advocacy

Contractual Sub-recipient **\$70,327**

Transformational Goal #3: Disparities in Mental Health Services are Eliminated

.....*Transformational Activities Total \$99,886*

Integration of Physical And Mental Health Care

As in previous years, funds from the 2010 Community Mental Health Block Grant will be used to contract with two of the four state Federally Qualified Health Centers (FQHC's). Services provided by the FQHC's include psychological and psychiatric assessments, medications, medication management and adjunctive psychotherapy. The FQHC's will assist clients with medication education and make referrals to mental health services if necessary. One of the contracted FQHCs (La Red) provides services to those whose primary language is Spanish.

Contractual Sub-recipients: **Total \$99,886**

- La Red (\$49,943)
- Westside Health (\$49,943)

Funded Position in Community Mental Health Clinic Salary: **\$39,338**

DSAMH uses funding from the block grant each year to support one position in the community mental health clinic.

Administrative Supports

Travel **\$24,692**

Travel funds will be used to support leadership and line staff attendance at several important conferences and educational opportunities in 2010. Conference travel will include the National Council on Behavioral Health annual conference, the NASMHPD Older Persons Division conference, the SAMHSA/CMS Medicaid conference, NRI annual conference, the Community Mental Health Block Grantees conference, and annual peer review. These travel funds will be used to support staff and leadership that are not covered by the conference sponsors to attend and benefit from the information-sharing, networking and educational opportunities at conference and training opportunities.

Supplies and Materials **\$3,778**

Audit **\$1,467**

Indirect Costs **\$2,821**

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Most significant event that happened in FY2011 started in FY10 and continued as the Division of Child Mental Health Services became the Division of Prevention and Behavioral Health Services. This marriage was huge for our Department as a focus on Prevention became prevalent along with treatment. Our Division has been working with both our prevention and treatment providers to understand each other services and how they may collaborate and partner with one another. Other events included building coalitions and building our Advisory Council with prevention providers, coalition members and families.

- The office of Prevention and Early Intervention (OPEI) was merged into DCMHS to become the **Division of Prevention and Behavioral Health Services (DPBHS)**. Division of Child Mental Health Services (DCMHS) provided a continuum of mental health and substance abuse treatment for youth under the age of 18. The office of Prevention and Early Intervention (OPEI) provided a wide range of community services focused on family and youth education and supportive activities to strengthen families, and lessen the likelihood of entry or reentry into more intensive services. Together our new mission is *“To assist children, youth and families in making positive changes through programs that support child and public safety, behavioral health and individual, family and community well-being”*.

DPBHS collaborates in the design and provision of services with other state child and family-serving agencies and advocacy groups. The Department of Education and local school districts, Division of Vocational Rehabilitation, Department of Health and Social Services the Divisions that is responsible for mental health and substance abuse services for adults, Department of Public Health, Medicaid and SCHIP programs, and the Department of Developmental Disabilities.

DPBHS Central Office functions include strategic and budgetary planning, policy and procedure development, accountability and quality assurance. Functional units within Central Office include Intake and Assessment, Clinical Services Management, Program Administration, Information Management and Training. Units with direct client and family contact, including Clinical Services Management and Assessment, are located in regional offices across the state to facilitate service access. DPBHS is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), as a managed Behavioral Healthcare Organization and in Children and Youth Services.

The DPBHS treatment and prevention network is now composed of over 100 service agencies operating from more than 81 sites across the state. In two sites services are provided by state-operated programs; all others are contracted agencies or providers. We would be remiss if we did not mention some of the community prevention activities that DPBHS brings to the communities statewide.

Tobacco Prevention Programming: Master Tobacco Settlement Funds are used for tobacco prevention programming in community settings statewide. The

University of Delaware's Cooperative Extension Office currently provides Botvin's Life Skills training, which is an evidence-based program that seeks to influence major social and psychological factors that promote the initiation and early use of substances. Life Skills has distinct elementary and middle school curricula that are delivered in a series of classroom sessions over three years.

DPBHS Resource Center: Offers videos, pamphlets, curriculums and books on an array of prevention topics such as substance abuse, parenting, child abuse and domestic violence. Videos, curriculums and books are available to Delaware residents for loan at no charge.

Prevention and Early Intervention Training: Coordinated through partnerships with other state agencies and community-based organizations, trainings are designed to enhance the professional skills of Delaware's prevention workforce through dynamic learning experiences. Skills and knowledge are developed through trainings that focus on: Prevention of Child Abuse and Neglect; Alcohol, Tobacco, Suicide and Other Drug Abuse and Delinquency and Recidivism; Promotion of Health and Wellness; and Family Strengthening Approaches. Trainings are designed for prevention staff, social workers, caseworkers, educators, counselors, family service workers, community leaders, parents, volunteers, law enforcement officers and faith-based leaders.

Media Campaigns: DPBHS coordinates statewide media campaigns that address the prevention of risky behaviors, while promoting health and well-being. Partnerships with other state agencies, local businesses and non-profit organizations are established for leverage of resources and effectiveness.

As the continuum of community-based mental health and substance abuse treatment and now prevention services grew, DPBHS priorities shifted. Although we continue to reduce unnecessary hospital and residential services and increasing community alternatives with a focus on accessibility, family participation and appropriate transitions to collaborating service systems. With current emphasis on broadening the scope and location of services to include, for example, "step-down" therapeutic homes to decrease length of stay in residential treatment centers, greater emphasis on independent living skills and transition to work or education, and expansion of behavioral health services provided in home and school settings. Our current environment is one of active collaboration in program design and service provision with representatives of a wide variety of child and family services. Supporting this effort is the work of a larger, revitalized Community Advisory Council, which includes youth, family members, community advocacy organizations, provider agencies, DSCYF staff from our sister Divisions and staff representatives of a wide array of other state agencies and coalitions. Today DPBHS includes and increased emphasis and focus on prevention and the importance of programs and services designed to reach children and families *before* problems are deeply entrenched and require restrictive, deep-end services. Prevention is not only cost-effective; it's a best practice in our field. Similarly, effective behavioral health services are beneficial across our continuum of care. By combining the expertise and resources available in both of these areas, we will serve families more effectively and efficiently. **DPBHS will provide more effective**

prevention and treatment services for children through collaboration with families and service partners.

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

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As the continuum of community-based mental health and substance abuse treatment and now prevention services grew, DPBHS priorities shifted. Although we continue to reduce unnecessary hospital and residential services and increasing community alternatives with a focus on accessibility, family participation and appropriate transitions to collaborating service systems. With current emphasis on broadening the scope and location of services to include, for example, "step-down" therapeutic homes to decrease length of stay in residential treatment centers, greater emphasis on independent living skills and transition to work or education, and expansion of behavioral health services provided in home and school settings. Our current environment is one of active collaboration in program design and service provision with representatives of a wide variety of child and family services. Supporting this effort is the work of a larger, revitalized Community Advisory Council, which includes youth, family members, community advocacy organizations, provider agencies, DSCYF staff from our sister Divisions and staff representatives of a wide array of other state agencies and coalitions. Today DPBHS includes and increased emphasis and focus on prevention and the importance of programs and services designed to reach children and families *before* problems are deeply entrenched and require restrictive, deep-end services. Prevention is not only cost-effective; it's a best practice in our field. Similarly, effective behavioral health services are beneficial across our continuum of care. By combining the expertise and resources available in both of these areas, we will serve families more effectively and efficiently. **DPBHS will provide more effective**

prevention and treatment services for children through collaboration with families and service partners.

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Describe the manner in which the state intends to expend the mental health block grant for FY 2011.

Role of the Community Mental Health Block Grant

With the exception of \$4,960.00 in administrative costs of planning and support of the DPBHS Council and outreach activities, DPBHS has obligated the Community Mental Health Block Grant funds to Intensive Outpatient Services (IOP).

Allocation	Contractor	CMHBG funds
Intensive Outpatient Services:	Catholic Charities	\$50,000
Intensive Outpatient Services	Delaware Guidance	\$ 107,000
Intensive Outpatient Services	Tressler Center	\$ 50,000
Supplies and administrative costs associated with production of state plan and implementation report, DPBHS Advisory Council & Outreach and Education	None	\$4,960.00
Total CMHBG funds		\$211,960

Intensive Outpatient Services are community-based treatment and support services provided almost exclusively in the natural environment in which an SED client functions. Teams of clinicians and paraprofessional community interventionists, with consultation of psychiatrists and other licensed mental health professionals, assist members of the natural helping network support children in increasing the frequency of positively directed, socially skillful behaviors likely to increase their community tenure and competence in dealing with situations which might previously have precipitated intensive or lengthy treatment in residential and hospital settings.

Less than \$5,000 will continue to be used for the Division of Prevention and Behavioral Health Service Advisory and Advocacy Committee and toward outreach activities designed to reduce stigma and increase awareness.

Children and their families receive up to 10 hours of direct services per week. This innovative and evolving service level has been credited with contributing to the recent reduction in utilization of long-term residential services.

* This budget reflects the modification in funding.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	7,091	7,010	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Strategic Goal #2: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.

Target: Increase the number of individuals served in the CMHC by 3%.

Population: Adults with SMI.

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Increased access to services.

Measure: Total number of all persons receiving services in programs provided or funded by DSAMH.

Sources of Information: Delaware Division of Substance Abuse and Mental Health (DSAMH) Management Information System (MIS) Consumer database (DAMART).

Special Issues:

Significance: Ease of access to services is directly related to early intervention and engagement.

Activities and strategies/ changes/ innovative or exemplary model: Continue to improve the CMHC front door screening and triage process to ensure that:
 • The CMHCs continue to practice “open access” services regardless of individual need.
 • Continue to expedite the Eligibility and Enrollment Unit (EEU) review for “carve out” services and meet the 3-day response time to individuals seeking these services.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	3.91	3.65	3.65	5.49	66.48
Numerator	58	50	--	61	--
Denominator	1,485	1,368	--	1,112	--

Table Descriptors:

Goal:	Strategic Goal #2: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.
Target:	Target NOM #2 – Reduce the number of readmissions to state-funded inpatient psychiatric beds within 30 days by .5%.
Population:	Adults diagnosed with SMI.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	This performance indicator is the percentage of consumers that are re-admitted to DPC or a DSAMH funded inpatient bed within 30 days of discharge.
Measure:	Numerator: Total number of adults with SMI who were readmitted within 30 days Denominator: Total number of adults with SMI who were discharged during the fiscal year.
Sources of Information:	Delaware Division of Substance Abuse and Mental Health (DSAMH) Management Information System (MIS) Consumer Information Manager (CIM), CRF MH Master Table, and DPC Episode Table.
Special Issues:	Community tenure is dependent upon a variety of factors that may be beyond the scope of community mental health programs to control. Nevertheless, coordination and networking with other social services, as well as leadership and advocacy in the area of public policy can help shape a more favorable environment to support consumer gains.
Significance:	Inpatient rehabilitation programming and the provision of community support programs help promote community-based living and reduce hospitalization.
Activities and strategies/ changes/ innovative or exemplary model:	Implementation Strategies: <ul style="list-style-type: none"> • Provide a variety of trainings to staff, contractor organizations, and consumers that focus on recovery and the consumers' role in recovery. • Infuse, through a focused clinical supervision program in each of the CMHCs, the concept of recovery, consumer strength focused treatment and outcomes. • Continue to strengthen the discharge planning process among all providers for individuals who are hospitalized. • Increase medication and treatment continuity between hospital and community providers through physician-to-physician contacts. • Continue the role of the DSAMH Crisis programs in evaluating individuals for in-patient and seeking community alternatives.

- Support the development of community based crisis respite capability by integrating respite services into Staffed Apartment programs.
- Continue to develop and evaluate the DSAMH “High-End User” program. Promote continuum of care between inpatient facilities and all community based programs targeting individuals who are the highest users of in-patient care, coordinates hospital and community care, provides individuals with specialized in-patient services and emphasizes continuity of care in all aspects of client care and recovery.

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved. The State has drastically reduced the overall bed count at the State Hospital. The total bed count for the State Hospital is now 146. Of the remaining 146 beds in the State Hospital 76 (52%) are occupied by long term patients. As the bed count continues to dwindle and the number of long-term care residents is reduced via discharge, there are two factors that contribute to the rising readmission rate. 1. The long-term care patient may return after a short stint in the community, then discharge again after a brief stabilization stay. The Division is currently bolstering the array of community based services to prevent this type of activity, but it may be an actual factor at the present. 2. Increased efforts to prevent consumers that don't need to be in the institution means those that do land in the institution and DSAMH-funded inpatient beds are more suited to being there. As the Division simultaneously works to stabilize all admitted persons and ready them for reintegration into the community to limit institutionalization, the persons more suited for inpatient residential care is increasingly more likely to require that level of care in the future than an individual that was in an inpatient bed for a brief amount of time that should have been provided a community based alternative to the inpatient placement. The Division will continue to monitor this situation, target the vast array of services currently offered, and the enhanced services that are being implemented as a part of the voluntary settlement agreement to ensure that consumers are provided enhanced community services to prevent inpatient stays, and in the event that a consumer requires an inpatient stay, they will be afforded enhanced resources inside the institution and while transitioning back to the community to ensure maximum support of their journey to recovery.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	10.17	9.43	9.43	12.05	78.26
Numerator	151	129	--	134	--
Denominator	1,485	1,368	--	1,112	--

Table Descriptors:

Goal:	Strategic Goal #2: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.
Target:	Reduce the number of readmissions to State-funded inpatient psychiatric beds within 180 days by .5%.
Population:	Adults diagnosed with SMI.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	The percentage of consumers that are re-admitted to a DSAMH-funded inpatient psychiatric bed within 180 days of discharge.
Measure:	Numerator: Total number of adults with SMI who were readmitted within 180 days Denominator: Total number of adults with SMI who were discharged during the fiscal year
Sources of Information:	Delaware Division of Substance Abuse and Mental Health (DSAMH) Management Information System (MIS) Consumer Information Manager (CIM), CRF MH Master Table and DPC Episode Table.
Special Issues:	Community tenure is dependent upon a variety of factors that may be beyond the scope of community mental health programs to control. Nevertheless, coordination and networking with other social services, as well as leadership and advocacy in the area of public policy can help shape a more favorable environment to support consumer gains.
Significance:	Inpatient rehabilitation programming and the provision of community support programs help promote community-based living and reduce hospitalization.
Activities and strategies/ changes/ innovative or exemplary model:	<ul style="list-style-type: none"> • Evaluate the annual Consumer Satisfaction Survey to determine changes in those measures that reflect consumers as managing partners. • Provide a variety of trainings to staff, contractor organizations and consumers that focus on recovery and the consumers' role in recovery. • Infuse, through a focused clinical supervision program in each of the CMHCs, the concept of recovery and consumer strength-focused treatment and outcomes. • Continue to strengthen the discharge planning process among all providers for individuals who are hospitalized. • Increase medication and treatment continuity between hospital and community providers through physician-to-physician contacts. • Continue the role of the DSAMH Crisis programs in evaluating individuals for in-

patient care and seeking community alternatives.

- Support the development of community based crisis respite capability by integrating respite services into staffed apartment programs.
- Continue to develop and evaluate the DSAMH “High-End User” program. This program, targeting individuals who are the highest users of in-patient care, coordinates hospital and community care, provides individuals with specialized in-patient services and emphasizes continuity of care in all aspects of client care and recovery.

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved. The State has drastically reduced the overall bed count at the State Hospital. The total bed count for the State Hospital is now 146. Of the remaining 146 beds in the State Hospital 76 (52%) are occupied by long term patients. As the bed count continues to dwindle and the number of long-term care residents is reduced via discharge, there are two factors that contribute to the rising readmission rate. 1. The long-term care patient may return after a short stint in the community, then discharge again after a brief stabilization stay. The Division is currently bolstering the array of community based services to prevent this type of activity, but it may be an actual factor at the present. 2. Increased efforts to prevent consumers that don't need to be in the institution means those that do land in the institution and DSAMH-funded inpatient beds are more suited to being there. As the Division simultaneously works to stabilize all admitted persons and ready them for reintegration into the community to limit institutionalization, the persons more suited for inpatient residential care is increasingly more likely to require that level of care in the future than an individual that was in an inpatient bed for a brief amount of time that should have been provided a community based alternative to the inpatient placement. The Division will continue to monitor this situation, target the vast array of services currently offered, and the enhanced services that are being implemented as a part of the voluntary settlement agreement to ensure that consumers are provided enhanced community services to prevent inpatient stays, and in the event that a consumer requires an inpatient stay, they will be afforded enhanced resources inside the institution and while transitioning back to the community to ensure maximum support of their journey to recovery.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/
changes/
innovative or
exemplary model:**

**Target Achieved
or
Not Achieved/If
Not, Explain Why:**

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: 3 – Promote the concept of recovery for adults with SMI.

Target: Increase by 2% the number of consumer adults/clients employed.

Population: Adults diagnosed with serious mental illness

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Profile of adult clients by employment status.

Measure: Numerator: Number of CSP consumers employed. Denominator: Total CSP caseload as of 6/30.

Sources of Information: DSAMH MIS data in the Consumer database

Special Issues: DSAMH has defined numerous outcome measures relating to “meaningful activity.” These, along with employment, will be measured to provide a broader indicators relating to the concept of recovery.

Significance: Employment is one of several key indicators in client recovery.

Activities and strategies/ changes/ innovative or exemplary model: Implementation Strategies:
 • Implement activities that will allow the operation of a statewide employment project that applies a more flexible approach to employment services within the context of the CCCP model.
 • Open the DPC sheltered work program to community clients. • Continue to explore funding sources and opportunities to support the expansion of vocational services for adults with SMI.
 • Support statewide initiative to reduce barriers to employment for persons with disabilities through the implementation of benefits counseling services based on the Delaware Division of Vocational Rehabilitation’s (DVR) Project CLIMB.
 • Provide training opportunities to providers regarding employment Evidence Based Practices.
 • Collect and analyze employment data among the Division’s CCCP providers to establish employment benchmarks to be used in developing incentive targets among contracted providers.

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	37.98	35.14	36	39.33	109.25
Numerator	1,156	797	--	761	--
Denominator	3,044	2,268	--	1,935	--

Table Descriptors:

Goal: Strategic Goal #2: Delawareans receive mental health, substance use and gambling prevention and treatment services in a continuum of overall health and wellness Strategic Goal #5: Promote excellence in care

Target: Increase the number of consumers receiving ACT by 1%

Population: Consumers w/ SPMI being treated by DSAMH community mental health system.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Profile of adults w/ SPMI receiving ACT in the DSAMH community mental health system.

Measure: Numerator: # of consumers who received ACT services
Denominator: Total DSAMH service population.

Sources of Information: The Annual Status Survey

Special Issues: This performance indicator was not reported as an indicator during the 2009 CMHSBG project period. It has been added as a new indicator for the 2010 CMHSBG, thus we have data that represents the 2009 CMHSBG project period.

Significance: The team based service delivery approach to providing ACT services has been identified as a highly effective component to aid individuals w/ SPMI in their recovery.

Activities and strategies/ changes/ innovative or exemplary model: ACT teams are available in each of the Division funded Community Continuum of Care Programs, Community Mental Health Clinics and Federally Qualified Health Clinics.

The Division is exploring the continued expansion of ACT related services to hospitals within Delaware that serve a high number of clients that have a mental health diagnosis as a means to limit patient commitments to inpatient facilities if their needs can be appropriately addressed at community-based alternatives.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved.

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	100	100	100	100	100
Numerator	414	1,440	--	1,298	--
Denominator	414	1,440	--	1,298	--

Table Descriptors:

Goal: Strategic Goal #5: Promote excellence in care.

Target: Increase the number of consumers treated for COD by 2%

Population: Adults Diagnosed with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percentage of adults with SMI receiving integrated treatment of co-occurring disorders.

Measure: Numerator: the # of persons treated for co-occurring disorders
Denominator: the # of persons screened for for COD upon admission at 11 front-door sites.

Sources of Information: DSAMH CO-SIG Coordinator, UPenn Delaware COD Database

Special Issues: The utilization of the NIATX Screening/Assessment tool in all of the Division's AOD sites provides the opportunity for DSAMH to offer mental health services in those locations, thus increasing the Division's CMH universe.

Significance: Screening for co-occurring disorders enables Division staff to provide the most appropriate level of treatment to aid in the consumer's recovery process.

Activities and strategies/ changes/ innovative or exemplary model: The Division utilizes the NIATX Screening/Assessment tool in all of its front-door sites. Every consumer served by a Division funded front door site is screened for a possible co-occurring disorder.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved!

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	70.93	73.65	75	74.17	98.89
Numerator	5,416	4,831	--	4,522	--
Denominator	7,636	6,559	--	6,097	--

Table Descriptors:

Goal: Strategic Goal #1: The consumer is a partner in service delivery decisions.

Target: Increase by 1% those individuals responding positively in the Consumer Satisfaction Survey to the summary question categories regarding access, quality, appropriateness, participation in treatment planning, and overall adequacy of services provided.

Population: Adults diagnosed with SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Consumers reporting positively about outcomes.

Measure: The percentage of survey participants reporting satisfaction with outcomes.
Numerator: # surveys who marked "agree" or "strongly agree" on specific items.
Denominator: Total valid responses on consumer satisfaction survey items.

Sources of Information: Consumer/Client satisfaction survey results.

Special Issues: The Division does not conduct the Consumer Satisfaction Survey based on a 12-month calendar. The Consumer Satisfaction Survey is actually conducted once every 14 months.

Significance: Community mental health outpatient treatment services are an important component in the continuum of community mental health services. Periodic review and refocusing of service components is necessary to assure that clients/consumers are satisfied with services throughout the state.

Activities and strategies/ changes/ innovative or exemplary model:

- Continue to implement the functions of the centralized Eligibility and Enrollment Unit (EEU) as a single portal for eligibility determination/re-determination for DSAMH long-term mental health and substance abuse programs; integrating the LOCUS level of need criteria into the eligibility and re-determination process; and conducting utilization review of individuals receiving services in the Division's high intensity community-based programs.
- Continue to monitor the implementation of LOCUS within the Division's intensive community programs to ensure its use in assessing need and determining need-focused programmatic supports;
- Implement and routinely use both the LOCUS and the Addiction Severity Index (ASI) assessment in the community mental health centers.

Target Achieved or Target not achieved. The Division views objectives that measure the consumer's perception regarding their outcomes to be paramount to the activities of the

Not Achieved/If Not, Explain Why: behavioral health system and is taking many steps, including but not limited to, more consumer run recovery centers such as the Rick Van Story Center; the addition of additional peer services in the community for consumers that are already in the community and those that are in the process of transitioning to the community from an institutional setting; and increased opportunities in planning related activities to ensure consumer input is a part of the Division's planning process for behavioral health services.

Another factor contributing to the Division non-attainment of this goal is the fact that many consumers are unaware that they are receiving services in a continuum of care. This is an area where the Division will work more closely with the community service providers to ensure that the providers are not just providing clinical services, but also informing and educating the consumers of the overall system of care that they are currently engaging for services.

Once the consumers are better informed of the full nature of the services and the system from which they are receiving services, the responses should generally rise in this category. The Division set the achievement goal at 75% to ensure that activities that promote consumer education and involvement in and of the behavioral health system remain a focus. We will continue these efforts.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	27	21.65	23	21.91	95.26
Numerator	822	492	--	424	--
Denominator	3,044	2,273	--	1,935	--

Table Descriptors:

Goal: Strategic Goal #3: Disparities in substance use and mental health services are eliminated.

Target: Increase by 2% the number of adults w/ SMI that receive Evidence Based Supportive Employment

Population: Adults diagnosed with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Adults with SMI receiving Evidence Based Supportive Employment as part of their recovery plan.

Measure: Numerator: Number of CSP consumers employed
Denominator: Total CSP caseload as of 6/30/xx

Sources of Information: DSAMH MIS data and the consumer database.

Special Issues: DSAMH defined numerous outcome measures relating to "meaningful activity." These, along with employment, will be measured to provide broader indicators relating to the concept of recovery.

Significance: Employment is one of several key indicators in client recovery. Reducing barriers to employment so that consumers can increase their level of self-sufficiency is a vital component to recovery and living in the least restrictive setting.

Activities and strategies/ changes/ innovative or exemplary model:

- Implement activities that will allow operation of a statewide employment project that applies a more flexible approach to employment services within the context of the CCCP model.
- Support statewide initiative to reduce barriers to employment for persons with disabilities through the implementation of benefits counseling services based on the Delaware Division of Vocational rehabilitation's (DVR) Project CLIMB.
- Provide training opportunities to providers regarding employment Evidence Based Practices.
- Collect and analyze employment data among the Division's CCCP providers to establish employment benchmarks to be used in developing incentive targets among contracted providers.

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved. The current economic climate presents some challenges to achieving this goal. Many persons in DE are "under employed" which leads to higher competition for a dwindling employment market. This has impacted community providers' ability to increase relationships with local business to offer supported additional employment opportunities.

Additionally, 50% of the Division's partners for supported employment opportunities for consumers reside within Delaware's rural communities. Rural communities currently display a higher prevalence of unemployment vs. their urban and industrialized counterparts.

The voluntary settlement agreement between Delaware and the United States Department of Justice outlines some activities specifically aimed at improving employment opportunities for persons with mental illness. These activities will aid in future achievement of this goal.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: The Division is currently participating in criminal justice related activities to decrease criminal justice activity among consumers. The Division is currently trying to determine how best to capture and report the data pertinent to consumer criminal justice interaction. The Division anticipates being able to report on the performance measure in the near-future.

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues: The Division is currently participating in supported housing related activities to increase stability in housing among consumers. The Division is currently trying to determine how best to capture and report the data pertinent to consumer stability in housing. The Division anticipates being able to report on the performance measure in the near-future.

Significance:

**Activities and
strategies/
changes/
innovative or
exemplary model:**

**Target Achieved
or
Not Achieved/If
Not, Explain Why:**

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	77.19	80.23	82	80.90	98.66
Numerator	2,755	2,431	--	2,287	--
Denominator	3,569	3,030	--	2,827	--

Table Descriptors:

Goal: Strategic Goal #2: Delawareans receive mental health, substance use and gambling prevention and treatment services in a continuum of overall health and wellness.

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

Population: Adults diagnosed with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Positive responses regarding social supports/social connectedness

Measure: Numerator: Persons reporting satisfaction with their level of social supports/social connectedness
Denominator: Total number of consumers that complete the survey

Sources of Information: DSAMH Management Information System (MIS), Consumer Status Survey (CSS)

Special Issues:

Significance: Social Supports/Social Connectedness is a key indicator in the recovery of persons with SMI.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. Though close, this objective was not met. The Division has taken steps to meet this goal in the future by adding a Bridge Peer program. The Bridge Peer helps with the community integration process by assisting the transitioning consumer to identify family that live throughout the community, libraries, transportation, and other resources to raise the consumer's overall social capital. The elevation of the consumer's social support system and understanding of their social capital will raise the positive responses towards this consumer satisfaction survey question.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	75.15	78.12	80	80.41	100.51
Numerator	2,688	2,389	--	2,295	--
Denominator	3,577	3,058	--	2,854	--

Table Descriptors:

Goal: Strategic Goal #2: Delawareans receive mental health, substance use and gambling prevention and treatment services in a continuum of overall health and wellness.

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

Population: Adults Diagnosed with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: The percentage of persons who are satisfied with their level of functioning.

Measure: Numerator: Number of surveys marked "agree or "strongly agree" on specific items relative to level of functioning // Denominator: Total number of consumers that complete the survey

Sources of Information:

Special Issues: The Division is currently participating in adult improved level of functioning activities. The Division is currently trying to determine how best to capture and report the data pertinent improved adult functioning. The Division anticipates being able to report on the performance measure in the near-future.

Significance: Level of functioning is a key indicator in the recovery of persons with SMI.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved Target achieved!
or
Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Access to services in rural communities.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.27	.24	.25	.27	108
Numerator	3,510	3,220	--	3,562	--
Denominator	12,906	13,142	--	13,373	--

Table Descriptors:

Goal: Strategic Goal #2 Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.

Target: To increase by 1% the number of adults with SMI residing in Kent and Sussex counties who receive publicly funded mental health services.

Population: Adults diagnosed with SMI.

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: The percentage of adults with SMI residing in Kent and Sussex counties who receive publicly funded mental health services provided by the Division of Substance Abuse and Mental Health, Delaware Physicians Care, Inc. (DPCI), and the Diamond State Health Plan (DSHP).

Measure: Numerator: Number of adults with SMI residing in Kent and Sussex Counties who receive mental health services during the fiscal year // Denominator: Estimated number of adults with SMI residing in Kent and Sussex counties.

Sources of Information: Numerator: DSAMH MIS CIM service files and provider files; Denominator: Division estimate Information: of number of adults with SMI residing in Kent and Sussex counties from the Delaware Population Consortium.

Special Issues: Populations located in some urban and/or isolated communities without adequate public transportation may have limited access to services. Integration and coordination of social service delivery and availability of appropriate services are critical in sparsely populated areas.

Significance: Continuing to enhance access to mental health services for adults residing in rural communities throughout the state is a key objective of the state's behavioral health service plan.

Activities and strategies/ changes/ innovative or exemplary model:

- Continue to support the behavioral health services for residents of the supervised apartment program operating in Kent County, incorporating two “respite” beds. This program is available for adults with severe and persistent mental illness in urban, suburban and rural communities.
- Provide services in conjunction with DPH primary health care Clinic in Georgetown targeting monolingual Hispanic populations.
- Continue to expand outreach activities and enhance engagement and access services for individuals in Kent and Sussex Counties via Front-Door teams and the Federally Supported PATH program.

Target Achieved Target achieved.

or
Not Achieved/If
Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Active consumer participation in service decisions.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.77	.77	.78	.80	103
Numerator	3,035	3,148	--	1,139	--
Denominator	3,949	4,097	--	1,420	--

Table Descriptors:

- Goal:** Strategic Goal #1 The consumer is a partner in service delivery decisions.
- Target:** Increase by 1% the number of consumers who respond positively to questions on the Consumer Satisfaction Survey regarding their role in setting goals and treatment strategies.
- Population:** Adults diagnosed with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:** The proportion of consumers receiving community-based services who actively participate in their own treatment planning.
- Measure:**
 Numerator: Number of survey participants reporting active involvement in treatment planning.
 Denominator: Total valid responses on customer satisfaction survey items. Specific items include consumer comfort with asking questions about treatment and consumer determination of their own treatment goals.
- Sources of Information:** Consumer/Client Satisfaction Survey. Valid response options were "strongly agree," "agree," "I am neutral," "disagree," and "strongly disagree." The other response option is "not applicable."
- Special Issues:** The best source of consumers' active participation in treatment planning is the consumers themselves. DSAMH has adopted the MHSIP 28 question survey, adding 4 questions. The Consumer/Client survey uses consumer interviewers to enhance response rates and ensure that respondents understand the questions. The Consumer Satisfaction Survey is not conducted on a 12-month calendar. It is actually completed once every 18 months, thus the data for the 2006 period has been repeated.
- Significance:** Services and treatment are likely to be most effective when the consumer determines treatment goals and actively participates in other decisions regarding service delivery. This indicator provides an independent assessment of provider compliance with the CTT certification standard.
- Activities and strategies/ changes/ innovative or exemplary model:**
- Evaluate the annual Consumer Satisfaction Survey to determine changes in those measures that reflect consumers as managing partners.
 - Provide a variety of trainings to staff, contractor organizations and consumers that focus on recovery and the consumers' role in recovery.
 - Infuse, through a focused clinical supervision program in each of the CMHCs, the concept of recovery, consumer strength focused treatment and outcomes.
- Target Achieved** Target achieved.

or
Not Achieved/If
Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Completion of DIG and basic developmental tables.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	100	100	100	100	100
Numerator	19	19	--	19	--
Denominator	19	19	--	19	--

Table Descriptors:

Goal: Strategic Goal #6 Technology is used to access and improve care and to promote shared knowledge and free flow of information.

Target: To complete 100% of the tables (19 total).

Population: Adults diagnosed with SMI.

Criterion: 5:Management Systems

Indicator: Completion of the Basic and Developmental Tables under the Data Infrastructure Development Grant.

Measure: Numerator: Number of tables completed // Denominator: Total number of tables

Sources of Information: Numerator: CMHS Block Grant, Section V Report. Denominator: DSAMH Data Infrastructure Development grant application.

Special Issues:

Significance: In order to ensure the provision of quality mental health services for adults with SMI requires a well-developed management information system.

Activities and strategies/ changes/ innovative or exemplary model: progress on various outcomes over time.

- Continue DSAMH Data Mart (DAMART) and consumer/client satisfaction survey initiatives in order to further develop the decision support system. In addition, the Division will work with CMHS and other States in refining a uniform reporting format that will allow the State to describe system components and track its
- Continue to develop and refine the Division’s information system infrastructure for related processes needed for decision support in a managed care environment.
- Continue to maintain HIPAA compliance and implement the National Provider Identifier for all programs.
- Review current clinical data base systems available to staff with the goal of developing a comprehensive system that assists in the provision of State provided services; can provide assessment, utilization review, pre-authorization and case/contract monitoring as a part of the Division’s move toward centralized managed care oversight and management and; is integrated into existing data base systems via the MCI.
- Continue to monitor the utilization of LOCUS system wide and provide technical support.

Target Achieved or Not Achieved/If Target achieved.

Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Consumer satisfaction with CMH outpatient services.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.81	.82	.83	.83	100
Numerator	14,172	15,202	--	20,416	--
Denominator	17,408	18,631	--	24,699	--

Table Descriptors:

Goal:	Strategic Goal #2 Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.
Target:	Increase by 1% those consumers responding positively to the consumer satisfaction survey.
Population:	adults diagnosed with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	The percentage of consumers who respond positively on consumer satisfaction surveys regarding services received via CMH outpatient treatment centers.
Measure:	Percentage of survey participants reporting satisfaction with the type, location, frequency, timeliness, and level of services. Numerator: # surveys who marked "agree" or "strongly agree" on specific items. // Denominator: Total valid responses on consumer satisfaction survey items
Sources of Information:	Consumer/Client satisfaction survey results.
Special Issues:	
Significance:	Community mental health outpatient treatment services are an important component in the continuum of community mental health services. Periodic review and refocusing of service components is necessary to assure that clients/consumers receive appropriate services throughout the state.
Activities and strategies/ changes/ innovative or exemplary model:	<ul style="list-style-type: none"> • Develop clinic procedures that reflect the organization and philosophy of the Division's redesigned CMH clinic system. • Develop clinic forms that streamline paperwork, support engagement of new clients and assist clinical and administrative staff in managing service delivery. • Continue the use of the LOCUS criteria throughout the clinic system and integrate this tool into the clinic service operations. • As a part of the Division's Technology Plan, select a vendor for MIS supports required by clinic staff to support clinical and administrative activities. • Refine performance outcome measures for clinic services; begin collecting data to establish a performance base line for clinic services. • Implement a statewide clinical supervision program. • Expand the role of the RN in clinics to include the provision of a wide range of educational services including forums about primary health concerns, sexually transmitted diseases, nutritional awareness classes, etc. The goal is to provide consumers and their families with more general medical and nutritional

information that can directly influence the consumer's quality of life.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved. The Division will continue to be more inclusive of consumer representatives in planning councils, decision making boards and in the program implementation and evaluation process.

Increased opportunities for the participation of consumers in the decision making process and the Division's efforts to further implement person-centered planning activities will assist the Division in achieving this target in future years.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Creation of an evaluation tool for co-occurring disorder services.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	4	4	4	4	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal: Strategic Goal #2 Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.

Target: Develop a total of four criteria.

Population: Adults diagnosed with SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Develop standards for access, assessment, treatment, and coordination that describe a model treatment continuum, which includes monitoring and evaluating integrated services for individuals with co-occurring mental / substance conditions.

Measure: Number of criteria developed.

Sources of Information: Directors of AOD Services and CMHCs; CCCP RFP & Contract documents.

Special Issues: AOD and CMH services have traditionally been delivered through separate provider networks with distinct philosophies and practices for treatment and supports. Full integration of services for individuals with co-occurring disorders at the CTT level will require patience, persistence and time. Division leadership through the adoption of standards and outcome measures are critical steps.

Significance: Increasing number of consumers served through the DSAMH services are found to have co-occurring mental illness and substance use disorders. Appropriate services provided immediately in an integrated and/or highly coordinated manner offer the best prospects for long-term recovery.

Activities and strategies/ changes/ innovative or exemplary model: Implementation Strategies:

- Require the implementation of Division-wide standards of treatment services for individuals with co-occurring mental / substance conditions.
- Implement service contracts that define the Division’s expectations regarding co-occurring services in mental health CCCP programs.
- Include standards into the community mental health clinic procedures and clinical supervision model.
- Research and define outcome measures for all providers, contracted and State, which reflect the implementation of co-occurring services.
- Provide training and/or technical assistance to CCCPs and CMHCs on implementation of standards for co-occurring services.
- Require the use of the Addiction Severity Index (ASI) in DSAMH CMHC

programs for individuals determined to have a co-occurring substance abuse disorder.

- Explore the expansion of funding to AOD outpatient providers for psychiatric medications and physician time.

Target Achieved Target achieved.

or

Not Achieved/If

Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Determine prevalence of SMI

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	36,431	36,780	37,150	37,150	100
Numerator	0	N/A	--	0	--
Denominator	0	N/A	--	0	--

Table Descriptors:

- Goal:** Strategic Goal #2: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.
- Target:** Completion of one prevalence estimation.
- Population:** Adults diagnosed with SMI.
- Criterion:** 2:Mental Health System Data Epidemiology
- Indicator:** Identification of 2011 prevalence estimate of SMI and SPMI for adults.
- Measure:** Using Delaware’s 2000 census data and the Delaware Population Consortium estimates for 2011, determine the prevalence of SMI in the Delaware, using the standard estimation methodology published by SAMHSA in the June 24, 1999 Federal Register, Vol. 64, No. 121.
- Sources of Information:** DSAMH MIS CIM service files, State estimates of prevalence of SMI.
- Special Issues:** The Division uses the estimation methodology published by the Center for Mental Health Services (Federal Register /Vol.64, No. 121 / June 24, 1999), to determine the 12-month prevalence of adults with a SMI residing in Delaware. The Division's target population for community support treatment services is considerably narrower than the Federal definition of the SMI population. It includes the following diagnoses: schizophrenia, schizoaffective disorder, major depression, bipolar disorder, delusional (paranoid) disorder, paranoid personality disorder, schizotypal personality disorder and borderline personality disorder.
- Significance:** Setting quantitative goals to be achieved for the numbers of adults with SMI to be served in the public mental health system is a broad measure of accessibility to community mental health services and a key requirement of the mental health block grant law.
- Activities and strategies/ changes/ innovative or exemplary model:** Using Delaware’s 2010 census data and the Delaware Population Consortium estimates for 2011, determine the prevalence of SMI in the State of Delaware, using the standard estimation methodology published by SAMHSA in the June 24, 1999 Federal Register, Vol. 64, No. 121.
- Target Achieved or Not Achieved/If Not, Explain Why:** Target achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Funding amount for community-based MH services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	37,174	35,150	N/A	N/A	N/A
Numerator	0	0	--	N/A	--
Denominator	0	0	--	N/A	--

Table Descriptors:

Goal: Strategic Goal #2: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness .

Target: Maintain relevant or increase current funding levels of \$34,659 K through FY 2010.

Population: Adults diagnosed with SMI.

Criterion: 5:Management Systems

Indicator: Amount of funding allocated to the Division of Substance Abuse and Mental Health dedicated to the maintenance and development of community-based mental health services for adults with SMI.

Measure: Dollar amount of funding for FY 2010. Total funds budget for state mental health services, including state general, state share of Medicaid match for mental health services, federal grants and other sources of revenue.

Sources of Information: Governor's Recommended Budget (includes actual expenditures/ amount budgeted for previous two state fiscal years for each state agency and budget unit); DSAMH provider contract and services files; Federal Grant Applications and Award Notices.

Special Issues:

Significance: Additional resources are required in order to ensure adequate, accessible and quality mental health services for adults with SMI.

Activities and strategies/ changes/ innovative or exemplary model:

- Prepare budget requests for State funds to enhance mental health services for adults with SMI.
- Seek appropriate federal grant funds to ensure ongoing funding for community support programs.
- Identify and meet the needs for equipment, including items such as management and clinical information systems, equipment and vehicles by surveying current resources to determine the need for additional consumer/patient resources, technology resources and staff resources.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Implementation of activities for targeted sub-populations

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	8	8	8	8	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

- Goal:** Strategic Goal #2: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.
- Target:** Implement a total of eight activities to increase the number of individuals representing a targeted population accessing community mental health services statewide.
- Population:** Adults diagnosed with SMI.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:** Implementation of activities that will potentially increase in the number of individuals representing targeted population accessing community mental health services statewide.
- Measure:** The number of activities intended to increase the number of individuals representing a targeted population accessing community mental health services statewide.
- Sources of Information:** Delaware Division of Substance Abuse and Mental Health (DSAMH) Management Information System (MIS) Consumer database (DAMART); national prevalence estimates of SMI for target populations; and the Delaware Population Consortium Data.
- Special Issues:** Periodic review and refocusing of service components is necessary to assure that clients/consumers from all segments of the adult population are able to access and receive appropriate mental health services in their communities.
- Significance:** In order to assure the community mental health services are accessible to all those who need them, it is important to identify and monitor disparities in services provided to different sub-populations, and track the impact of strategies aimed at eliminating the barriers to access.
- Activities and strategies/ changes/ innovative or exemplary model:**
- DSAMH and the Dept of Justice have managed a mental health court for the past several years. This court diverts individuals who have committed misdemeanor offenses and have a mental illness into the community mental health service system for treatment. The targeted number of individuals served in this program per year has been 30. DSAMH has set a goal of increasing this to 80 in the current block grant year.
 - DOC – Community Transition – Continue to collaborate with the Department of Corrections and their contracted medical services provider in the transition of individuals from Corrections to community based mental health care. Expand

these collaborative efforts to include the CCCP contract providers.

- Expand collaborative efforts linking community mental health services with providers of somatic health services as Federally Qualified Health Providers, private general practitioners and other health providers.
- Identify and train staff from Adult Mental Health programs on child and adolescent diagnoses and treatment as a means of improving services to individuals transitioning from child/adolescent to adult services.
- Implement the DSAMH/DDDS (Division of Developmental Disability Services) Memorandum of Understanding, which seeks to create collaborative efforts in serving individuals with co-occurring needs (Mental Health and Developmental Disabilities).

Target Achieved Target achieved.

or

Not Achieved/If

Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Mental health training for emergency, health and human services professionals

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	18	18	18	18	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal: Strategic Goal #4: Develop the clinical knowledge and skills of the workforce.

Target: Maintain the current number of training programs and seminars provided.

Population: Adults diagnosed with serious mental illness

Criterion: 5:Management Systems

Indicator: The number of mental health training programs and seminars provided to emergency, health, and human services professionals during fiscal year.

Measure: The number of mental health training programs and seminars for emergency health services professionals and other first responder and human services professionals during fiscal year.

Sources of Information: CMHC Emergency Services Director and DSAMH Training Office.

Special Issues: Mental Health Emergency Services Directors provide training to emergency services personnel in other health professions. Data are maintained on the number of trainings.

Significance: In order to ensure the appropriate provision of mental health services for adults with serious mental illness, emergency services professionals in other health and safety fields need to be aware of conditions under which Emergency Mental Health Services should be summoned.

Activities and strategies/ changes/ innovative or exemplary model:

- Identify and train a cadre of health and social service professionals statewide in Crisis Counseling and Critical Incident Stress Debriefing techniques as part of the State’s emergency management planning and preparedness.
- Provide mental health training component offered as part of the Emergency Medical Technicians/Paramedic training curriculum offered throughout the state.
- Provide mental health trainings and debriefings to police, fire and other emergency services workers throughout the state.
- Coordinate with Division of Public Health to identify and provide training on mental health issues to health professionals working with persons HIV, Hepatitis and Tuberculosis.
- An increase in future disaster-related trainings will be attributed to an increase in funding for such programs.

Target Achieved or Not Achieved/If Target achieved.

Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Number of persons receiving evidence based practices.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.88	.87	.88	.88	100
Numerator	2,685	1,978	--	1,693	--
Denominator	3,044	2,268	--	1,935	--

Table Descriptors:

Goal: Strategic Goal #3: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.

Target: Increase by 1% the number of persons who report receiving one or more EBP.

Population: Adults diagnosed with SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Consumers receive evidence-based practice services provided by the State.

Measure: Number of consumers who report receiving one or more EBP provided by the State.

Sources of Information: Consumer Status Survey

Special Issues: DSAMH will need to develop both a method to ascertain the fidelity of EBP services in Delaware as well as their effectiveness.

Significance: EBP have been demonstrated to be effective under very specific circumstances and when provided in a very specific manner.

Activities and strategies/ changes/ innovative or exemplary model:

- Continue to “roll-out” the integration of evidence based services for individuals with co-occurring mental illness and substance abuse diagnoses within all community based programs.
- Continue to include language that requires the use of EBPs in SA outpatient/Day Treatment/IOP contracts.
- Continue to include language that requires the use of EBPS in MH services contracts.
- Review the use of EBPs during program monitoring visits
- Continue to provide training opportunities both for core EBPs and promising practices.
- Develop an evaluative mechanism to monitor the outcomes of services for co-occurring disorders.

Target Achieved or Target achieved!

**Not Achieved/If
Not, Explain Why:**

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Permanent and permanent supported housing for homeless

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	13	13	13	13	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal: Strategic Goal #2: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.

Target: To maintain the number of available permanent and permanent supported housing services for homeless adults with SMI.

Population: Adults diagnosed with SMI.

Criterion: 4: Targeted Services to Rural and Homeless Populations

Indicator: Number of homeless adults with SMI who receive permanent and permanent supported housing services.

Measure: Number of homeless adults with SMI receiving public mental health services who also receive permanent and permanent supported housing services during the fiscal year.

Sources of Information: Numerator: DSAMH MIS CIM service files, CMHC referral records, PATH provider records \ Denominator: Division estimate of homeless adults with SMI and/or dual diagnosis in the State.

Special Issues:

Significance: A key objective of state mental health services is to provide for or obtain permanent housing for homeless adults with SMI and/or a dual diagnosis of a SMI and substance abuse disorder.

Activities and strategies/ changes/ innovative or exemplary model:

- Continue to explore opportunities to increase the number of available permanent and permanent supported housing services for homeless adults with SMI.
- DSAMH will continue to fund a total of eight supervised apartment programs.
- As part of the state’s client assistance funding, provide housing assistance, such as security deposits, first month’s rent and assistance with utility costs for homeless persons with serious mental illness.
- In conjunction with the National Alliance Mentally Ill in Delaware, Connections CSP Inc., and other service providers implement three grants funded by the Department of Housing and Urban Development’s (HUD) Supportive Housing Program, currently providing permanent housing and support services for 33 homeless adults with severe and persistent mental illness.

Target Achieved or Target achieved.

**Not Achieved/If
Not, Explain Why:**

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Prescription oversight and evaluation.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	2	2	2	2	100
Numerator	0	0	--	0	--
Denominator	0	0	--	0	--

Table Descriptors:

Goal: Strategic Goal #2: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.

Target: Maintain the functions of two oversight and evaluation processes.

Population: Adults diagnosed with SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Maintain the functions of the current oversight and evaluation processes that monitor prescription practices of DSAMH-funded programs.

Measure: Number of oversight and evaluation processes maintained.

Sources of Information: Delaware Division of Substance Abuse and Mental Health (DSAMH) Management Information System (MIS) Consumer Information Manager (CIM) service files and Consumer Status Survey.

Special Issues: DSAMH, through the office of the DSAMH Medical Director, will select a contract provider to develop and implement this oversight function.

Significance: The cost and complexity of psychiatric medications requires that a system be developed to ensure the proper and appropriate use of medications through the DSAMH service delivery system.

Activities and strategies/ changes/ innovative or exemplary model:

- Continue the operation of the Behavioral Pharmacy Management System (BPMS), operated by Comprehensive Neuroscience, Inc. (CNS), in conjunction with State Medicaid personnel. BPMS focuses on improving the quality of behavioral health pharmacy prescribing practice and, as a result, can reduce the costs of pharmacy expenditures.
- The Division will continue to seek all financial means to ensure an adequate funding base for the medication needs of its consumers.
- During 2005/2006 the Division will promote prescription practices based on a medication algorithm throughout its service delivery system.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Reduction of hospitalization

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.62	.60	.59	.59	100
Numerator	7,518	7,488	--	7,488	--
Denominator	1,211,906	1,258,407	--	1,258,407	--

Table Descriptors:

- Goal:** Strategic Goal #2: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness.
- Target:** Decrease the ratio from 0.62% to 0.59% the absolute number of days in the hospital.
- Population:** Adults diagnosed with SMI.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:** The number of days in the community verses an institution/hospital.
- Measure:** Numerator: Total number of consumer-inpatient days for CSP clients. \\
Denominator: Total number consumer-days enrolled in a Community Support Program (CSP).
- Sources of Information:** Delaware Division of Substance Abuse and Mental Health (DSAMH) Management Information System (MIS) Consumer Information Manager (CIM), CRF MH Master Table and DPC Episode Table.
- Special Issues:** Community tenure is dependent upon a variety of factors that may be beyond the scope of community mental health programs to control. Nevertheless, coordination and networking with other social services, as well as leadership and advocacy in the area of public policy can help shape a more favorable environment to support consumer gains.
- Significance:** Inpatient rehabilitation programming and the provision of community support programs help promote community-based living and reduce hospitalization.
- Activities and strategies/ changes/ innovative or exemplary model:**
- Continue to implement, in partnership with Christiana Care, the Crisis Assessment and Psychiatric Emergency Services (CAPES) crisis triage program at the Wilmington Medical Center. Implement the monitoring of performance measures to continually evaluate the impact of the program.
 - As part of the redesign of CMH clinic services, continue to integrate crisis response capacity in to each of the Division’s four mental health clinics. This will result in a greater capacity to ameliorate crises within the community and to better insure that crisis services are community based.
 - The Continuum of Community Care Program (CCCP) providers are responsible for providing crisis intervention services to individuals assigned to their program.
 - The Division will continue to monitor and evaluate the response capability of the four programs and assess each program’s effectiveness in crisis intervention and prevention of hospitalization.
 - Continue to monitor and evaluate the DSAMH “High-End User” program. This

program, targeting individuals who are the highest users of in-patient care, coordinates hospital and community care, provides individuals with specialized in-patient services and emphasizes continuity of care in all aspects of client care and recovery.

Target Achieved Target achieved.

or

Not Achieved/If

Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Service contracts with cultural competency requirements.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	100	100	108	100	100
Numerator	106	108	--	108	--
Denominator	106	108	--	108	--

Table Descriptors:

Goal: Strategic Goal #3 Disparities in substance use and mental health services are eliminated.

Target: 100% of service contracts will require cultural competency plans.

Population: Adults diagnosed with SMI.

Criterion: 5:Management Systems

Indicator: Percent of service contracts that require the contractor to have a cultural competency plan.

Measure: Numerator: Number of contracts with cultural competency plans. Denominator: Number of contracts.

Sources of Information: Human Resources Office; Contracts Office.

Special Issues:

Significance: In order to ensure the provision of quality mental health services for adults with SMI requires a well-qualified workforce with up-to-date knowledge and information about policies, procedures and current best practice standards.

Activities and strategies/ changes/ innovative or exemplary model:

- Continue to support the initiative to help professionals understand behavioral health and cultural awareness in providing services for individuals who are deaf & hard of hearing.
- Conduct a study that examines the effectiveness at engaging and successfully serving individuals representing all of Delaware’s cultural and linguistic communities. The results of this analysis will be used in developing cultural competency initiatives that seek to improve access, engagement and services for all individuals seeking mental health, substance abuse and gambling addiction disorders.
- Begin to incorporate the critical indicator analysis into planning, focusing on the adequacy of the current geographic distribution of resources; the adequacy of the Division’s multi-lingual staff and written materials; and determine if programmatic changes should be made to address discrepancies in access and outcomes based on ethnicity, race, sex, age, disability, etc.
- Develop and implement a cultural competence plan for all division programs.
- Fully develop a contracting process that coordinates planning, program development, performance incentives, and contract monitoring into a single process with the goal of insuring that contracted services are both evidence based and performance based.

- Develop training activities that support the development, implementation and monitoring of both Division promoted EBP as well as EBP used by the Division's contractors.

Target Achieved Target achieved.
or
Not Achieved/If
Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	2,678	2,769	2,932	2,732	93.18
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Increased access to services provided by DPBHS

Target: Increased number served by 5%.

Population: SED children eligible for DPBHS Services.

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Increased to Assess to Services.

Measure: Number of children receiving services from DPBHS.

Sources of Information: Family and Child Tracking System(FACTS)

Special Issues: DIG instruction regarding clients to be included in number served. DPBHS definition of eligible children. 2007-2008 increase in data/change in methodology for SED population. New Data Unit.

Significance: Number of children served by DPBHS has been fairly stable for several years; Delaware Population Consortium indicates a 2-3% increase in adolescent population during the same period. Recent data indicates that we will experience a growth in the years to come, particularly in Delaware's rural areas. New initiatives increased access for Delaware children. Please note changes in data and updates which is validated by FACTs and billing of new youth served.

Activities and strategies/ changes/ innovative or exemplary model: •Target increased from 3% to 5 % based in 2007-2008. DPBHS has received a federal grant to target youth exposed to trauma. NEW EBP, PCIT, TF-CBT Trauma-Focused Cognitive Behavioral Treatment and currently a focus on prevention. •Target age groups and geographic locations in which there is the greatest projected growth.
New programs offered by DPBHS, screening youth in Juvenile Justice and Foster care.

Target Achieved or Not Achieved/If Not, Explain Why: Target partially achieved. There was little change in the target population in total but a shift in the age mix, with a larger portion of the target population comprised of children under the age of 10 years. This younger population presents relatively fewer behavioral health problems than older children.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	10.54	10.28	8	16.46	48.60
Numerator	35	37	--	65	--
Denominator	332	360	--	395	--

Table Descriptors:

- Goal:** Reduce utilization of inpatient hospital beds.
- Target:** DCMHS goal is to maintain the 10% of children served by DPBHS who are readmitted within 30 days of a prior hospital discharge.
- Population:** SED children served by DPBHS.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** National Outcome Measure -Decreased rate of inpatient hospital readmission within 30 days.
- Measure:** Numerator: Total number of children readmitted with 30 days. Denominator: Total number of children discharged within the fiscal year.
- Sources of Information:** FACTS Data System
- Special Issues:** DPBHS contracts with private psychiatric hospitals: there is no state hospital for children in Delaware. Delaware statute does not require the involvement of DPBHS prior to the involuntary admission of a child to a psychiatric hospital, hence limiting the opportunities for diversions to a more appropriate community-based service.
- Significance:** Increase discharge planning processes to maintain utilization of Psychiatric Inpatient Beds-30day.
- Activities and strategies/ changes/ innovative or exemplary model:**
 - Study success factors in reduction of hospital readmissions from 2007 to 2008.
 - Identify client and service factors associated with multiple readmissions, e.g., adequacy of discharge planning with family and local providers, gaps in continuity of care when clients move from DCMHS services to private sector services.
 - Study patterns of hospitalization from residential treatment centers outside Delaware.
- Target Achieved or Not Achieved/If Not, Explain Why:** Target Not Achieved. There was a spike in the number of children presenting with complex issues in 2011. These children impacted the system in several ways including hospital readmissions (e.g. while in in-State residential services) as well as in delays in admissions to out-of-State specialized residential services mentioned above.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	17.17	18.33	15	25.57	58.66
Numerator	57	66	--	101	--
Denominator	332	360	--	395	--

Table Descriptors:

Goal: Reduce utilization of inpatient hospital beds.

Target: DPBHS goal for the number of children served by DPBHS who are readmitted within 180 days of a prior hospital discharge will be maintain 19%.

Population: SED children served by DPBHS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: National Outcome Measure -Decreased rate of inpatient hospital readmission within 180 days.

Measure: Numerator-Total Number of children readmitted within 180 days Denominator-Total number of children discharged within the fiscal year

Sources of Information: FACTS Data System

Special Issues: DPBHS contracts with private psychiatric hospitals: there is no state hospital for children in Delaware. Delaware statute does not require the involvement of DPBHS prior to the involuntary admission of a child to a psychiatric hospital, hence limiting the opportunities for diversions to a more appropriate community-based service.

Significance: Increase discharge planning processess for youth admitted within 180 days.

Activities and strategies/ changes/ innovative or exemplary model: •Study success factors in reduction of hospital readmissions from 2007 to 2008.
•Identify client and service factors associated with multiple readmissions, e.g., adequacy of discharge planning with family and local providers, gaps in continuity of care when clients move from DPBHS services to private sector services.
•Study patterns of hospitalization from residential treatment centers outside Delaware.

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved. There was a spike in the number of children presenting with complex issues in 2011. These children impacted the system in several ways including hospital readmissions (e.g. while in in-State residential services) as well as in delays in admissions to out-of-State specialized residential services mentioned above.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	2	2	3	4	133.33
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Improve the appropriateness of treatment.

Target: Maintain 2 EBP's

Population: Children eligible for DPBHS services

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: National Outcome Measure: Number of EBP practices provided.

Measure: NOM: Number of EBP practices provided.

Sources of Information: Provider survey and monitoring reports Family and Children Tracking System (FACTS)

Special Issues: There continues to be EBP workgroups around the country discussing definition for EBP practices for childrens services and suggestions for reporting.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: •Participate in defining evidence-based processes and practices for children’s behavioral health services through NASMHPD and NRI work groups. •Provided training in evidence-based practice as part of annual DPBHS training plan. •Define evidence-based practice protocols with participation of case management and direct provider staff members •Evaluate any available tool kits and fidelity scales. •Develop protocols for evaluation of outcome of treatment approaches that constitute “promising practices”. •Include measures of evidence-based practice in provider monitoring protocols. •Continue building an electronic library of information on evidence-based practice and fidelity measurement. DPBHS introduced TF-CBT to Delaware youth and families.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved. Our continuum continues to strive for best practices as well as evidenced based practices in the field to strengthen our continuum.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	100	100	20	100	500
Numerator	20	20	--	8	--
Denominator	20	20	--	8	--

Table Descriptors:

Goal: Improve the appropriateness of treatment.

Target: Maintain at least 20 slots for IRT .

Population: Children eligible for DPBHS IRT service.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of persons receiving IRT.

Measure: Number of persons receiving IRT.

Sources of Information: Provider survey and monitoring reports. Family and Child Tracking System(FACTS)

Special Issues: We have found IRT to be and abused by providers. We have found that this service has not been used for its intended use therefore we are looking into if it continues to meet the fidelity requirements. The decrease in slots forces providers and staff to use more of the community based programs that we know to be more effective and allows the Division to determine if this service continues to meet fidelity.

Significance: Continue to look at fidelity measures for IRT to determine if number of slot will be increased. DPBHS is also providing Wrap around services which is evidenced-based and TF-CBT. Once a full investigation is complete DPBHS will determine its use or if another EBP is better reported.

DPBHS has also expanded Crisis services which has assisted keeping youth in their homes and in their communities.

Activities and strategies/ changes/ innovative or exemplary model: check fidelity of IRT as an reportable EBP for the childrens plan.Continue participating in defining evidence-based processes and practices for children’s behavioral health services through NASMHPD and NRI work groups. •Provide training in evidence-based practice as part of DPBHS training plan. •Define evidence-based practice protocols with participation of case management and direct provider staff members •Evaluate any available tool kits and fidelity scales. •Develop protocols for evaluation of outcome of treatment approaches that constitute “promising practices”. •Include measures of evidence-based practice in provider monitoring protocols. •Build an electronic library of information on evidence-based practice and fidelity measurement.

Target Achieved Target not Achieved, as the Division currently maintains 7 IRT bed for service,

or recent data suggest that the fidelity of this service may not be reportable and and
Not Achieved/If with recent budget constraint may not be reporting this measure in the future at all.
Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	85.99	91.11	80	87.76	109.70
Numerator	669	666	--	581	--
Denominator	778	731	--	662	--

Table Descriptors:

Goal: Improve appropriateness of treatment.

Target: Maintain 87% reporting positively using Ohio Scales.

Population: Sample of clients and families currently receiving DPBHS Services.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: National Outcome Measure 4: Clients reporting positively about outcomes.

Measure: Percentage of participants reporting satisfaction with outcomes as measured by Ohio Scales survey.

Sources of Information: Ohio Scales survey results. DPBHS Data Unit.

Special Issues: Comparability to prior satisfaction measure, sample selection, data-gathering methodology, concurrent discussion of a measure to be used across DSCYF. DPBHS had previously measured clients and family perception of care using measures prescribed by the CMHI grant. Following a NASMHPD technical assistance workshop on satisfaction measures recommended utilizing other survey methods; MHSIP, Ohio Scales etc.

Significance: Client/family evaluation of effectiveness of service critical to development and maintenance of appropriate service continuum.

Activities and strategies/ changes/ innovative or exemplary model: •Continue Ohio Scales to determine client satisfaction supplemented by questions to tap satisfaction with DCMHS managed care services as well as provider services. •Stratified random sample of clients and families, responses based on recently completed services. •Satisfaction with outcomes based on a subset of items; other subsets will provide information on involvement with treatment planning, idea inclusion and direct care workers listening to clients and families served. •Involve parent organization, where possible, in data collection and analysis. •Relate to similar item subsets in prior DPBHS family measure where possible.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	22.88	20.58	20	20.71	103.55
Numerator	119	107	--	116	--
Denominator	520	520	--	560	--

Table Descriptors:

Goal: Improvement in School attendance

Target: % of children in DPBHS services who reported improvement in their school attendance

Population: DPBHS SED population

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Increase school attendance

Measure: Number of children attending school and reporting improvement

Sources of Information: FACTS System
DOE

Special Issues: Largly depending on the DIG grant and other funding sources to obtain the technical assistance required.

Significance: At this time we are only able to report on the number of children that is attending school and report on those children that are not attending school. Our data sets are limited however paired with our DOE partnership we are able to document improved performance as well.

Activities and strategies/ changes/ innovative or exemplary model: DPBHS continues to strengthen this NOM. Our FACTS system currently can report on attendance: Regular, Sporadic, Not at all, Expelled/not enrolled or dropped out. With additional funding we are enhancing our data system to provide more data for use. DPBHS is currently working with The Department of Education(DOE) to create a system where this information will come directly out of DOE and into our system. DOE has implemented a new statewide tracking system which is currently up and running. DPBHS has been following this NOM while in development phases and will be prepared to fully report in the future.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved 20% reported improved attendance. DPBHS continues to strengthen this NOM.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Decreased Criminal Justice Involvement
(Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	36.23	28.13	36	27.42	76.17
Numerator	450	335	--	349	--
Denominator	1,242	1,191	--	1,273	--

Table Descriptors:

Goal: Decrease Criminal Justice Involvement

Target: Maintain 36% of children not re arrested in 2009

Population: DPBHS SED Population

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of SED children involved with JJ 2 or more times(re-arrested)

Measure: Number of SED children involved in Juvenile Justice (1 arrested)

Sources of Information: Division of Youth Rehabilitation Services
FACTS System
Department of Education

Special Issues: Redefining methodology, experimenting with ways to really represent this NOM.

Significance: This is the first year we are reporting on this NOM.

Activities and strategies/ changes/ innovative or exemplary model: Our Division has been following these measures as they develop. DPBHS has invested 50,000 this year alone to be able to report on SED/ Juvenile Justice recidivism rate. Our Departments four-year strategic financial plan contains a well-balanced combinations of initiatives to transform our Juvenile justice system. Continuing to look into ways to report this NOM.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: N/A

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	57.80	54.44	55	55.46	100.84
Numerator	493	417	--	401	--
Denominator	853	766	--	723	--

Table Descriptors:

Goal: To provide care which families perceive as producing improved social connectedness.

Target: Maintain 55% of families reporting improved connectedness.

Population: DPBHS SED population.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Parents/cargivers reporting positively about social connectedness.

Measure: Number of reported responses reported in the social connectedness domain of the Ohio Scales.

Sources of Information: OHIO Scales
FACTS System

Special Issues: This is the first year this item is being reported on.

Significance: Measuring the consumers and or families perception of services is a critical component to evaluating the quality of care provided in the mental health system in Delaware.

Activities and strategies/ changes/ innovative or exemplary model: We are continuing to define this measure so that we can accurately address the measure. DPBHS is currently using Ohio scales with the ability to collect a variety of data elements and once the measure is defined, we will be able to query the appropriate data.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	81.72	91.11	.80	87.76	10,970
Numerator	228	666	--	581	--
Denominator	279	731	--	662	--

Table Descriptors:

Goal: To provide services with families perceive as improved functioning in their child.

Target: Maintain 80% of families reporting improved functioning in their child.

Population: DCMHS SED population

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Parents/caregivers reporting positively about their child's functioning.

Measure: Number of positive responses reported in the functioning domain using the Ohio Scales.

Sources of Information: FACTS system
Ohio Scales

Special Issues: This is the first year that DCMHS is reporting on this NOM. Methodology may change in the future.

Significance: Using this measure is critical in evaluating the quality of care provided in Delaware's continuum of care for children and adolescents.

Activities and strategies/ changes/ innovative or exemplary model: DCMHS is currently using Ohio scales with the ability to collect a variety of data elements and once the measure is defined, we will be able to query the appropriate data. DCMHS currently surveys for consumer functioning from both the parent and the child. Some of the areas include: need for constant supervision, unable to function in almost all areas, moderate degree of interference in functioning, some difficulty in a single area just to name a few. As we report on this measure there may be changes as our Division grows and enhances its data sets.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Access services to rural areas.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	37	37	38	37	97
Numerator	1,022	1,065	--	1,096	--
Denominator	2,796	2,865	--	2,978	--

Table Descriptors:

Goal: Ensure appropriate access to services for children living in rural areas of Delaware.

Target: 40% of children living in Kent or Sussex counties will receive DPBHS services.

Population: Children living in Kent and Sussex Counties.

Criterion: 4: Targeted Services to Rural and Homeless Populations

Indicator: Percentage of children in Kent or Sussex counties receiving DPBHS services.

Measure: Number of children living in Kent and Sussex Counties who receive DPBHS services. Number of DCMHS target population living in Kent and Sussex Counties.

Sources of Information: FACTS service system. Delaware Population Consortium.

Special Issues:

Significance: Inadequate transportation services, relatively greater distances between provider sites, some gaps in service continuum make the availability of home and community-based services, such as crisis intervention and intensive outpatient services especially important.

Activities and strategies/ changes/ innovative or exemplary model: •Develop plan for implementation of local intake services as recommended by DPBHS staff work group. •Expand outreach and engagement activities, including focus on services for Spanish-speaking families and geographic areas with pattern of low service utilization. •Utilize resources of local providers, school districts, public health offices and Delaware Population Consortium to continue development of plan for staffing and service mix required to meet anticipated service requirements associated with growth in size and diversity of Kent-Sussex population.

Target Achieved or Not Achieved/If Not, Explain Why: Target partially achieved, 38% was targeted for services. There were little change in the target population in total but a shift in the age mix, with a larger portion of the target population comprised of children under the age of 10 years old. This younger population presented with relatively fewer behavioral health problems than older children.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Clinical service timeline.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	8.50	6.90	8.50	9.20	108
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

- Goal:** Establish a clinical service pathway and expected timeline.
- Target:** Established clinical service pathway and timeline-15 days or less.
- Population:** Children receiving services from intensive casemanagement teams.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:** Establish clinical service pathway and expected timeline.
- Measure:** Timeliness from case assignment until a client is admitted into service.
- Sources of Information:** DSCYF FACTS Data System and Clinical pathways.
- Special Issues:** Increased in number of children served
New programs
Increase in screening tools
Increase in outreach and education
- Significance:** It is critical to understand the relationship of treatment outcomes to timeliness and continuity of services in a managed care system.
- Activities and strategies/ changes/ innovative or exemplary model:** •Built on previous analyses of time for intake process, assessment, initiation of crisis services and assignment to a clinical services management team. •Design a clinical service pathway, which reflects best practice. •Add a timeline for initiation of treatment and transitions between subsequent services. •Analyze compliance with pathway and timelines, including causal analyses for outliers. •Relate findings to outcome measures of functioning and decreased symptoms.
- Target Achieved or Not Achieved/If Not, Explain Why:** Target not Achieved. The minor variation was a result of the mix of services with relative increases in Lower Intensity (e.g. OP) and Higher Intensity (e.g. Residential) services. The former are impacted by family appointment time preferences and the latter by availability of specialized out-of-State facilities which were required in 2011.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Completion of DIG Basic and Developmental Tables

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.10	.10	.10	.10	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Enhance DPBHS information management and data-based decision-making capability.

Target: 100% of all relevant tables to children’s services.

Population: Children receiving DPBHS services.

Criterion: 5:Management Systems

Indicator: The number of DIG basic and developmental tables relevant to children’s services.

Measure: Number of tables completed. Total number of relevant tables.

Sources of Information: URS tables specification, DPBHS PPG specification for implementation reporting.

Special Issues: Proposed redesign of FACTS system must take into account URS and PPG reporting requirements.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: •Continue work on URS tables, PPG reporting requirements. •Integrate reporting requirements with DSCYF and DCMHS report cards, FACTS development and DPBHS information management.

Target Achieved Target Achieved.
or
Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Emergencies service plans.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	1,200	1,257	1,230	1,230	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To increase the number of emergency responders trained.

Target: increase the number of new responders by 25.

Population: Delawares emergency responders, volunteers and interested parties.

Criterion: 5:Management Systems

Indicator: Completion of emergency training program for first time responders.

Measure: Number of new emergency responders trained

Sources of Information: Training Unit
CD-CP Crisis Unit

Special Issues: Collaboration with DSCYF Safety Committee,Public Health,Police Departments, Hospitals, Fire Departments, EMTs, community at large.

Significance: Developed spreadsheet and tracking of the different Departments requesting, offered and received training.

Activities and strategies/ changes/ innovative or exemplary model: Development of a competency based E-training presentation.
Provide ways for emergency responders to be annually trained.
Identify new units to be trained.
Collaborate state-wide.
Develop and implement training plan for emergency responders.
Continue developing linkages with DCMHS crisis providers and state-wide crisis response efforts.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved, responder continue to be maintain training.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Implement outreach to special populations.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	7	7	7	7	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Increase access through outreach for special populations.

Target: Maintain 7 outreach activities with targeted populations.

Population: Families and caretakers with or at risk of SED in foster care and juvenile justice facilities.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Implementation of outreach/training activities for targeted populations.

Measure: Number of activities/trainings conducted.

Sources of Information: DSCYF FACTS system. DFS and DYRS program administrators. DPBHS outreach database and community partners. Communication and Outreach Plan .

Special Issues: Expansion of trainer/outreach worker cadre;collection of information by trainers.

Significance: In order to increase access to community mental health services, it is important to provide information on behavioral health issues and service access pathways to families caring for children in DFS and DYRS services and to program administrators and front-line workers in those divisions.

Activities and strategies/ changes/ innovative or exemplary model: •Coordinate with DYRS and DFS traing schedule. •cross-train sister divisions-train the trainer. •Provide information on DPBHS services and access to mobile crisis services to targeted programs and facilities. •Track and analyze referral and service patterns related to identified programs and facilities. •Expand outreach and coordination with DSCYF and community organizations.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved, over 7 have been implemeted with additional data from our Prevention Services.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Integrated Service Plans(ISP)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.70	70	65	65	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

- Goal:** Integrated Service Plan (ISP) developed for all CSMT clients served by more than one DSCYF Division.
- Target:** 70% Completion for clients meeting criteria during initial year of plan.
- Population:** Children receiving services of intensive CSMT teams.
- Criterion:** 3:Children's Services
- Indicator:** Maintain 70% of designated CSMT clients with completed ISP's.
- Measure:** Number of clients with completed ISP. Number of intensive CSMT clients also served by a second DSCYF Division.
- Sources of Information:** DSCYF FACTS System.
- Special Issues:** Concerns with timeliness of completion where client is initially served by only one Division and another is added later.
- Significance:** The Integrated Service Plan is a critical building block in the DSCYF System of Care. Effective implementation of the policy and process is fundamental to development of integrated services.
- Activities and strategies/ changes/ innovative or exemplary model:** •ISP training integrated into System of Care plan and training. •Clarification of timelines, criteria, and roles in integrated teams. •Quality assurance monitoring by DSCYF team.
- Target Achieved or Not Achieved/If Not, Explain Why:** Target Achieved however the Department decided not to support this indicator as the Department questioned the validity of integrated service plans, however DPBHS careplans continue to be completed in a will continue to assess data in relation to DPBHS care plans.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Outreach to service for homeless.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	10	10	10	10	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Ensure outreach to services for homeless families regarding availability and access to DPBHS service programs.

Target: increase outreach activities by 2.

Population: Children of homeless families,homeless and runaway youth, Provider for homeless children and families; requiring mental health services.

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Program and facilities receiving outreach services.

Measure: Number of outreach efforts to access to DPBHS. Number of facilities, organizations providing services to homeless families. Number of new serves.

Sources of Information: DPBHS referral record. DPBHS communication and outreach plan. Information Management Committee.

Special Issues: Mobility of homeless population requires mobility and coordination of service provider community.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: •Survey Clinical Services Management Teams, providers of crisis and outpatient services to identify additional opportunities for outreach to services for homeless children and families. •Survey family shelter programs and community organizations to identify opportunities for collaboration in provision of crisis services and in follow-up services to children whose continuing treatment services are interrupted by family homelessness. •Provide information on DPBHS services and access to mobile crisis services to targeted programs and facilities. •Track and analyze referral and service patterns related to identified programs and facilities. •Expand outreach and coordination with DSCYF and community organizations planning services for runaway youth. Partner with youth for their expertise and knowledge of the whereabouts of there peers.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved as outreach is important to our Department/Division, this goal to provide outreach is always exceeded. We will continue to increase this number as activities have increased since the merge of our Prevention Division with our current Division.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Prevalence and treated prevalence of SED.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.36	36	N/A	N/A	N/A
Numerator	2,668	2,769	--	N/A	--
Denominator	7,974	7,612	--	N/A	--

Table Descriptors:

- Goal:** Establish estimates of treated prevalence of SED children in the State of Delaware using information/ data supplied by SAMHSA.
- Target:** Target population served by DPBHS.
- Population:** Children with SED as defined in federal methodology; children receiving DPBHS services.
- Criterion:** 2:Mental Health System Data Epidemiology
- Indicator:** Identification of 2009 prevalence estimate of SED children in Delaware.
- Measure:** # treated meeting Federal definition. Estimated prevalence of DPBHS target population.
- Sources of Information:** DSCYF FACTS, Federal estimates
- Special Issues:** Differences between federal estimation methodology and DPBHS/DSCYF service eligibility criteria and age range; Medicaid benefits outside of DPBHS system.
- Significance:** Setting quantitative goals is important to planning and service system development but a process complicated by difficulties in access to data in related systems.
- Activities and strategies/ changes/ innovative or exemplary model:** •Produce historical summary of number of children served by DPBHS and other DSCYF Divisions. •Collaborate with the Medicaid Office to obtain information regarding the children provided outpatient services under the DSHP provisions and an up-to-date age profile of the Medicaid population in preparation
- Target Achieved or Not Achieved/If Not, Explain Why:** Target Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Timely Transition Planning

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.50	.50	.50	.50	.50
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Timely planning of transition to adult behavioral health services.

Target: 50% of those identified as requiring adult behavioral health services within receive a timely referrals to the adult system within 1 year of discharge.

Population: Youth requiring transition to adult services.

Criterion: 3:Children's Services

Indicator: % of those identified as requiring adult behavioral health services receive timely referral (in accordance with DSAMH-DCMHS MOU updated 2008)

Measure: Number of clients referred from DCMHS to DSAMH by age specified in MOU.
Number of clients referred from DCMHS to DSAMH

Sources of Information: DCMHS transition application database, DSCYF FACTS System.

Special Issues: Success requires mutual training on MOU, characteristics of adolescent DCMHS population, components of DSAMH service system. Re-adressing MOU process and recording. Discussing ways to share data around clients that enter into treatment with the adult system. Reestablish methodology for 2009. Updated MOU to start discharge planning at age 17.

Significance: Success in transition planning, data collection and training, critical planning for an appropriate array of transitional-age behavioral health services.

Activities and strategies/ changes/ innovative or exemplary model: •Mutual training on MOU, especially time frames for application submission and response. •Training on characteristics of DCMHS population and service needs for DSAMH staff. •Training on components of DSAMH services and eligibility requirements for DCMHS staff. •Continuing identification of services necessary for transition-age population; study of model programs. •Identify success factors, design performance improvement strategies. •Continue quarterly meetings between DSAMH and DCMHS. Re-establishing baseline percentages.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved. DPBHS continues to improve this NOM as numbers are self reported however we are attempting to upgrade our FACTS system to automatically capture information pertaining to youth transitions from the children to the adult system.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Youth and Family partnership at all levels.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	1	1	1	1	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Support family/youth participation in the family organization, evaluation activities, anti-stigma campaign, and System of Care planning.

Target: Recruit 1 new family member to participate in planning/Advisory/Advocacy Council.

Population: Families, Parents, Caregivers, Gaurdians, and Youth.

Criterion: 5:Management Systems

Indicator: New family member participation in the planning process.

Measure: Number of families participating in planning.

Sources of Information: CSMT reports, report from family organization, satisfaction survey re: involvement in planning.

Special Issues: Youth involvement often difficult to schedule but Youth have been very active in social marketing efforts. increased 1 more family involvement on the Advisory, Advocacy Council.

Significance: Synergy of parent, teen and staff involvement at policy, evaluation, and family support levels essential to fully functioning System of Care. Family members on Advisory Council have been very effective.

Activities and strategies/ changes/ innovative or exemplary model: •Work with family organization to identify methods of increasing family participation across DPBHS programs and activities. •Utilize lessons learned from teen client involvement in development of anti-stigma campaign to increase teen involvement in additional program and planning areas. •Include family members in DPBHS evaluation projects, building on training from parent/support groups. •Provide additional opportunities for DPBHS staff to learn from FF projects and collaborate in encouraging all families and youth to participate.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved/ actually exceeded as our Council has been expanded to meet the needs of children 0-5 which has doubled our family participation and our Prevention coalitions have been invited to participate as a part of this council.

Upload Planning Council Letter for the Implementation Report

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.