Data and Outcomes

Reed	Historical data beyond FY17 (Role of Public Mental Health, Slide 17)

Below is the historical information for the Impact of Community Mental Health Center Services data as presented on slide 17:

	FY15	FY16	FY17[1]
1. Emergency Room Visits			
Percent Reduction	66%	64%	66%
Prior to Services	14.0% 130 of 926	12.3% 165 of 1,342	17.7% 368 of 2,079
Post Services	4.6% 43 of 926	4.4% 59 of 1,342	6.0% 96 of 1,604
2. Night in the Hospitals			
Percent Reduction	68%	69%	63%
Prior to Services	22.1% 205 of 926	12.3% 269 of 1,342	23.0% 479 of 2,076
Post Services	7.0% 65 of 926	6.2% 83 of 1,342	8.4% 134 of 1,604
3. Spending at least one night in Jail			
Percent Reduction	48%	50%	62%
Prior to Services	7.5% 69 of 926	7.7% 104 of 1,342	16.3% 339 of 2,076
Post Services	3.9% 36 of 926	3.8% 51 of 1,342	6.2% 99 of 1,604
4. One or more arrests in past 30 days			
Percent Reduction	45%	35%	56%
Prior to Services	2.8% 12 of 926	5.8% 25 of 1,342	9.3% 193 of 2,079
Post Services	1.5% 9 of 926	3.8% 22 of 1,342	4.1% 66 of 1,604

[1]For 1 through 3, lookback periods were increased from 30 days to 6 months based on feedback from the Data and Outcomes Work Group.

Soholt	Historical data going back 10 years with breakdowns by services, if possible (Role of Public Mental Health, Slides 14 to 17)

Slide 14

Community mental health center – individuals served data (information prior to FY11 not readily available):

	2011	2012	2013	2014	2015	2016	2017
Outpatient	3,360	3,865	4,251	4,213	4,546	4,469	4,589
Children, Youth, and Family Services	5,551	5,556	5,462	5,394	5,211	5,250	4,989
CARE[1]	5,408	5,578	5,814	5,987	6,296	6,858	7,000
IMPACT[2]	226	233	247	241	286	311	301

[1] CARE - Comprehensive Assistance with Recovery and Empowerment

[2] IMPACT - Individualized Mobile Programs of Assertive Community Treatment

Slide 15

Behavioral Health/Health Home – individuals served:

	FY15	FY16	FY17
Average number of Individuals per month	790	756	724

Slide 16

The below information includes a multi-year lookback at client satisfaction with mental health services and employment status:

	FY15	FY16	FY17
Statisfaction with Services			
% of Clients who agree or strongly agree	95.1%	96.2%	94.3%
Responses	4,666 of 4,906	5,178 of 5,383	1,979 of 2,099

	FY15	FY16	FY17
Employment Status			
% of Clients Employed	27.6%	25.9%	27.0%
Responses	256 of 926	347 of 1,342	566 of 2,133

Note: data collection methods changed between FY16 and FY17, which impacted response rates.

Slide 17:

See previous response regarding this slide.

Hunhoff	Regionalize data by urban, rural, frontier areas (Role of Public Mental Health, Slides 16 to 17)

The below information describes client perception of mental health services between urban (Sioux Falls and Rapid City areas) and rural settings:

	FY17	
	Urban	Rural
Statisfaction with Services		
% of Clients who agree or strongly agree	93.0%	95.9%
Responses	1,596 of 1,714	1,337 of 1,394
Employment Status		
% of Clients Employed	22.4%	30.9%
Responses	347 of 1,342	297 of 961
Emergency Room Visits		
Percent Reduction	-64%	-63%
Prior to Services	33.0% 144 of 431	20.4% 65 of 319
Post Services	12.0% 59 of 1,342	7.5% 74 of 989
Night in the Hospitals		
Percent Reduction	-22%	-27%
Prior to Services	32.0% 136 of 427	9.2% 29 of 316
Post Services	24.0% 30 of 125	6.7% 65 of 976
Spending at least one night in Jail		
Percent Reduction	-39%	-65%
Prior to Services	41.0% 121 of 298	20.2% 65 of 321
Post Services	24.0% 30 of 427	7.1% 71 of 997
One or more arrests in past 30 days[2]		
Percent Reduction	-38%	-62%
Prior to Services	26.0% 112 of 424	17.6% 54 of 307
Post Services	16.0% 20 of 126	6.7% 66 of 988

Hunhoff	Information on the process for the satisfaction surveys: What do the percentages mean (total # or # out of successful completions)? Can this data be regionalized?

Below is the process for collecting adult and adolescent/family client satisfaction/service outcome surveys for agencies providing publically funded mental health services:

<u>Adult Client Satisfaction/Service Outcome Survey:</u>

- Completed by the adult at the beginning of treatment; at every 6-month interval; and at the end of treatment
- Completed in the following levels of care:
    - Comprehensive Assistance with Recovery and Empowerment (CARE)
    - Individualized Mobile Programs of Assertive Community Treatment (IMPACT)
    - First Episode Psychosis (Southeastern Behavioral HealthCare in Sioux Falls and Behavior Management Systems in Rapid City Only)
    - Transition Age Youth (Lutheran Social Services/Behavior Management Systems in Rapid City Only)

<u>Youth and Family Satisfaction/Service Outcome Survey:</u>

- Completed by parents/guardians at the beginning of treatment; at every 6-month interval; and at the end of treatment (youth 12 and older also complete the survey)
- Completed in the following levels of care:
    - Outpatient (*Optional*)
    - Child/Youth and Family Services (CYF)
    - Functional Family Therapy (FFT, *JJRI Youth Only*)
    - Moral Reconation Therapy (MRT, *JJRI Youth Only*)
    - Aggression Replacement Training (ART, *JJRI Youth Only*)

Juvenile Justice Reinvestment Initiative/ Criminal Justice Initiative

Hunhoff	More in-depth data on CJI and JJRI programs – number of participants – outcomes – successes

FY17 Juvenile Justice Reinvestment Initiative (JJRI) information:

- 755 families were served in Functional Family Therapy (FFT) in FY17
- 75 youth were served in Moral Reconation Therapy (MRT) in FY17 (services began in February)
- 29 youth were served in Aggression Replacement Training (ART) in FY17 (services began in March)

FY17 Functional Family Therapy (FFT) outcome data:

- Client Outcome Measure
  - 86% percent of youth and 88% of parents reported a positive general change at completion of FFT services
- Therapist Outcome Measure
  - 92% of therapists reported a positive general change at completion of FFT services
- Additional Outcomes
  - According to therapists, 93% of youth were still living at home at discharge
  - According to therapists, 93% of youth were still in school or working at discharge
  - According to therapists, 76% of youth had no new violations while in FFT services
  - Functional Family Therapy Completion Rate: 63%

Moral Reconation Therapy and Aggression Replacement Training began in early 2017 so completion rates and outcomes will be available for FY18.

Juvenile Justice Reinvestment Initiative FY17 Successes:

- Functional Family Therapy (FFT) outcomes indicate:
  - Low numbers of youth being incarcerated while receiving FFT services
  - Relatively low numbers of youth being placed out of home while receiving FFT services

    - Majority of therapists, youth, and parents reporting positive general change due to FFT services
- Implemented Moral Reconation Therapy and Aggression Replacement Training, including telehealth access

Juvenile Justice Reinvestment Initiative FY18 Successes:

- Implemented System of Care (SOC) services in Yankton, Charles Mix, Hughes, Tripp, Todd, and Bennett Counties (will be expanded to additional counties in FY19)
    - Includes a wraparound approach to care coordination and service delivery for youth and families with complex needs
    - Built on the values of being family driven, team-based, collaborative, individualized, and outcomes-based
    - Help families navigate and access all necessary services, while giving them the skills to become more self-reliant
- Moral Reconation Therapy completion rate (first full year of services): 49%
- Aggression Replacement Training completion rates (first full year of services): 69%
- Functional Family Therapy completion rate increased from 63% in FY17 to 67% in FY18

FY17 Criminal Justice Initiative (CJI) information:

- Cognitive Behavioral Interventions of Substance Abuse (CBISA) clients served: 2,177
  Moral Reconation Therapy (MRT) clients served: 997
- Cognitive Behavioral Interventions of Substance Abuse completion rate: 47% (national completion rate for all clients is 43%)
- Moral Reconation Therapy completion rate: 42%

FY17 CJI outcome data (collected at discharge):

- Social Connectedness (client feels connected and supported by friends, family, and community):
    - CBISA: 90% (N=316)
    - MRT: 90% (N=131)

- Improved Functioning (client engages in meaningful activities and has increased self-efficacy and coping skills):
    - CBISA: 93% (N=316)
    - MRT: 92% (N=131)

- Perception of Outcomes (client reported improved quality of life in major life domains):
    - CBISA: 93% (N=307)
    - MRT: 89% (N=123)

- Perception of Quality and Appropriateness (client felt informed, respected, and supported by agency staff):
    - CBISA: 94% (N=304)
    - MRT: 88% (N=124)

- Perception of Access to Services (client felt services were appropriate and accessible and staff were responsive to client needs):
    - CBISA: 93% (N=305)
    - MRT: 89% (N=127)

- Perceptions of Participation and Treatment Planning (client felt comfortable and involved in treatment planning):
    - CBISA: 87% (N=303)
    - MRT: 87% (N=121)

- General Satisfaction (client felt satisfied with agency services):
    - CBISA: 93% (N=308)
    - MRT: 88% (N=124)

FY17 Ability to control use 6 months following completion of CBISA:

- 98% (N=108) report their ability to control their alcohol use as 'good' or 'excellent' compared to 50% (N=902) at admission to services

- 94% (N=108) report their ability to control their drug use as 'good' or 'excellent' compared to 50% (N=849) at admission of services

FY17 Criminal thinking form administered at admission and discharge of MRT to measure criminal thinking elements:

- Reduction in all 6 criminal thinking sub-scales indicating an overall reduction in criminal thinking
- Most significant impact was made in the Personal Irresponsibility sub-scale (indicates clients are less likely to blame others for their criminal behaviors)
- 531 pre-tests and 171 post-tests administered

Hunhoff	Breakdown of FFT completions by region. What does successful FFT completion entail (Governor's Work Group, Slide 31)

FY17 Family Functional Therapy Completion Rates by urban and rural providers:

- Average completion rate for urban providers (Sioux Falls and Rapid City areas): 59% (N=213)
- Average completion rate for rural providers: 66% (N=151)

Note: West river urban providers (Lutheran Social Services & Behavior Management Systems) serve rural areas in addition to Pennington County.

Soholt	Cost of JJRI programs. Where are FFT participants located? Return on Investment? Who is trained?

According to the Washington State Institute for Public Policy regarding Functional Family Therapy (FFT) for youth on probation, the benefits of serving youth through FFT is $25,484 per participant and represents a benefit to cost ratio of $8.35. So, for every dollar invested in FFT services, there is a cost benefit of $8.35.

Aggression Replacement Training (ART) represents a benefit of $3,353 per client and a benefit to cost ratio of $3.09.

Juvenile Moral Reconation Therapy (MRT) cost benefit data is not available.

Cost per client data:

- FY17 average cost per client for FFT: $1,722
- FY17 average cost per client for ART: $733 (services became available in March 2017)
- FY17 average cost per client for MRT: $528 (services became available in February 2017)

Functional Family Therapy:

- 85 clinicians trained across the state with 46 currently providing services
- Currently available in 61 of the 66 counties

- Counties without access to FFT (Bennett, Gregory, Mellette, Todd, and Tripp) did not have referral numbers to support the model
- Children, Youth and Family (CYF) services are available in these counties and additional services that are responsive to the frontier nature of these counties, including Systems of Care (SOC) services and telehealth for Moral Reconation Therapy and Aggression Replacement Training are available or are being developed

Moral Reconation Therapy:

- 24 clinicians trained across the state with 21 currently providing services
- Currently available in-person in 7 counties (Minnehaha, Pennington, Yankton, Clay, Brown, Hughes and Codington) and statewide via telehealth

Aggression Replacement Therapy:

- 23 clinicians trained with 15 currently providing services
- Currently available in-person in 4 counties (Minnehaha, Pennington, Hughes, and Brown) and statewide via telehealth

Soholt	Real outcome data and fidelity piece (Governor's Work Group, slides 30-31- FFT, ART, SOC)

- Please see responses above and the annual reports:
  - https://boardsandcommissions.sd.gov/bcuploads/PublicDocs/PSIA%202015%20Annual%20Report.pdf
  - https://boardsandcommissions.sd.gov/bcuploads/PublicDocs/JJPSIA%20Annual%20Report%202017.pdf

Other

Soholt	Developing visual algorithm to conceptualize overlay of organizations and systems serving different areas (ex: Community Mental Health Centers, Governor's Work Group map, Community Coalitions)

- See attached maps

Reed	More information on the contracts between Department of Social Services and community providers

- See attached copy of the SFY19 contract between Lewis & Clark Behavioral Health and the Division of Behavioral Health

Otten	Information on where SD stands for telehealth services – where are the centers located that people can access – what's the plan for expanding that service

- Telehealth for psychiatric medication management has been a reimbursable service for many years
- FY17: psychiatric telehealth services were expanded to include evaluation, assessment, diagnostic and intake services
- FY17: outpatient individual and family psychotherapy added as reimbursable via telehealth
- FY18: Functional Family Therapy added as reimbursable via telehealth
- FY19: integrated assessment; evaluation and screening; crisis assessment and intervention; and supportive counseling/psychotherapy in Comprehensive Assistance with Recovery and Empowerment (CARE) services and Children, Youth and Family (CYF) services added as reimbursable via telehealth

- FY19: developing parameters for utilization of telehealth to provide intensive direct assistance and case management services for individuals meeting criteria for Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI)

Ewing, Soholt	More data to understand workforce shortages and how they can be managed

- FY18 average staff vacancies in Comprehensive Assistance with Recovery and Empowerment (CARE) services: 10 staff (4 identified as serving rural areas)
    - Average time to fill a position was approx. 16 months
- FY18 average staff vacancies in Children, Youth and Family (CYF)services: 7 staff (3 identified as serving rural areas)
    - Average time to fill a position was approx. 7 – 8 months

This is the average total reported by all 11 community mental health centers on FY18 quarterly staff vacancy surveys.

Reed	Information on how long clients wait to get into treatment

- FY18 average number of individuals on a waiting list at community mental health centers:
    - Child, Youth, & Family (CYF) services: 67
    - Comprehensive Assistance with Recovery and Empowerment (CARE): 52

- FY18 average length of time to receive a first appointment when on a waiting list:
    - Children, Youth and Family (CYF) services: 27 days
    - Comprehensive Assistance with Recovery and Empowerment (CARE): 22 days

Note: emergency services are available 24/7 for those in a crisis or with an immediate need

This is the average total reported by all 11 community mental health centers on FY18 quarterly waiting list surveys.

Diedrich	Data on what training programs are available in the state, relating to shortage of clinicians and mental health professionals

The Division of Behavioral Health has provided training on the following evidence based programs:

- Aggression Replacement Training (ART)
- Functional Family Therapy (FFT)
- Motivational Interviewing (MI)
- Assertive Community Treatment (ACT)
- Dialectical Behavior Therapy (DBT)

Trainings specific to suicide prevention and related programming:

- Zero Suicide
- Mental Health First Aid (MHFA), including Youth Mental Health First Aid (YMHFA) and the MHFA-PS (Public Safety)
- Question Persuade Refer (QPR)
- Applied Suicide Intervention Skills Training (ASIST)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Means Restriction and Safety Planning

Otten	What level of training has occurred throughout the state – how many jails, officers, etc.?

- See attached HB 1183 Required Training Completions document