Rhode Island

UNIFORM APPLICATION
FY 2016 BEHAVORIAL HEALTH REPORT

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016
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Center for Mental Health Services
Division of State and Community Systems Development

I: State Information

State Information

State DUNS Number

Number	111415381
Expiration Date	5/11/2013 12:00:00 AM

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

Agency Name	Rhode Island Department of Behavioral Healthcare, Developmental Disabilties and Hospitals
Organizational Unit	Division of Behavioral Health
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III. State Expenditure Period (Most recent State exependiture period that is closed out)

From	7/1/2014
To	6/30/2015

IV. Date Submitted

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

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V. Contact Person Responsible for Report Submission

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Footnotes:

II: Annual Report

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

Priority #: 1

Priority Area: Women with dependent children in need of treatment

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Improve behavioral health treatment outcomes for women with dependent children.

Strategies to attain the goal:

Increase use of evidence-based programs and practices with women with dependent children.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of women with dependent children receiving outpatient treatment receiving evidence based programs and practices to improve parenting skills.

Baseline Measurement: Number of women with dependent children receiving outpatient treatment is not known.

First-year target/outcome measurement: More accurately count the number of women in outpatient treatment who have dependent children.

Second-year target/outcome measurement: 25% of women in outpatient treatment who have dependent children will receive evidence based programs and practices to improve parenting skills.

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

Data Source:

BHOLD (client information system) and monitoring visits

New Data Source*(if needed)*:

Description of Data:

Client demographic data and treatment plans.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The client information system will require modifications to identify women with dependent children.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The Department has been working with our CIS vendor to include modifications to identify women with dependent children. This work has not been completed; there was a delay resulting from the vendor being acquired by another company. This effort is ongoing.

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

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

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

The state was unable to use state data systems to track this outcome. BHDDH-licensed OP SAT providers were surveyed to determine which parenting EBPs are offered and how many clients participated. Only two providers offer parenting courses. Providers indicated that they aren't able to afford to provide evidence-based parenting services, and there is no funding steam sufficient to support expansion of this service on a statewide scale. For these reasons, BHDDH will not pursue the goal of having 25% of SA, parenting women receive parenting EBPs. Instead, it will explore providing parenting education through its block grant-funded training contract with SAMHLA.

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

Priority #: 2

Priority Area: Substance abusing pregnant women

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Improve behavioral health treatment outcomes for women.

Strategies to attain the goal:

Increase the use of women-specific evidence-based program and practices.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of pregnant women receiving women-specific evidence based programs and practices in residential treatment.

Baseline Measurement: 2% of pregnant women received women-specific evidence based programs and practices in SFY 2012.

First-year target/outcome measurement: 50% of pregnant women receiving treatment will be exposed to women-specific evidence-based programs and practices.

Second-year target/outcome measurement: All pregnant women receiving treatment will be exposed to women-specific evidence-based programs and practices.

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

Data Source:

Contract monitoring visits and reports.

New Data Source*(if needed)*:

Description of Data:

Substance use disorder treatment monitoring staff will review records for description of EBP.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Trainings offered on effective Evidence-Based programs for women with specific clinical supervision training on the importance of fidelity to EBPs.

Priority #: 3

Priority Area: Intravenous drug users

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Decrease the negative effects of untreated intravenous drug use and abuse of opioid medication, particularly drug overdoses

Strategies to attain the goal:

The Department will continue to support our detox, outpatient, Opioid Treatment Programs, and residential treatment network which serves IVDUs. The Department will support training and educational activities that focus on Best Practices for treating IVDUs. The Department will require programs that treat IVDUs to provide coordination with primary care and mental health physicians as well as other treatment and recovery support service providers

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase quality of treatment and treatment access for IVDUs

Baseline Measurement: The number of OTPs accessing the PDMP in SFY 12 or SFY 13 is unknown.

First-year target/outcome measurement: Increase the number of OTPs accessing the PDMP by 2.

Second-year target/outcome measurement: Increase the number of OTPs accessing the PDMP by 6.

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

Data Source:

Department of Health, PDMP. BHOLD

New Data Source*(if needed)*:

Description of Data:

Use of PDMP by OTPS. Count of providers.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New regulations were promulgated in December 2012 requiring all OTPs to look a the PDMP. For SFY 14 all OTPs will be required to

check the PDMP at admission, at increase in takehome privilege and at annual physical examination.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

100% of all clients entering OTPs administered the PDMP.

Priority #: 4

Priority Area: Persons with or at risk of TB who are in treatment for substance abuse.

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Reduce the spread of TB.

Strategies to attain the goal:

Continue to monitor compliance with regulation requiring physical examinations and laboratory work to include PPD-Mantoux testing and making available TB treatment services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of clients receiving PPD testing at admission.

Baseline Measurement: 100 percent of OTP admissions received a physical examination and laboratory work including PPD

First-year target/outcome measurement: 100%

Second-year target/outcome measurement: 100%

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

Data Source:

Contract monitoring visits.

New Data Source*(if needed)*:

Description of Data:

Review of client records.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

100% of all clients entering OTPs administered the PPD

Priority #: 5

Priority Area: Adolescents

Priority Type: SAP

Population(s): Other (Adolescents at a high risk or highest risk for substance abuse)

Goal of the priority area:

A measurable reduction in the percent of in-school, high school-aged (grades 9-12) youth reporting current (past 30-day) use of marijuana and other drugs; and a measurable increase in the percent of in-school, high school-aged youth expressing disapproval of the use of marijuana and other drugs.

Strategies to attain the goal:

Evidence-based programming directed at the entire school population, including students and staff- Universal Indirect, evidence-based programming for an entire grade of students- Universal Direct and evidence-based programming for students at high or highest risk for substance use- Selected and/or Indicated.

Footnotes:

MH Block Grant Report for FY 2015

Revision to Step 4

<u>Priority Population</u>: Children with Serious Emotional Disturbances (SED) and Children at risk for SED
IOM Categories: Prevention, Treatment, and Maintenance

Goal: To maintain youth with SED in least restrictive setting

Objective: To decrease restrictive residential placements of youth with SED by enhancing the capacity of community-based services.

Strategies: (1) Increase family directed care by increasing access to peer mentoring available within the system to support youth with SED and their families

<u>Performance Indicators:</u>

a) Decreased number of children and youth in residential care

Baseline: **507** in FY 2013

Year One: **520** in FY 2014 **Not Achieved**

Year Two: **525** in FY 2015 **Not Achieved**

During FY 2015, a slight increase in the number of residential placements occurred, but, at the same time, there has been an expanded, ongoing effort and to increase the availability and variety of community based services so as to reduce the need for residential placement. The following table shows the reduction in residential placement for three years and the recent slight increase in FY 2014 and FY 2015. Concurrently, there has been an increase in the number of maltreatment reports and completed investigation in the last two years, which has had an impact on the number of placements.

Period	Daily Residential Placement average daily	Out of State Placement average daily	Average daily residential including medical and psychiatric hospital	Average daily foster care census	Daily Psychiatric Hospitalization census (as of June 30th of each year)
FY 2011	*686*	50	809	1183	
FY 2012	*549*	46	652	1101	24
FY 2013	*507*	42	615	1078	32

FY 2014	*520*	71	616	1144	55
FY 2015	525	82	635	1234	39

The average daily residential placement numbers are based on a point in time averaged over 12 months and includes medical and psychiatric hospital stays.

Overall, the Department of Children, Youth and Families (DCYF) has been focused on several initiatives to decrease the number of children and youth in residential care. Some of these initiatives include increasing the capacity of community-based services that provide evidence based programs, implementing evidence-based, standardized functional assessments, including the Child Adolescent Needs and Strengths Assessment (CANS), and increasing the focus on recruitment and resource needs of foster care families and kinship placements. DCYF is also partnering with the health care provider, Neighborhood Health Plan, to collaboratively address residential placements and to develop ways to improve delivery of services to children and youth at risk of hospitalization. Projects that were initiated during FY 2015 include the following evidence based community based programs: Family Centered Treatment (FCT), Triple P: Positive Parenting Program, Teen Assertive Community Treatment (TACT) and Trauma Systems Therapy (TST-RES). These new evidence based programs received startup funds from the MH BG and were operational for all of FY 2015.

DCYF has continued to work collaboratively with the Parent Support Network (PSN) in supporting their work with families who are for the most part not involved with DCYF but who need assistance to navigate the service system. PSN focuses on providing support and services for children and youth with serious emotional disturbance and their families and those at risk of SED. The most identified needs of families seeking help from PSN include education and behavioral/psychological services.

DATA from PSN-Hotline and Peer Mentors Activities				
Average Number of Families and Children Active by Quarter for FY 2015				
	First Q	**Second Q**	**Third Q**	**Fourth Q**
New families	**45**	**55**	**47**	**54**
Average number of active families	**104**	**129**	**114**	**112**
Average number of active children	**120**	**145**	**141**	**129**
Type of Services Contacts Provided by Quarter for FT 2015				
Service	**First Q**	**Second Q**	**Third Q**	**Fourth Q**
Phone calls -Warm Line	**211**	**289**	**318**	**352**
Parenting Wisely	**14**	**13**	**12**	**8**
Family-directed wraparound planning (Total number of 'a', 'b', 'c', and 'd')	**44**	**56**	**46**	**41**
a. Educational planning meetings	**3**	**25**	**9**	**19**
b. Care planning meetings	**18**	**18**	**15**	**9**
c. Court meetings	**6**	**1**	**0**	**0**
d. Home visits	**17**	**12**	**14**	**13**

Other contacts (office,	**6**	**2**	**8**	**12**
Intake	**39**	**37**	**43**	**46**
Primary Area of Need Identified Across Life Domains FY 2015				
Life Domain	**First Q**	**Second Q**	**Third Q**	**Fourth Q**
Education	**160**	**249**	**240**	**259**
Behavioral/psychological	**73**	**62**	**89**	**53**
Family relationship	**66**	**59**	**49**	**97**
Basic needs	**5**	**18**	**25**	**41**
Other	**4**	**7**	**16**	**9**

b) Increase number of families involved with Peer Mentors

There has been an increase in the number of families involved with Peer Mentors; the number of families receiving services in FY 2015 increased from 187 the previous year to 200 during FY 2015. PSN provided services to an average of 50 new families per quarter. This represents a 7 percent increase in the number of families receiving individual support, education and advocacy services so that they become empowered self- advocates in meeting their child and family needs.

Baseline: 103 in FY 2013

Year One: 187 in FY 2014 **Achieved**

Year Two: 200 in FY 2015 **Achieved**

c) Increase number of families engaged in family-directed wraparound planning with minimum of 10 meetings per month with families who have children at risk and those diagnosed as SED.

Baseline: 10 in FY 2013

Year One: 12.5 average per month in FY 2014 **Achieved**

Year Two: 17.9 average per month in FY 2015 **Achieved**

PSN has increased the number of families involved with PSN and a Peer Mentor which has resulted in an increase in families engaged in family-directed care planning. Peer Mentors have attended an average of 47 meetings with families per quarter which averages to more than 10 meetings per month. See chart above for details.

PSN had received additional funds to provide Family Support Partners for the families involved with the Department of Children, Youth and Families in addition to the Peer Mentors until April

15, 2015. In addition to the services provided by the Peer Mentors, PSN provided direct services to 68 families, 117 children and conducted 41 educational planning meetings, 100 care planning meeting and 96 home visits.

PSN uses a Family Empowerment Scale (FES) to measure family satisfaction in relationship to the services provided to increase family-directed wraparound and participation. The Family Empowerment Scale's questionnaire measures the level of empowerment through attitudes, knowledge and behavior in the family, child service system and the community/politics. There were 75 families who participated in this study between July 1, 2014 and June 30, 2015. Thirty one (31) family members repeated the survey at six months. The results showed an significant increase in perception by the families in their belief that they can solve problems with their child, know what steps to take, can talk to professionals about the services for their child and what could improve services for others, and can help other families get services they need.

Strategy (2) Enhance the capacity of the family-care infrastructure by supporting the RIFIS system.

The Rhode Island Family Information System (RIFIS) provides a means of collecting demographic and services information for the phase I Family Community Care Partnership (FCCP) which provides family-centered wraparound services to families with children at risk of placement and children who have been identified as SED. RIFIS provides data for various outcomes identified in the DCYF Logic Model depicting outcomes, deliverables, activities and resources for the system of care. During FY 2015, family focused wraparound services through the FCCP have been provided to 1700 families. RIFIS is able to report on the number of family wrap team meetings in addition to many other family-centered planning and educational meetings with community providers and educators. DCYF continues to analyze those outcomes which have provided evidence of effectiveness of services to families of SED children and those children at risk of SED involved with the FCCPs.

Priority Population: Homeless Severely Behaviorally Disordered individuals
IOM Categories: Treatment and Maintenance

Goal: Decrease numbers of SBD individuals with unstable housing and/or homeless.

Objective 1:

Increase access of homeless SBD individuals to mental health, substance abuse and primary care services

Strategies:

PATH program will initiate MOUs with statewide health providers and other behavioral healthcare providers to identify and assist in increasing PATH clients' use of the provider services

PATH program will explore feasibility of providing psychiatric and other behavioral and primary care services as outreach services

Emergency Room Diversion program will provide alternative assessment, treatment and referral for homeless, late stage substance abusers who would otherwise receive only episodic crisis care in hospital EDs

Objective 2:

Increase availability of income supports and medical coverage for homeless SBD individuals

Strategies:

SOAR staff will partner with PATH outreach staff in serving homeless SBD population

Objective 3:

Increase the number of homeless SBD individuals in permanent supported housing

Strategy:

PATH, CABHI and PSH grant programs will place clients into Housing First permanent supported housing

Performance Indicators:

a)Increased percentage of PATH-active clients who received mental health, substance abuse and primary care treatment during FY14 PATH reporting year (Annual PATH report)

Baseline: 47% in FY 2013

Year One: 42% in FY 2014 **Not Achieved**

Year Two: 55% in FY 2015 **Achieved**

Explanation: Numbers of those receiving PATH services fluctuated yearly. The total of those outreached was 508 in SFY 2013, 456 in SFY 2014 and 384 in SFY 2015. The percentage of PATH clients receiving behavioral health services increased between FY 2013 (47%) and FY 2015 55%).

Data Source: PATH Annual Report

b) Increased number of homeless/SBD clients made eligible for SSI/SSDI (SOAR reports)

Baseline: 19/year

Year One: 16/year Not Achieved

Year Two: 16/year Not Achieved

Explanation: The state has not had a designated state coordinator for two years, which has slowed the rate of eligibility determinations. As of this date, neither private nor public funding has been found to support this position.

Data Source: State SOAR Coordinator Log

Priority Population: SMI Individuals with co-morbid health conditions

IOM Categories: Promotion, Prevention

Goal: To decrease morbidity from severe, chronic and treatable medical conditions among SPMI clients

Objectives: Increase compliance of SPMI clients with medically-determined treatment management

Strategies:

- To encourage adoption by other CMHOs of the Providence Center's/Providence Health Center's co-located health center model. In June, 2011, the Providence Center opened an on-site health center to serve its clients. Its objective was to increase access to medical care for its population.

- To develop Medical Health Homes. In 2014, BHDDH required the CMHOs to provide this Medicaid-funded service for Medicaid-eligible individuals with SPMI. The model requires that the CMHOs develop health management teams for their clients, provide comprehensive, individualized care management and coordinate medical services with health providers. The intent has been to increase the coordination of care and improve disease management, including self-management, for CSP clients.

Performance Indicators:

a) Increased percent of CMHO clients w/one or more well-visit/physical exam in 12 months (Med claims data)

Baseline: FY 2013	**79.20%**	
Year One: 2014	**80.50%**	**Year One: Achieved**
Year Two: 2015	**81.17%**	**Year Two: Achieved**

Data Source: Medicaid Claims data

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			$0
Specialized Outpatient Medical Services			$0
Acute Primary Care			$0
General Health Screens, Tests and Immunizations			$0
Comprehensive Care Management			$0
Care coordination and Health Promotion			$0
Comprehensive Transitional Care			$0
Individual and Family Support			$0
Referral to Community Services Dissemination			$0
Prevention (Including Promotion)			$0
Screening, Brief Intervention and Referral to Treatment			$0
Brief Motivational Interviews			$0
Screening and Brief Intervention for Tobacco Cessation			$0
Parent Training			$0
Facilitated Referrals			$0
Relapse Prevention/Wellness Recovery Support			$0
Warm Line			$0
Substance Abuse (Primary Prevention)			$0
Classroom and/or small group sessions (Education)			$0
Media campaigns (Information Dissemination)			$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			$0
Parenting and family management (Education)			$0

Education programs for youth groups (Education)			$0
Community Service Activities (Alternatives)			$0
Student Assistance Programs (Problem Identification and Referral)			$0
Employee Assistance programs (Problem Identification and Referral)			$0
Community Team Building (Community Based Process)			$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			$0
Engagement Services			$0
Assessment			$0
Specialized Evaluations (Psychological and Neurological)			$0
Service Planning (including crisis planning)			$0
Consumer/Family Education			$0
Outreach			$0
Outpatient Services			$0
Evidenced-based Therapies			$0
Group Therapy			$0
Family Therapy			$0
Multi-family Therapy			$0
Consultation to Caregivers			$0
Medication Services			$0
Medication Management			$0
Pharmacotherapy (including MAT)			$0
Laboratory services			$0
Community Support (Rehabilitative)			$0
Parent/Caregiver Support			$0
Skill Building (social, daily living, cognitive)			$0
Case Management			$0

Behavior Management			$0
Supported Employment			$0
Permanent Supported Housing			$0
Recovery Housing			$0
Therapeutic Mentoring			$0
Traditional Healing Services			$0
Recovery Supports			$0
Peer Support			$0
Recovery Support Coaching			$0
Recovery Support Center Services			$0
Supports for Self-directed Care			$0
Other Supports (Habilitative)			$0
Personal Care			$0
Homemaker			$0
Respite			$0
Supported Education			$0
Transportation			$0
Assisted Living Services			$0
Recreational Services			$0
Trained Behavioral Health Interpreters			$0
Interactive Communication Technology Devices			$0
Intensive Support Services			$0
Substance Abuse Intensive Outpatient (IOP)			$0
Partial Hospital			$0
Assertive Community Treatment			$0
Intensive Home-based Services			$0
Multi-systemic Therapy			$0

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

Footnotes:

III: Expenditure Reports

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

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2014	Estimated/Actual SFY 2015
$15,300,000	$9,782,203	$11,415,204

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

III: Expenditure Reports

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

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	$\frac{\text{B1(2013) + B2(2014)}}{2}$ (C)
SFY 2013 (1)	$47,549,932	
SFY 2014 (2)	$53,617,146	$50,583,539
SFY 2015 (3)	$55,854,441	

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

SFY 2013	Yes		No	X
SFY 2014	Yes		No	X
SFY 2015	Yes	X	No	

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

Footnotes: