B. Implementation Report

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

y #: 1		
y Area: Co	ommunity Mental Health Serv	rices
y Type: M	IHS	
ntion(s): SE	ED	
f the priority area:		
s to Mental Health	Services	
gies to attain the g	oal:	
D will work with D	BHDD providers and other st	tate agencies to support access to public mental health system services.
nual Performar	nce Indicators to measur	re goal success
Indicator #:		1
Indicator:		Number of youth accessing services through the public mental health system.
Baseline Measure	ement:	Initial data collected during SFY19
First-year target/	outcome measurement:	Due to significant budget cuts required by the state legislature, our goal is to monitor services and work to mitigate any potential negative impact on service provision during this transition year. Our year 1 goal is to maintain at least the same level of youth accessing services as in SFY19.
Second-year targ	et/outcome measurement:	Increase SFY20 number by 100 youth.
New Second-year	r target/outcome measureme	ent(if needed):
New Second-year Data Source:	r target/outcome measureme	ent(<i>if needed</i>):
Data Source: Medicaid and sta		nters; Georgia Collaborative Administrative Service Organization; Center of Excellence for
Data Source: Medicaid and sta	ate funded claims and encou vioral Health, Georgia State U	nters; Georgia Collaborative Administrative Service Organization; Center of Excellence for
Data Source: Medicaid and sta Children's Behav New Data Source	ate funded claims and encou vioral Health, Georgia State U e(if needed):	nters; Georgia Collaborative Administrative Service Organization; Center of Excellence for
Data Source: Medicaid and sta Children's Behav New Data Source Description of Da	ate funded claims and encou vioral Health, Georgia State U e(if needed):	Inters; Georgia Collaborative Administrative Service Organization; Center of Excellence for University.
Data Source: Medicaid and sta Children's Behav New Data Source Description of Da Data includes nu	ate funded claims and encou vioral Health, Georgia State U e(if needed):	nters; Georgia Collaborative Administrative Service Organization; Center of Excellence for
Data Source: Medicaid and state Children's Behave New Data Source Description of Data includes nutriculated in the Control of Data includes nutriculated n	ate funded claims and encou vioral Health, Georgia State U e(if needed): ata: umber of youth accessing ser of Data:(if needed)	Inters; Georgia Collaborative Administrative Service Organization; Center of Excellence for University.
Data Source: Medicaid and state Children's Behave New Data Source Description of Data includes no New Description Data issues/cavea	ate funded claims and encouvioral Health, Georgia State United (if needed): ata: umber of youth accessing ser of Data:(if needed) ats that affect outcome meas	Inters; Georgia Collaborative Administrative Service Organization; Center of Excellence for University. Evices through DBHDD core and specialty services.
Data Source: Medicaid and state Children's Behave New Data Source Description of Data includes no New Description Data issues/cavea	ate funded claims and encou vioral Health, Georgia State U e(if needed): ata: umber of youth accessing ser of Data:(if needed)	Inters; Georgia Collaborative Administrative Service Organization; Center of Excellence for University. Evices through DBHDD core and specialty services.
Data Source: Medicaid and state Children's Behave New Data Source Description of Data includes nut New Description Data issues/cavea	ate funded claims and encouvioral Health, Georgia State United (if needed): ata: umber of youth accessing ser of Data:(if needed) ats that affect outcome meas	Inters; Georgia Collaborative Administrative Service Organization; Center of Excellence for University. Experimental Services of Excellence for University. Experimental Services of Excellence for University.
Data Source: Medicaid and state Children's Behave New Data Source Description of Data includes nutrolled n	ate funded claims and encouvioral Health, Georgia State United (if needed): ata: umber of youth accessing serumber of pata: (if needed) ats that affect outcome measurpiled from different sources.	Inters; Georgia Collaborative Administrative Service Organization; Center of Excellence for University. Vices through DBHDD core and specialty services. Bures: Impact of Excellence for Excellence fo
Data Source: Medicaid and state Children's Behave New Data Source Description of Data includes nutrolled n	ate funded claims and encouvioral Health, Georgia State Unional Health, Georgia State Union (if needed): ata: umber of youth accessing services of Data: (if needed) ats that affect outcome measurpiled from different sources. Caveats that affect outcome	Inters; Georgia Collaborative Administrative Service Organization; Center of Excellence for University. Vices through DBHDD core and specialty services. Sures: Mai Attainment
Data Source: Medicaid and state Children's Behave New Data Source Description of Data includes nut New Description Data insues/cavea Data will be com New Data issues/	ate funded claims and encouvioral Health, Georgia State Unional Health, Georgia State Union (if needed): ata: umber of youth accessing services of Data: (if needed) ats that affect outcome measurpiled from different sources. (caveats that affect outcome rogress Toward Goalet: Achieve	Inters; Georgia Collaborative Administrative Service Organization; Center of Excellence for University. Invices through DBHDD core and specialty services. Invices through DBHDD core and specialty services. Invices through DBHDD core and specialty services.
Data Source: Medicaid and state Children's Behave Part Source Description of Data includes not New Description Data issues/cavea Data will be com New Data issues/ Report of Pirits Year Target Reason why target	ate funded claims and encouvioral Health, Georgia State Unional Health, Georgia State Union (if needed): ata: umber of youth accessing services of Data: (if needed) ats that affect outcome measurpiled from different sources. (caveats that affect outcome rogress Toward Goalet: Achieve	Inters; Georgia Collaborative Administrative Service Organization; Center of Excellence for University. Invices through DBHDD core and specialty services. Intersity. Inter

Indicator #:	2
Indicator:	Percentage of youth receiving at least one home- and community-based mental health service.
Baseline Measurement:	Initial data collected during SFY19
First-year target/outcome measurement:	Due to significant budget cuts required by the state legislature, our goal is to monitor services and work to mitigate any potential negative impact on service provision during this transition year. Our year 1 goal is to maintain at least the same level of youth accessing services as in SFY19.
Second-year target/outcome measurement:	Increase by 1% over data reported in SYF20.
New Second-year target/outcome measurem	ent(if needed):
Data Source:	
Medicaid and state funded claims and encou	unters; Georgia Collaborative Administrative Service Organization.
New Data Source(if needed):	
Description of Data:	
Data includes number of youth accessing ser Family Intervention.	rvices through DBHDD providers, such as Community Support Individual and Intensive
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
School-based mental health services will be	reported separately.
Report of Progress Toward Goo First Year Target: Achiev	ed Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved (optional)	:
The percentage increased from SFY19 to SFY2	20 by 8%.
Indicator #:	3
Indicator:	Number of youth accessing services through the Georgia Apex school-based mental health program.
Baseline Measurement:	Initial data collected during SFY19
First-year target/outcome measurement:	Increase by 250 youth over baseline data.
Second-year target/outcome measurement:	Increase baseline number by 250 youth over data reported in SYF20.
New Second-year target/outcome measurem Data Source:	ent(if needed):
Data reported to Center of Excellence for Ch	ildren's Behavioral Health, Georgia State University.
New Data Source(if needed):	
Description of Date:	
Description of Data:	
(Data in alcolor mount and forest the acceptance of	wices through DRHDD Tier 1 and Tier 2 providers embedded in schools

Data issues/caveats that affect outcome mea	sures:
The data relies on providers self-reporting.	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	_
Reason why target was not achieved, and ch	
How first year target was achieved (optional)	
The increase from 9,283 to 15,607 students a from 2019 to 2020 providing an opportunity	accessing services can be attributed to the increase in the # of schools implementing Apex or to serve more students. This year's reporting reflects a total of unique students served y only schools submitting 3 or more reports were included in the reporting. However this
Indicator #:	4
Indicator:	Number of youth and families receiving peer services.
Baseline Measurement:	Initial data collected during SFY19
First-year target/outcome measurement:	Due to significant budget cuts required by the state legislature, our goal is to monitor services and work to mitigate any potential negative impact on service provision during thi transition year. Our year 1 goal is to maintain at least the same level of youth and families
	receiving peer services as in SFY19.
Second-year target/outcome measurement:	Increase by 1% over data reported in SFY19.
,	Increase by 1% over data reported in SFY19.
New Second-year target/outcome measurem	Increase by 1% over data reported in SFY19.
New Second-year target/outcome measurem Data Source:	Increase by 1% over data reported in SFY19.
New Second-year target/outcome measurem Data Source: Medicaid claims and encounters; Georgia Co	Increase by 1% over data reported in SFY19. nent(if needed):
New Second-year target/outcome measurem Data Source: Medicaid claims and encounters; Georgia Codata New Data Source(if needed):	Increase by 1% over data reported in SFY19. nent(if needed):
New Second-year target/outcome measurem Data Source: Medicaid claims and encounters; Georgia Codata New Data Source(if needed): Description of Data:	Increase by 1% over data reported in SFY19. nent(if needed):
New Second-year target/outcome measurem Data Source: Medicaid claims and encounters; Georgia Codata New Data Source(if needed): Description of Data: Data includes number of youth and parents peer.	Increase by 1% over data reported in SFY19. nent(if needed): Ollaborative Administrative Service Organization; Georgia Parent Support Network program
New Second-year target/outcome measurem Data Source: Medicaid claims and encounters; Georgia Codata New Data Source(if needed): Description of Data: Data includes number of youth and parents peer. New Description of Data:(if needed)	Increase by 1% over data reported in SFY19. Inent(if needed): Ollaborative Administrative Service Organization; Georgia Parent Support Network program receiving support through the DBHDD provider network from a certified parent or youth
New Second-year target/outcome measurem Data Source: Medicaid claims and encounters; Georgia Codata New Data Source(if needed): Description of Data: Data includes number of youth and parents peer. New Description of Data:(if needed) Data issues/caveats that affect outcome mea	Increase by 1% over data reported in SFY19. Inent(if needed): Ollaborative Administrative Service Organization; Georgia Parent Support Network program receiving support through the DBHDD provider network from a certified parent or youth
New Second-year target/outcome measurem Data Source: Medicaid claims and encounters; Georgia Codata New Data Source(if needed): Description of Data: Data includes number of youth and parents peer. New Description of Data:(if needed) Data issues/caveats that affect outcome mea	Increase by 1% over data reported in SFY19. Increase by 1% over d
New Second-year target/outcome measurem Data Source: Medicaid claims and encounters; Georgia Codata New Data Source(if needed): Description of Data: Data includes number of youth and parents peer. New Description of Data:(if needed) Data issues/caveats that affect outcome mea This will be a new measure tracked through New Data issues/caveats that affect outcome	Increase by 1% over data reported in SFY19. Increase by 1% over d
New Second-year target/outcome measurem Data Source: Medicaid claims and encounters; Georgia Codata New Data Source(if needed): Description of Data: Data includes number of youth and parents peer. New Description of Data:(if needed) Data issues/caveats that affect outcome mea This will be a new measure tracked through New Data issues/caveats that affect outcome Report of Progress Toward Go	Increase by 1% over data reported in SFY19. Increase by 1% over d
New Data Source(if needed): Description of Data: Data includes number of youth and parents peer. New Description of Data:(if needed) Data issues/caveats that affect outcome mea This will be a new measure tracked through New Data issues/caveats that affect outcome Report of Progress Toward Go	Increase by 1% over data reported in SFY19. Inent(if needed): Inent(
New Second-year target/outcome measurem Data Source: Medicaid claims and encounters; Georgia Codata New Data Source(if needed): Description of Data: Data includes number of youth and parents peer. New Description of Data:(if needed) Data issues/caveats that affect outcome measure tracked through New Data issues/caveats that affect outcome Report of Progress Toward Go First Year Target: Achieve	Increase by 1% over data reported in SFY19. Increase by 1% over d

Priority Area: Training

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Train DBHDD providers on evidence-based and/or promising practices

Strategies to attain the goal:

DBHDD will train enrolled providers in evidence-based and/or promising practices. Use of EBPs/PPs are indicated in the DBHDD Provider Manual.

Indicator #:	1
Indicator:	Percentage of direct care staff receiving training in evidence-based and/or promising practices.
Baseline Measurement:	Initial data collected during SFY19
First-year target/outcome measurement:	Increase by 5% over data reported in SFY19.
Second-year target/outcome measurement:	Increase by 2% over data reported in SFY20.
New Second-year target/outcome measurem	ent(if needed):
Data Source:	
DBHDD Office of Learning and vendor repor	rts.
New Data Source(if needed):	
Description of Data:	
Data collected from registration and attenda	ance lists.
Data will be compiled from different sources	5.
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	ved Not Achieved (if not achieved,explain why)
	anges proposed to meet target:
Reason why target was not achieved, and characteristics with the second	

Baseline Measurement:	
	Initial data collected prior to and during SFY19
First-year target/outcome measurement:	Increase baseline number by 50 child serving professionals over SFY19 data.
Second-year target/outcome measurement:	Increase number by 50 child serving professionals over SFY20 data.
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
YMHFA vendor reports.	
New Data Source(if needed):	
Description of Data:	
	is primarily designed for adults (e.g., family members, caregivers, school staff, etc.) who However, YMHFA is also appropriate as a peer support program for older adolescents.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
The DBHDD Office of Children, Young Adults	s & Families contracts for YMHFA to build capacity for trained individuals in the state.
New Data issues/caveats that affect outcome	e measures:
How first year target was achieved (optional) 53% increase over FY19.	•
	2
Indicator #:	3
Indicator #:	3 Number of CYF professionals participating in a Culturally and Linguistically Appropriate Services (CLAS) training.
Indicator #:	Number of CYF professionals participating in a Culturally and Linguistically Appropriate
Indicator #: Indicator: Baseline Measurement:	Number of CYF professionals participating in a Culturally and Linguistically Appropriate Services (CLAS) training.
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Number of CYF professionals participating in a Culturally and Linguistically Appropriate Services (CLAS) training. Initial data collected during SFY19
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem	Number of CYF professionals participating in a Culturally and Linguistically Appropriate Services (CLAS) training. Initial data collected during SFY19 Increase number by 35 child-serving professionals over SFY19. Increase number by 75 child-serving professionals over SFY20.
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem	Number of CYF professionals participating in a Culturally and Linguistically Appropriate Services (CLAS) training. Initial data collected during SFY19 Increase number by 35 child-serving professionals over SFY19. Increase number by 75 child-serving professionals over SFY20. Increase number by 75 child-serving professionals over SFY20.
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem	Number of CYF professionals participating in a Culturally and Linguistically Appropriate Services (CLAS) training. Initial data collected during SFY19 Increase number by 35 child-serving professionals over SFY19. Increase number by 75 child-serving professionals over SFY20. Increase number by 75 child-serving professionals over SFY20.
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: DBHDD Office of Learning and vendor repo	Number of CYF professionals participating in a Culturally and Linguistically Appropriate Services (CLAS) training. Initial data collected during SFY19 Increase number by 35 child-serving professionals over SFY19. Increase number by 75 child-serving professionals over SFY20. Increase number by 75 child-serving professionals over SFY20.
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurem Data Source: DBHDD Office of Learning and vendor repo	Number of CYF professionals participating in a Culturally and Linguistically Appropriate Services (CLAS) training. Initial data collected during SFY19 Increase number by 35 child-serving professionals over SFY19. Increase number by 75 child-serving professionals over SFY20. Increase number by 75 child-serving professionals over SFY20.
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: DBHDD Office of Learning and vendor report New Data Source(if needed):	Number of CYF professionals participating in a Culturally and Linguistically Appropriate Services (CLAS) training. Initial data collected during SFY19 Increase number by 35 child-serving professionals over SFY19. Increase number by 75 child-serving professionals over SFY20. Increase number by 75 child-serving professionals over SFY20.
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: DBHDD Office of Learning and vendor report New Data Source(if needed): Description of Data:	Number of CYF professionals participating in a Culturally and Linguistically Appropriate Services (CLAS) training. Initial data collected during SFY19 Increase number by 35 child-serving professionals over SFY19. Increase number by 75 child-serving professionals over SFY20. Increase number by 75 child-serving professionals over SFY20.
Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement Data Source: DBHDD Office of Learning and vendor report New Data Source(if needed): Description of Data: Data collected from registration lists.	Number of CYF professionals participating in a Culturally and Linguistically Appropriate Services (CLAS) training. Initial data collected during SFY19 Increase number by 35 child-serving professionals over SFY19. Increase number by 75 child-serving professionals over SFY20. Interest in the serving professionals over SFY20.

	Report of	f Progress Toward Go	al Attainment
	First Year Ta		_
			anges proposed to meet target:
	_		
		r target was achieved (optional)	Department of Behavioral Health and Developmental Disabilities (DBHDD), Office of
	Children, Yo Academy (So Decade, OC' took place of	ung Adults, and Families (OCYF) OCA) Conference. Originally scho YF pivoted to accommodate the on August 26-27th, 2020 with the	and the Georgia Interagency Directors Team rescheduled the 13th Annual System of Care eduled for June 25-26th, 2020 with the theme 2020 Vision: Starting Strong for the Next unprecedented times with DBHDD's first virtual conference. SOCA Virtual 2020 successfully e revised theme Anchoring During the Storm. The priority audience for the conference were Georgia system of care. This data will be reported in our next fiscal year Implementation
	where we ha	ad 8 sessions on cultural compe	ole to meet this goal through our Annual Behavioral Health Symposium i October 2019 tence topics, and our annual Peer Workforce Conference in August 2019 where we had 2 in cultural competence topics. This brought our total trained to 701, a 270% increase over
ority	#:	3	
ority	Area:	Improved Functioning	
ority	Туре:	MHS	
oulat	ion(s):	SED	
al of	the priority a	rea:	
hildre	en and youth	receiving services will improve f	unctioning.
ategi	es to attain th	ne goal:	
			th the goal of improving youth functioning in homes, schools, and communities.
			g
AIII	iuai Pertori	mance Indicators to measu	re goal success
	Indicator #:	mance Indicators to measu	re goal success
		mance Indicators to measu	-
	Indicator #:		Percentage of youth receiving High Fidelity Wraparound services from Care Management
	Indicator #: Indicator: Baseline Mea		1 Percentage of youth receiving High Fidelity Wraparound services from Care Management Entity (CME) who increase functioning.
	Indicator #: Indicator: Baseline Mea First-year tar	surement: get/outcome measurement:	1 Percentage of youth receiving High Fidelity Wraparound services from Care Management Entity (CME) who increase functioning. Initial data collected during SFY19
	Indicator #: Indicator: Baseline Mea First-year targ	surement: get/outcome measurement:	Percentage of youth receiving High Fidelity Wraparound services from Care Management Entity (CME) who increase functioning. Initial data collected during SFY19 Increase by 1% over data reported in SFY19 Increase by 1% over data reported in SFY20.
	Indicator #: Indicator: Baseline Mea First-year targ	surement: get/outcome measurement: target/outcome measurement:	Percentage of youth receiving High Fidelity Wraparound services from Care Management Entity (CME) who increase functioning. Initial data collected during SFY19 Increase by 1% over data reported in SFY19 Increase by 1% over data reported in SFY20.
	Indicator #: Indicator: Baseline Mea First-year targ Second-year New Second- Data Source:	surement: get/outcome measurement: target/outcome measurement: year target/outcome measurem	Percentage of youth receiving High Fidelity Wraparound services from Care Management Entity (CME) who increase functioning. Initial data collected during SFY19 Increase by 1% over data reported in SFY19 Increase by 1% over data reported in SFY20.
	Indicator #: Indicator: Baseline Mea First-year tare Second-year New Second- Data Source: Center of Ex	surement: get/outcome measurement: target/outcome measurement: year target/outcome measurem	Percentage of youth receiving High Fidelity Wraparound services from Care Management Entity (CME) who increase functioning. Initial data collected during SFY19 Increase by 1% over data reported in SFY19 Increase by 1% over data reported in SFY20. ment(if needed):
	Indicator #: Indicator: Baseline Mea First-year tare Second-year New Second- Data Source: Center of Ex	surement: get/outcome measurement: target/outcome measurement: year target/outcome measurem cellence for Children's Behavior urce(if needed):	Percentage of youth receiving High Fidelity Wraparound services from Care Management Entity (CME) who increase functioning. Initial data collected during SFY19 Increase by 1% over data reported in SFY19 Increase by 1% over data reported in SFY20. ment(if needed):

DBHDD is evaluating the utility of switching	y to a new electronic health record system.
New Data issues/caveats that affect outcom	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target:	_
This real range.	
Reason why target was not achieved, and ch	langes proposed to meet target:
Utilization was impacted by COVID-19.	
How first year target was achieved (optional):
Indicator #:	2
Indicator:	Percentage of youth mental health clubhouse members who increase functioning.
Baseline Measurement:	Initial data collected during SFY19
First-year target/outcome measurement:	Due to significant budget cuts required by the state legislature, our goal is to monitor services and work to mitigate any potential negative impact on service provision during this transition year. Our year 1 goal is to maintain at least the same percentage of youth mental health clubhouse members who increase functioning as in SFY19.
Second-year target/outcome measurement:	Increase by 1% over data reported in SFY20.
New Second-year target/outcome measurer Data Source:	nent(if needed):
Center of Excellence for Children's Rehavio	ral Health, Georgia State University; mental health clubhouse annual evaluation.
center of Excellence for enhancing behavio	The trial in the state of the stay, mental nearth clashouse annual evaluation.
New Data Source(if needed): Description of Data:	
DBHDD mental health clubhouse providers	will measure functioning using the Child and Adolescent Needs and Strengths (CANS) tool.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	asures:
This will be a new measure tracked by DBHI	DD.
New Data issues/caveats that affect outcom	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target:	_
This real ranget.	
Reason why target was not achieved, and ch	ianges proposed to meet target:
How first year target was achieved (optional) :
Increased from 87.75% to 89.50%	
Indicator #:	3
Indicator:	Percentage of school-based mental health program members who increase functioning.
Baseline Measurement:	Initial data collected prior to and during SFY19
First-year target/outcome measurement:	Due to significant budget cuts required by the state legislature, our goal is to monitor services and work to mitigate any potential negative impact on service provision during this transitional year. Our year 1 goal is to maintain at least the same percentage of school-

	based mental health program members who increase functioning as in SFY19.
Second-year target/outcome measurement:	Increase by 1% over data reported in SFY20
New Second-year target/outcome measurem	nent(if needed):
Data Source:	
Center of Excellence for Children's Behavior	al Health, Georgia State University; Georgia Apex Program annual evaluation.
New Data Source(if needed):	
Description of Data:	
DBHDD Apex providers will measure function	ning using the Child and Adolescent Needs and Strengths (CANS) tool.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	isures:
This will be a new measure tracked by DBHD	DD.
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
•	_
First Year Target: Achiev	ved Not Achieved (if not achieved,explain why)
First Year Target: Achiev Reason why target was not achieved, and ch	
Thist real ranget.	anges proposed to meet target:

Priority Area: Access to Coordinated Specialty Care

Priority Type:

Population(s): ESMI

Goal of the priority area:

Youth and young adults ages 16-30 with First-Episode Psychosis will receive Coordinated Specialty Care (CSC) services.

Strategies to attain the goal:

DBHDD will continue to provide technical assistance to CSC providers to ensure that their community outreach and education efforts result in referrals of eligible youth and young adults into CSC programs.

-Annual Performance Indicators to measure goal success-

Indicator #:

Indicator: Number of youth and young adults with FEP receiving CSC services.

Baseline Measurement: SFY16 will serve as the baseline year. DBHDD expected that providers in the three pilot sites

would enroll a minimum of 60 individuals during the baseline year. The three pilot sites enrolled 87 individuals in SFY16. DBHDD's goal for SFY17 was a 10% increase in the number of individuals served in SFY16. In SFY17, 105 individuals were served in CSC programs. DBHDD's goal for SFY18 was a 5% increase in the number of individuals served in SFY17. In SFY18, 196 individuals were served in CSC programs. DBHDD's goal for SFY19 was a 5% increase in the number of individuals served in SFY18. In SFY19, 219 individuals were served

in CSC programs.

First-year target/outcome measurement: DBHDD will increase the number of individuals with first-episode psychosis receiving CSC

services by 5% over the number served in SFY2019.

Second-year target/outcome measurement:	DBHDD will increase the number of individuals with first-episode psychosis receiving CSC services by 5% over the number served in SFY2020.
New Second-year target/outcome measurem	ent(if needed):
Data Source:	
Monthly reports completed by providers.	
New Data Source(if needed):	
Description of Data:	
Number of individuals with FEP enrolled and	retained in CSC services.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome meas	sures:
None.	
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	red Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
How first year target was achieved (optional)	:
	n CSC programs. A 5% increase would be 230 individuals. In FFY 2020, DBHDD served 300

Priority Area: Deaf Mental Health Services

Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Access to community-based non-crisis mental health therapy (individual, family and group)

Strategies to attain the goal:

DBHDD will work with DBHDD Designated Provider(s) and other state agencies to support access to public mental health

-Annual Performance Indicators to measure goal success

Indicator #:

Indicator: Number of individuals who: are identified as deaf; receive state or Medicaid funds; and, are

authorized for community-based non-crisis mental health therapy that receive a $% \left(1\right) =\left(1\right) \left(1\right) +\left(1\right) \left(1\right) \left(1\right) +\left(1\right) \left(1\right)$

Communication Assessment Report.

Baseline Measurement: Number of individuals who: are identified as deaf; receive state or Medicaid funds; and, are

authorized for community-based non-crisis mental health therapy that receive a

Communication Assessment Report in SFY19.

First-year target/outcome measurement: 5% increase over data reported in SFY19.

Second-year target/outcome measurement: 7% increase over data reported in SFY20.

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

ovider Data Reports, Administrative Services Organization (ASO) and Deaf Services Data Management System (DSMS) ce(if needed):
ce(if needed):
Data:
rts – Monthly service reports of individuals who are being served through the ASL program.
y database report of individuals identified as deaf (adults and children), receive state (uninsured) or Medicaid (non-MCO) authorized for community-based non-crisis mental health therapy (individual, group, and family) services.
nly database report of individuals identified as deaf (adults and children), receive state (uninsured) or Medicaid (non- nd are authorized for community-based non-crisis mental health therapy (individual, group, and family) services that have ion Assessment Report.
percentage will be based on the number of individuals from the DSMS report that are present on the ASO report as ween the Designated Provider Reports of those receiving services in the first and second years.
n of Data:(if needed)
eats that affect outcome measures:
s/caveats that affect outcome measures:
Progress Toward Goal Attainment get: Achieved In Not Achieved (if not achieved, explain why)
get was not achieved, and changes proposed to meet target:
arget was achieved (optional):
ver SFY19
6
Permanent Supported Housing
MHS
SMI
a:
manent supported housing for adults enrolled in AMH services.
goal:

Indicator #: 1

Indicator: Number of adults with SMI receiving State assisted permanent supported housing.

Baseline Measurement: Initial data collected during SFY19

First-year target/outcome measurement: Due to significant budget cuts required by the state legislature, our goal is to monitor

services and work to mitigate any potential negative impact on service provision during this transition year. Our year 1 goal is to maintain at least the same number of adults with SMI

receiving State assisted permanent supported housing. as in SFY19.

Data Source:		
Office of Adult Mental He	alth data base, Department (of Community Affairs data base/Statewide Information System
New Data Source(if neede	d):	
Description of Data:		
Compiled monthly report	s of individuals housed via th	he GHV, HCV OR 811 rental assistance programs.
New Description of Data:(i	f needed)	
Data issues/caveats that at	fect outcome measures:	
None		
New Data issues/caveats t	hat affect outcome measure	s:
Report of Progress	s Toward Goal Atta	inment
First Year Target:	Achieved	Not Achieved (if not achieved,explain why)
Reason why target was no	t achieved, and changes pro	posed to meet target:
construction on new prop shortages, so available ho to transition to telehealth	perties slowed, and landlord busing stock for new placeme services, which hindered ac	due to the impact of COVID-19. Properties were prohibited from evictions, s were limiting tours of properties and taking fewer applications due to staff ents was negatively impacted. Additionally, COVID-19 caused community providers cess for many homeless individuals who did not have smartphones or computer survey to begin the placement process.
· ·		

Priority Area: Provider training

Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Provision of diverse training to community adult mental health providers

Strategies to attain the goal:

DBHDD will provide high quality training to community adult mental health providers throughout the state that will increase skills in supporting the behavioral health needs of diverse populations.

-Annual Performance Indicators to measure goal success-

Indicator #: 1

Indicator: Provision of training on each of the following topics: Trauma-informed Care; Recovery

focused service delivery; Cultural and linguistic competency; behavioral health needs of veterans; behavioral health needs of those with criminal history; Mental Health First Aid;

and, behavioral health needs of LGBT individuals

Baseline Measurement: Initial data collected during SFY2019

First-year target/outcome measurement: Due to significant budget cuts required by the state legislature, our goal is to monitor

training expenditures and work to mitigate any potential negative impact on training delivery during this transition year. Our year 1 goal is to maintain at least the same number

of providers who are trained in the above topic areas .as in SFY19.

Oata Source:					
DBHDD Office of Adult	Mental Health data.				
New Data Source(if need	led):				
Description of Data:					
Training plan reflecting	dates and topics.				
New Description of Data	:(if needed)				
Data issues/caveats that	affect outcome measures:				
None					
New Data issues/caveats	that affect outcome measur	res:			
Report of Progre	ss Toward Goal Att	ainment			
First Year Target:	ss Toward Goal Atta	ī		not achieved,explain why.)
First Year Target:	Achieved not achieved, and changes pr	ī		not achieved,explain why.	9
First Year Target: Reason why target was an expression of the provider training deliver. Recovery Focused trans SOAR training SSI/SSDI Peer workforce develop Effective discharge plant ANSA/ CANS (55) Trauma Informed care as BH Crisis and Dual Dx is Suicide Prevention, interforensic Mental Health Deaf Mental health serv Supported Employmen	Achieved not achieved, and changes process achieved (optional): red: formation (26) Outreach, Access, and Recoverent (496) ning (230) nd African Americans interventions revention, post-vention (340) (104) ice delivery (40) and Supported Education (3eligion and suicidal ideation	roposed to meet targ	et:	not achieved,explain why)

Priority Area: Supported Employment

Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Increase access to competitive employment for a dults enrolled in AMH services.

Strategies to attain the goal:

DBHDD contracts for the provision of Supported Employment services statewide. Collect data on number of individuals working part or full time in competitive employment settings for adults with SMI receiving State funded Supported Employment services.

-Annual Performance Indicators to measure goal success-

Indicator:	Percentage of adults with SMI who are competitively employed part-time or full-time while enrolled in adult mental health Supported Employment services.
Baseline Measurement:	Initial data collected prior to and during SFY19
First-year target/outcome measurement:	Due to significant budget cuts required by the state legislature, our goal is to monitor services and work to mitigate any potential negative impact on service provision during this transition year. Our year 1 goal is to maintain at least the same percentage of adults with SMI who are competitively employed part-time or full-time while enrolled in adult mental health Supported Employment services. as in SFY19.
Second-year target/outcome measuremen	Increase percentage of SE enrolled individuals who are competitively employed by 5% above SFY20 number.
New Second-year target/outcome measur	ement(if needed):
Data Source:	
DBHDD Office of Adult Mental Health da	ta.
New Data Source(if needed):	
Description of Data:	enrolled in SE, and % of individuals competitively employed.
Description of Data:	enrolled in SE, and % of individuals competitively employed.
Description of Data: Compiled monthly reports of individuals	
Description of Data: Compiled monthly reports of individuals New Description of Data:(if needed)	
Description of Data: Compiled monthly reports of individuals New Description of Data:(if needed) Data issues/caveats that affect outcome needed.	neasures:
Description of Data: Compiled monthly reports of individuals New Description of Data:(if needed) Data issues/caveats that affect outcome in None New Data issues/caveats that affect outcome	me measures:
Description of Data: Compiled monthly reports of individuals New Description of Data:(if needed) Data issues/caveats that affect outcome in None New Data issues/caveats that affect outcome in Report of Progress Toward Company	me measures:
Description of Data: Compiled monthly reports of individuals New Description of Data:(if needed) Data issues/caveats that affect outcome in None New Data issues/caveats that affect outcome in Report of Progress Toward Company	me measures: Soal Attainment Not Achieved (if not achieved,explain why)
Description of Data: Compiled monthly reports of individuals New Description of Data:(if needed) Data issues/caveats that affect outcome in None New Data issues/caveats that affect outcome in Report of Progress Toward Compilers Toward Compi	me measures: Soal Attainment hieved Not Achieved (if not achieved,explain why) changes proposed to meet target:
Description of Data: Compiled monthly reports of individuals New Description of Data: (if needed) Data issues/caveats that affect outcome in None New Data issues/caveats that affect outcome in Report of Progress Toward Compiler first Year Target: Reason why target was not achieved, and We missed the target by .4% (FY19 was 43)	me measures: Soal Attainment nieved Not Achieved (if not achieved,explain why) changes proposed to meet target: .7% and FY20 was 43.3%) the reporting period causing widespread unemployment increases nationally. Providers will
Description of Data: Compiled monthly reports of individuals New Description of Data: (if needed) Data issues/caveats that affect outcome in None New Data issues/caveats that affect outcome in Report of Progress Toward Compilers Toward Comp	me measures: Soal Attainment nieved Not Achieved (if not achieved,explain why) changes proposed to meet target: .7% and FY20 was 43.3%) the reporting period causing widespread unemployment increases nationally. Providers will in job search activities.

Prio

Priority Area: Access to Services-Older Adults

Priority Type: MHS Population(s): SMI

Goal of the priority area:

Improve providers ability to support the behavioral health needs of older adults

Strategies to attain the goal:

Offer training opportunities that will enhance providers ability to deliver behavioral health services to adults age 65+

-Annual Performance Indicators to measure goal success-

	Descriptions of adults with CNAI and CF, that making appropriate appeals hardly according
Indicator:	Percentage of adults with SMI age 65+ that receive community mental health services.
Baseline Measurement:	Initial data collected during SFY19
First-year target/outcome measurement:	Due to significant budget cuts required by the state legislature, our goal is to monitor services and work to mitigate any potential negative impact on service provision during thi transition year. Our year 1 goal is to maintain at least the same percentage of adults with SMI age 65+ that receive community mental health services as in SFY19.
Second-year target/outcome measurement:	Increase by 2% the number of $65+$ individuals who received community based adult mental health services in SFY20
New Second-year target/outcome measurem Data Source:	ent(if needed):
DBHDD Office of Adult Mental Health data.	
New Data Source(if needed):	
Description of Data:	
Authorizations submitted for AMH services f	or persons 65+
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	sures:
None	
New Data issues/caveats that affect outcome Report of Progress Toward Go	
Report of Progress Toward Go First Year Target: Achiev Reason why target was not achieved, and characteristics.	al Attainment red
Report of Progress Toward Go. First Year Target: Achiev Reason why target was not achieved, and characteristics achieved (optional) FY19 % of adults w/SMI age 65+ that particip	al Attainment The Not Achieved (if not achieved, explain why) The anges proposed to meet target:
Report of Progress Toward God First Year Target: Achieve Reason why target was not achieved, and characteristics. How first year target was achieved (optional) FY19 % of adults w/SMI age 65+ that participer FY20 5.94%	al Attainment The Not Achieved (if not achieved, explain why) The anges proposed to meet target:
Report of Progress Toward Go. First Year Target: Achiev Reason why target was not achieved, and characteristics How first year target was achieved (optional) FY19 % of adults w/SMI age 65+ that particip FY20 5.94% (7,652 / 128,743	Al Attainment The dead of the Not Achieved (if not achieved,explain why) The anges proposed to meet target: The anges proposed to meet target: The ange of the achieved,explain why) The anges proposed to meet target: The ange of the achieved,explain why)
Report of Progress Toward Go. First Year Target: Achiev Reason why target was not achieved, and characteristics How first year target was achieved (optional) FY19 % of adults w/SMI age 65+ that particip FY20 5.94% (7,652 / 128,743	Al Attainment The dead of Not Achieved (if not achieved,explain why) The anges proposed to meet target: The area in community AMH services = 5.75% (7,461/129,725) 2 Provision of cross training for behavioral health providers on awareness and issues related
Report of Progress Toward Go. First Year Target: Achiev Reason why target was not achieved, and ch. How first year target was achieved (optional) FY19 % of adults w/SMI age 65+ that particip FY20 5.94% (7,652 / 128,743 Indicator #: Indicator:	Al Attainment Treed Not Achieved (if not achieved,explain why) Tanges proposed to meet target: The particular of the provider of the provider of the provider of the delivery of mental health services to older adults with SMI.
Report of Progress Toward Go. First Year Target: Achiev Reason why target was not achieved, and characteristics How first year target was achieved (optional) FY19 % of adults w/SMI age 65+ that particip FY20 5.94% (7,652 / 128,743 Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Al Attainment The Mot Achieved (if not achieved, explain why) The anges proposed to meet target: The area in community AMH services = 5.75% (7,461/129,725) 2 Provision of cross training for behavioral health providers on awareness and issues related to the delivery of mental health services to older adults with SMI. Initial data collected during SFY19 Due to significant budget cuts required by the state legislature, our goal is to monitor training expenditures and work to mitigate any potential negative impact on training delivery during this transition year. Our year 1 goal is to maintain at least the same number of providers who receive cross training for behavioral health providers on awareness and
Report of Progress Toward Go. First Year Target: Achiev Reason why target was not achieved, and characteristics How first year target was achieved (optional) FY19 % of adults w/SMI age 65+ that particip FY20 5.94% (7,652 / 128,743 Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement:	Al Attainment Yed Not Achieved (if not achieved,explain why) Anges proposed to meet target: I hate in community AMH services = 5.75% (7,461/129,725) 2 Provision of cross training for behavioral health providers on awareness and issues related to the delivery of mental health services to older adults with SMI. Initial data collected during SFY19 Due to significant budget cuts required by the state legislature, our goal is to monitor training expenditures and work to mitigate any potential negative impact on training delivery during this transition year. Our year 1 goal is to maintain at least the same number of providers who receive cross training for behavioral health providers on awareness and issues related to the delivery of mental health services to older adults with SMI as in SFY19. Increase number of providers trained by 10% over SFY20.
Report of Progress Toward Go. First Year Target: Achiev Reason why target was not achieved, and characteristics How first year target was achieved (optional) FY19 % of adults w/SMI age 65+ that particip FY20 5.94% (7,652 / 128,743 Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement:	Al Attainment Yed Not Achieved (if not achieved,explain why) Anges proposed to meet target: I hate in community AMH services = 5.75% (7,461/129,725) 2 Provision of cross training for behavioral health providers on awareness and issues related to the delivery of mental health services to older adults with SMI. Initial data collected during SFY19 Due to significant budget cuts required by the state legislature, our goal is to monitor training expenditures and work to mitigate any potential negative impact on training delivery during this transition year. Our year 1 goal is to maintain at least the same number of providers who receive cross training for behavioral health providers on awareness and issues related to the delivery of mental health services to older adults with SMI as in SFY19. Increase number of providers trained by 10% over SFY20.

	eflecting dates and topics.	
New Description	n of Data:(if needed)	
Data issues/cave	eats that affect outcome me	asures:
None		
New Data issues	s/caveats that affect outcom	ne measures:
Report of F	Progress Toward Go	pal Attainment
First Year Targ	get: 🔽 Achie	eved Not Achieved (if not achieved,explain why)
Reason why tar	get was not achieved, and c	hanges proposed to meet target:
	arget was achieved (optional	e Carter Center and Emory University's- Fuqua Center
Achieved via co	minued conaboration w/ til	e Carter Center and Emory Oniversity's- ruqua Center
older adults wi	ith SMI;	ealth providers on awareness and issues related to the delivery of mental health services to radults w/MI; two (2) Managing the Complex Care of Older Adult., BH and aging forums.
y #:	10	
y Area:	Access to Services- Criminal Justice	
y Type:	MHS	
ntion(s):	SMI	
	:	
f the priority area		
	ealth services for returning c	itizens/criminal justice involved individuals with behavioral health needs.
ss to behavioral he		itizens/criminal justice involved individuals with behavioral health needs.
s to behavioral ho	goal:	·
gies to attain the	goal: port access to behavioral hea	alth services for criminal justice involved individuals with behavioral health needs.
gies to attain the	goal:	alth services for criminal justice involved individuals with behavioral health needs.
gies to attain the	goal: port access to behavioral hea	alth services for criminal justice involved individuals with behavioral health needs.
s to behavioral he gies to attain the ase efforts to supp	goal: port access to behavioral hea	alth services for criminal justice involved individuals with behavioral health needs. ure goal success
gies to attain the case efforts to suppontual Performa Indicator #:	goal: port access to behavioral hea	alth services for criminal justice involved individuals with behavioral health needs. ure goal success 1 Number of adults with SMI referred from jail, prison, and Day Reporting Centers to

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

Data Source:

Office of Adult Mental Health data, DBHDD Administrative Services Organization.

New Data Source(if needed):

Second-year target/outcome measurement: Increase by 3% the number of adults with SMI referred from jail, prison or a Day Reporting

Center into community mental health services above the SFY20 total.

as in SFY19.

Description of Data:	
Authorizations submitted for AMH services	for persons from jail, prison, and Day Reporting Center
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	asures:
None	
New Data issues/caveats that affect outcom	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target: Achie	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved (optional	():
Number of adults w/SMI referred from jail, FY19 = 1,118, FY20 = 1,276 (14% increase)	prison, and community supervision to community AMH services
Indicator #:	2
Indicator:	Number of adults with SMI receiving forensic peer support.
Baseline Measurement:	Initial data collected prior to and during SFY19
First-year target/outcome measurement:	Due to significant budget cuts required by the state legislature, our goal is to monitor services and work to mitigate any potential negative impact on service provision during thi transition year. Our year 1 goal is to maintain at least the same number of adults with SMI receiving forensic peer support as in SFY19.
Second-year target/outcome measurement:	Increase by 5% over SFY20 data.
New Second-year target/outcome measurer	nent(if needed):
Data Source:	
Office of Adult Mental Health data,	
New Data Source(if needed):	
Description of Data:	
Compiled monthly report data from forensi	c peer specialists
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	asures:
None	
New Data issues/caveats that affect outcom	e measures:
Report of Progress Toward Go	pal Attainment
First Year Target:	_
Reason why target was not achieved, and ch	nanges proposed to meet target:
How first year target was achieved (optional	0:
	ugh ongoing success of Forensic Peer Mentor Program partnership with state Department of

Priority #: 11 **Priority Area:** Access to Community Mental Health Services for Homeless Individuals with SMI **Priority Type:** MHS SMI Population(s): Goal of the priority area: Increase number of homeless individuals with SMI accessing community adult mental health services. Strategies to attain the goal: To build upon current use of PATH services. -Annual Performance Indicators to measure goal success-Indicator #: Indicator: Number of adults with SMI receiving PATH services for homeless individuals with behavioral health needs Initial data collected prior to and during SFY19 **Baseline Measurement:** First-year target/outcome measurement: Due to significant budget cuts (required by the state legislature) in areas that frequently coordinate with delivery of PATH services, our goal is to monitor services and work to mitigate any potential negative impact on service provision during this transition year. Our year 1 goal is to maintain at least the same number of adults with SMI receiving PATH services for homeless individuals with behavioral health needs as in SFY19. Second-year target/outcome measurement: Increase number of persons served by PATH by 3% above the SFY20 total. New Second-year target/outcome measurement(if needed): **Data Source:** Statewide HMIS System; ASO data New Data Source(if needed): **Description of Data:** Comparison of authorizations submitted for AMH services, past - current fiscal years, monthly report census data for PATH New Description of Data:(if needed) Data issues/caveats that affect outcome measures: None New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment **✓** Achieved Not Achieved (if not achieved,explain why) First Year Target: Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): Number of adults with SMI receiving PATH services for homeless individuals with behavioral health needs

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

FY19 3970 – total individuals; FY20 PATH 4416 – total individuals (11% increase)

Footnotes: