

Department of Human Services
DIVISION OF MENTAL HEALTH
COMMUNITY SERVICES ACT
REPORT

January 1, 2009

**Pursuant to the requirements
of the Community Services Act
(405 ILCS 30/3) (from Ch. 91 ½, par. 903)**

Department of Human Services

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PART I

Introduction

Pursuant to the requirements of the Community Services Act (405 ILCS 30/3) (from Ch. 91 ½, par. 903), the Department of Human Services/Division of Mental Health, on January 1, 1994 and on January 1 of each third year thereafter, shall prepare and publish, a Report which describes the activities of the Division of Mental Health, as it works to establish, develop, implement and assure recovery-oriented, community-focused mental health services for the citizens of Illinois.

The following Report is intended to provide information for a wide audience of citizenry. Therefore, rather than being a specific and technical review, it is instead a broad overview of the Division of Mental Health organization, structure and service delivery, highlighting and addressing those elements listed in the Act itself, and including information describing the Division of Mental Health's current service delivery. Should the reader need more detailed information in any of the included areas, they are asked to please be in touch with the Division of Mental Health, requesting the specific information needed.

By way of introduction, the Division of Mental Health, as the federally designated State Mental Health Authority, under the leadership of the Division Director, is responsible for assuring that children, adolescents and adults, throughout Illinois, have the availability of, and access to, publicly funded Community Mental Health Services. Those Community Mental Health Services are provided within five geographically organized service Regions, which correspond to the five Department of Human Services Regions. These Regions include Chicago Metropolitan (Region 1), North Suburban (Region 2), North Central (Region 3), Central (Region 4) and South (Region 5). By system design, Community Mental Health Service delivery is provided throughout Illinois, by Division of Mental Health purchase of service contracts with 162 community mental health centers/agencies and 27 community hospitals with psychiatric units. In addition, the Division of Mental Health operates nine state psychiatric hospitals with both civil and forensic beds, and one Treatment and Detention Facility, which provides statutorily required treatment services for sexually violent persons. Also, as an integral part of the overall service system, both the Children and Adolescents and Mental Health and Justice (Forensic) Services are organized centrally, through the Division of Mental Health Clinical Services System section, and delivered through the Division of Mental Health service Regions.

For Child and Adolescent Services, the emphasis is on resilience and evidence informed practice as components of the system transformation process. Many of the activities in which the Division of Mental Health is engaged, provide a foundation from which to make this vision a reality. For Mental Health and Justice (Forensic) Services, the Division of Mental Health has a primary responsibility for developing, implementing and coordinating the inpatient and outpatient placements of adults and juveniles remanded by the Illinois County Courts to the Department of Human Services under Statutes finding them Unfit to Stand Trial (725 ILCS, 104-16) and Not Guilty by Reason of Insanity (730 ILCS, 5/5-2-4). Also, through its Mental Health and Justice section, in collaboration with key System Partners, the Division of Mental Health has implemented a number of initiatives, related to the criminal justice system, and targeted toward addressing the concerns regarding a large number of non-mandated individuals, who are both involved with the criminal justice system, and have significant mental health needs.

Through collaborative and interdependent relationships with System Partners then, it is the primary Mission of the Division of Mental Health, as the designated State Mental Health Authority, to assure the provision of recovery-oriented/evidence-based Community Mental Health Services, in order to build the resilience and facilitate the recovery, of persons with mental illnesses.

The Division of Mental Health Vision at the foundation of this Mission is, 'The Expectation is Recovery!' All persons with mental illnesses can recover and participate fully in their life in the community.

Finally, a word about the structure of this Report. The next following sections will address the roles and responsibilities of the Division of Mental Health, in its provision and assurance of Community Mental Health Services. These sections include Organization, Service Priorities, Planning, Public Information and Education, Quality Assurance and Accreditation. Also, although not formally included in the Act, brief comment will be made as part of Service Priority 3 section, noting the Division of Mental Health responsibilities with State Operated Psychiatric Hospitals. The latter sections of the Report then, will provide an overview of those Act elements which pertain to the accredited entities, with which the Division of Mental Health contracts. These elements include Program Evaluation, Research, Technical Assistance, Placement, Interagency Coordination and Financial Assistance.

Organization

Under the leadership of the Division Director, over the past five years, the Division of Mental Health has made substantive documented progress in the development of a recovery-oriented/evidence-based Community Mental Health Services system for persons with mental illnesses, for children and adolescents with serious emotional

disturbances and for those persons' and youths' families. The Division of Mental Health envisions a sufficiently resourced, transformed system that is by design and intent, consumer and family driven and community focused. Further, that system has been established and implemented to provide and assure a continuum of culturally inclusive programs and services, which are integrated and effective, and which facilitate and support a lifespan development of wellness that builds resiliency and facilitates recovery. And all of these efforts are put forth with a goal of actualizing the Division of Mental Health Vision, that, 'The Expectation is Recovery!'

As mentioned in the above Introduction, Division of Mental Health services are provided through its five established service Regions. Service Region staff are responsible for the integration of a comprehensive service system, including Child and Adolescent Services and Mental Health and Justice (Forensic) Services. In addition to the administrative functions that are provided through the Division of Mental Health offices in Springfield and Chicago, the service Region Offices also provide administrative and program/service monitoring and oversight for their respective Regions. Further enhancing service system development, as one of the Divisions of the Department of Human Services, the Division of Mental Health has an opportunity to address a number of challenges within the context of the Department of Human Services shared vision, including the disability determination for persons with mental illnesses, the integration of vocational and psychiatric services, the development of collaborative services for persons with Co-occurring Illnesses and, through a coordinated intake process, the opportunity to enhance case finding, early identification and outreach efforts.

Over the past three decades, there has been astounding growth in the development of Division of Mental Health Community Mental Health Services. The locus of treatment for persons with mental illnesses has indeed shifted from institution-based treatment, to community-focused services. In FY-1973 (July 1, 1972 - June 30, 1973), for example, 8% of the Division of Mental Health budget was allocated for Community Mental Health Services. Today, more than 70% of Division of Mental Health expenditures are allocated for Community Mental Health Services. In FY-2007 (July 1, 2006 - June 30, 2007), the Division of Mental Health purchased Community Mental Health Services for more than 179,000 individuals and provided state operated psychiatric services for over 10,200 individuals.

The Division of Mental Health's overall goal of transforming the Community Mental health Service system is in large part a function of the Division of Mental Health commitment, made in July 2003, to embrace the goals of the President's New Freedom Commission. The extraordinary President's New Freedom Commission Report, issued in 2003, included six foundational goals, covering a wide range of issues. Resultantly, in the years following its release, the Report would chart a new national course for system transformation. The original six goals of the Report included:

1. Americans must understand that mental health is essential to overall health;

2. Mental health care must be consumer and family driven;
3. Disparities in mental health services must be eliminated;
4. Early mental health screening, assessment and referral to services;
5. Excellent mental health care must be delivered and research accelerated;
and
6. Technology must be used to access mental health care and information.

Embracing these goals, the Division of Mental Health has set and developed service priorities that are targeted toward system transformation. These service priorities have led to a series of transformation activities, initially designed and established by the Division of Mental Health following its System Partner meetings and workshops, convened in 2006. Through these meetings and workshops, the Division of Mental Health was able to garner a comprehensive array of system input, which became the informational foundation for today's transformation activities and initiatives.

The Division of Mental Health activities and service delivery since 2006 then, reflect a fundamental change in service delivery design. Building a consensus on recovery, coupled with increased leadership, participation and involvement of consumers and families, has become an essential and foundational goal. An expansion of evidence-based practices for adults, in particular Permanent Supportive Housing and Supportive Employment, and evidence informed practice for children and adolescents, with an emphasis on family-driven care, has been undertaken. And an ongoing emphasis on the system development elements of transparency, collaboration and accountability has become an expectation as the Division of Mental Health plans and collaborates with its System Partners.

Another significant element in the transformed Division of Mental Health organization has been its initiation of, and contract with, an Administrative Services Organization. By contractual agreement, the Administrative Services Organization provides technology and statewide administrative consistency toward making the purchase of care (fee-for-service) and service utilization management process more efficient and effective. Toward this goal, in FY-2008 (July 1, 2007 - June 30, 2008), with legislative guidance, the Division of Mental Health initiated a process of more closely relating Community Mental Health Services providers' payments to the amount of services actually delivered to consumers, contrasted with the previous payment system that focused more on dollars actually expended rather than on services delivered. For FY-2009 (July 1, 2008 - June 30, 2009), Community Mental Health Services providers with billing performance at the extremely high and low ends of the billing continuum had their estimated FY-2009 contract amounts adjusted, moving the Division of Mental Health closer to being able to fund an actual level of service provision and billing. These steps

toward a fully implemented fee-for-service system, will continue into FY-2010 (July 1, 2009 - June 30, 2010).

<p>Service Priorities</p>

While the Division of Mental Health has a significant number of service priorities in each of its major service delivery sections, its overall service priorities are summarized in the following listing:

<u>Service Priority</u>	<u>Division of Mental Health Section(s)</u>
1. Enhanced consumer leadership training; consumer input, involvement and participation in all areas of community and hospital service delivery.	Recovery Support Services
2. Increased collaboration with System Partners, within the Department of Human Services, community (private and public sectors), hospital and agency arenas.	Director's Office, Recovery Support Services, Clinical Services System, System Support Services, and Region Services
3. Promulgation of and support for, evidence-based practices for adults and evidence-informed practices for children and adolescents, in both the community and hospital service systems.	Recovery Support Services, Clinical Services System and System Rebalancing
4. Enhanced and expanded clinical services for the two Division of Mental Health distinct populations, including Children and Adolescents and the Forensic (Unfit to Stand Trial and Not Guilty by Reason of Insanity).	Recovery Support Services, Clinical System Services, (Child and Adolescent Services and Mental Health and Justice (Forensic) Services)
5. Continued restructuring of the Community Financial Payment System (Fee-for-Service).	Director's Office and System Support Services
6. Expanded System Rebalancing, including an emphasis on Permanent Supportive Housing initiatives and community long-term care service options.	System Rebalancing

The activities, initiatives and services for **Service Priority 1**, are designed, developed, implemented and coordinated through the Division of Mental Health's Recovery Support Services, and its leadership group, the Recovery Services Development Group. The Recovery Services Development Group strives to meet the Division of Mental Health Service Priority expectations by first endorsing the definition of recovery provided by the President's New Freedom Commission, 2003, specifically:

“Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals recovery is the ability to live a fulfilling life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.”

Further, the Recovery Services Development Group endorses the ten fundamental components of recovery as outlined in the National Consensus Statement on Mental Health Recovery, from the Substance Abuse/Mental Health Services Administration, 2005, including:

1. Self Direction
2. Individualized and Person Centered
3. Empowerment
4. Holistic
5. Non-Linear
6. Strengths-Based
7. Peer Support
8. Respect
9. Responsibility
10. Hope

The Recovery Services Development Group members, each a person in recovery with lived mental health experience, see their specific Mission within the Division of Mental Health as collaborating with staff, families and consumers to promote recovery-oriented, wellness-based, trauma-informed mental health services that will enhance the recovery of persons with mental illnesses. Additionally, the Recovery Services Development Group members are committed to sharing their individual journeys and experiences of living with mental illnesses, with the hope and expectation of improving, impacting and changing for the better, the lives of those with whom they work.

Valuing the tenants of Personal Wellness, Recovery Education and Collaboration, the Recovery Support Services and its Recovery Services Development Group, as part of their ongoing Mission, have designed, developed and implemented a wide range of activities, initiatives and services. A concerted effort has been made to ever expand the involvement, participation and leadership of the persons with mental illnesses who are served by the Division of Mental Health. Realizing that a consumer/family driven system of care is essential, initiatives have been implemented throughout the state to ensure that consumers and family members are an integral part of all phases of the Community Mental Health Services delivery system. Through these efforts, the representation of consumers and family members has dramatically increased in both statewide and Region service delivery.

Significantly, under the leadership of the Division of Mental Health Director for Recovery Support Services, the Wellness Recovery Action Plan model has been adopted in Illinois. Through the ongoing training of Wellness Recovery Action Plan Facilitators and the subsequent establishment of Wellness Recovery Action Plan classes in community agencies and hospitals, coupled with the introduction of Wellness Recovery Action Plan Principles at consumer forums and conferences, literally thousands of consumers throughout the state have benefitted from receiving orientation and education in the principles and components of this significant emerging best practice. The Recovery Support Services and Recovery Services Development Group have also utilized Wellness Recovery Action Plan service delivery as one of the cornerstones of their modeling and facilitating recovery-oriented services in all aspects of Community Mental Health Services. Additionally, Wellness Recovery Action Plan training for providers who work either with teens in community Child and Adolescent agencies or with the Mental Health Juvenile Justice Initiative, was begun in FY-2007.

Further, the Division of Mental Health Recovery Support Specialists, working in each Division of Mental Health service Region, collaborate with System Partners to design, plan and convene Annual Consumer Conferences throughout the state. During the past year, eight such Conferences have been held, with hundreds of consumers, family members and mental health staff participating.

Another significant activity of the Recovery Support Services has been the Consumer Education and Support Statewide CALL-IN Initiative. Begun in FY-2007, this Initiative was designed and developed to ensure that consumers of Community Mental Health Services receive current, accurate and balanced information regarding changes in the service delivery system, empowering them to take first, active and participatory roles, and resultantly, leadership roles, in all aspects of mental health service delivery. In early 2008, the Recovery Support Services began conducting prearranged, moderated statewide teleconference calls with consumers. Since the inception of these teleconferences, monthly calls have been conducted, with the wide range of topics allowing participatory discussions of service information, performance data, new developments, and emerging issues, to both promote and facilitate, consumers' awareness and knowledge.

And finally, the Recovery Support Services has shown national consumer development leadership with its establishment of the Certified Recovery Support Specialist credential. In collaboration with the Illinois Certification Board, the Divisions of Mental Health, Rehabilitation Services and Alcoholism and Substance Abuse, have developed the Certified Recovery Support Specialist model, a competency-based rather than curriculum-based credential for individuals in recovery, who seek a validation of, and recognition for, their skills and competencies. Individuals are certified as having met specific predetermined criteria for essential competencies and skills. The purpose of certification is to assure that individuals who meet the criteria for Certified Recovery Support Specialist, can indeed provide quality services. The credentials granted through the certification process, are instrumental in helping guide employers in their selection of competent Certified Recovery Support Specialist professionals, in defining the unique role of Certified Recovery Support Specialist professionals as health and human service providers, and providing Certified Recovery Support Specialist professionals with a credential reflecting their skills and competencies. Access to this new credential, a first in the nation, became available through the Illinois Certification Board, beginning in July, 2007.

The Division of Mental Health has also significantly altered service design and implementation in its work with **Service Priority 2**. Leadership in the Division of Mental Health's Child and Adolescent Services continues to work in collaboration with other State Departments, Department of Human Services Divisions and private service providers to improve services to children and adolescents with serious emotional disturbances and other human service needs. These collaborations include work with the Department of Children and Family Services in providing transition services for youth moving from child welfare services to adult mental health services; collaboration with the Illinois Children's Mental Health Partnership on both early intervention pilot projects and on Transition Services for youth with serious emotional disturbances; work with the Division of Alcohol and Substance Abuse on infrastructure building to provide services for youth with co-occurring mental health and substance abuse problems; and collaboration with the Illinois State Board of Education with a Federal Department of Education Grant, to increase the integration of school mental health services and community mental health centers.

With its Adult Services, during the past several years, the Division of Mental Health Clinical Services System and Region Services sections, have collaborated closely with the Division of Rehabilitation Services to establish Individual Placement and Support/ Evidence-Based Supported Employment pilot sites in Regions throughout Illinois. With the original sites established as a direct result of collaborative work within the National Institute of Health, Substance Abuse/Mental Health Services Administration and Johnson and Johnson/Dartmouth Grants, this nationally recognized and awarded Initiative began in 2006 with 4 sites and has been recently expanded to 13 community sites.

Another example of the Division of Mental Health Community Mental Health Services work in the Service Priority 2 area is the recent expansion of Mental Health Court Initiatives, throughout Illinois. Currently, nine Illinois Mental Health Courts, working with Division of Mental Health funded agencies in their local areas, have been established. The counties involved in this Initiative include Cook, Cook-Proviso, DuPage, Kane, Lake, Madison, McHenry, Rock Island and Winnebago. As part of this Initiative, a major statewide conference on Mental Health Courts, co-sponsored by the Division of Mental Health and the DuPage County Health Department, was convened in 2008.

Also in this Service Priority 2 area, the Division of Mental Health has worked with the Division of Developmental Disabilities to establish an ongoing Task Group, to provide a forum for the discussion and resolution of cross Division clinical and administrative issues. The Task Group, convened bimonthly, addresses a wide range of issues, targeting particularly those issues involving dually-diagnosed consumers, being served by both the Division of Mental Health and the Division of Developmental Disabilities.

Additionally, in this Service Priority 2 area, the Division of Mental Health is most aware that the integration of primary medical care and behavioral health care has become an increasing essential part of Community Mental Health Services. This care integration is also being energized by significant federal funding initiatives. The Division of Mental Health leadership continues to explore options for collaboration with Health Resources and Service Administration funded Federally Qualified Health Centers in Illinois. The Division of Mental Health Central Region, for example, has established an Initiative to facilitate dialogue and collaboration between Community Mental Health Centers and Federally Qualified Health Centers in that Region of the state. Several Community Mental Health Centers are participating in this effort, and collaboration is expected to develop and expand over the next few years. Also, in FY-2008, the Division of Mental Health partnered with the Department of Healthcare and Family Services in applying for and obtaining an Emergency Room Diversion Federal Grant. The grant provides \$2.0 million over the next two years to improve access to, and quality of, primary health care services.

In the area of Primary Care Case Management/Disease Management, the Department of Healthcare and Family Services and the Division of Mental Health have been collaborating to improve the coordination and delivery of services to consumers, aged 19-64, who are served jointly by both Departments. McKesson Health Solutions has been authorized by the Department of Healthcare and Family Services to provide a comprehensive disease management program, Your healthcare Plus, for adult Medicaid beneficiaries. Through McKesson's efforts to reach out to persons who have mental health needs, as well as through ongoing discussions between the Department of Healthcare and Family Services and the Division of Mental Health, the Division of Mental Health has identified a number of consumers who could benefit from greater continuity of care between Departments and systems.

Related to the above efforts, a Your Healthcare Plus Pilot Project has been established. For this Pilot Project, Comprehensive Neuro-Sciences is reviewing all medication profiles and usage of psychotropic medications for persons in the Department of Healthcare and Family Services Disease Management program. This Pilot Project will also allow for the review of prescribing patterns by physicians, both psychiatrists and general/family practitioners against the Comprehensive Neuro-Sciences models for clinical standards. Currently then, physicians are receiving letters from the Comprehensive Neuro-Sciences if their prescribing patterns fall significantly outside these standards. The letters request that the physician first verify the accuracy of the prescribing information and second, asks the physician if he/she wishes further clinical consultation about the use of these psychotropics, or about the Comprehensive Neuro-Sciences standards. As a part of this Pilot Project also, the Division of Mental Health is collaborating with the Department of Healthcare and Family Services and several selected community mental health centers in the North Central service Region, to work more directly with selected physicians who are part of the overall Pilot Project.

And finally in this Service Priority 2 area, the Division of Mental Health co-convenes with the Department on Aging, an Advisory Council on Geriatric Services. The Council focuses on the assessment of the mental health needs of elderly persons, identifying the competencies needed to serve them, and model programs and best practices that would yield the best outcomes for that Service. The Council also promotes increased awareness of geriatric mental health concerns and has provided and funded training, consultation and technical assistance in the area of mental health and aging issues. Recently the Council has developed a position paper on issues of Self-Neglect that is being utilized widely throughout the state.

Addressing Service Priority 3, the Division of Mental Health again has many Division-wide examples of its current work in promulgating and supporting evidence-based practices for adults and evidence-informed practices for children and adolescents. Certainly in the Adult Services area, its work in the expansion of the evidence-based practice of Individual Placement and Support/Evidence-Based Supported Employment has reshaped the landscape for the place of competitive employment in facilitating the recovery of persons with mental illnesses. Over the next few years, the Individual Placement and Support/Evidence-Based Supported Employment model, coupled with the Division of Mental Health work in the Permanent Supportive Housing area, will no doubt result in significant outcomes for persons participating more fully than ever, in their life in the community.

In FY-2008, the Division of Mental Health began an extraordinary new Initiative to develop strategies to implement the new Permanent Supportive Housing model. Working collaboratively with a number of System Partners, increased Permanent Supportive Housing options for consumers, including Bridge Subsidy Loans, have been established, and additional resources have been allocated, all to assure that this research-founded model will allow increased access and availability for safe and affordable housing options for consumers. Also for Adult Services, the Division of

Mental Health has continued its support for the utilization of the evidence-based practices of Medication Algorithms and Assertive Community Treatment. An early adopter of both of these practices, the Division of Mental Health has moved recently to review and monitor the fidelity with each of these models, and assure that each is provided as a recovery-oriented service, with increased consumer involvement, as an integral part of the practice service delivery.

Although cited only indirectly as part of the Act, hospital care and treatment is a vital component in the continuum of treatment services provided for persons with mental illnesses. State-operated psychiatric hospitals, operated by the Division of Mental Health, serve unique functions in the Division of Mental Health's overall recovery-oriented/community-focused service system. One function is to provide a secure, therapeutic environment within which to meet the treatment needs of persons who, due to their mental illness, exacerbated at a point in time, may be a danger to themselves or others. Another function of the hospitals is to offer inpatient psychiatric treatment that is not currently accessible in community-operated hospitals because consumers have little or no capacity to pay for necessary treatment, either directly or through an insurance plan, including Medicaid or Medicare. A third function is to provide court-ordered treatment in forensic units for persons who are found Unfit to Stand Trial or Not Guilty by Reason of Insanity. The following table indicates the location and type of treatment/beds available at each of the Division of Mental Health's ten state-operated hospitals.

<u>REGION</u>	<u>DIVISION OF MENTAL HEALTH- OPERATED HOSPITAL</u>	<u>LOCATION / BEDS</u>
Region 1	Chicago Read Mental Health Center Madden Mental Health Center Tinley Park Mental Health Center	Chicago (North) - Civil Hines (West) - Civil Tinley Park (South) - Civil
Region 2	Elgin Mental Health Center Singer Mental Health Center	Elgin - Civil/Forensic Rockford - Civil
Region 4	McFarland Mental Health Center Treatment and Detention Facility	Springfield - Civil/Forensic Rushville - Sexually Violent Persons
Region 5	Alton Mental Health Center Choate Mental Health Center Chester Mental Health Center	Alton - Civil/Forensic Anna - Civil Chester - Forensic/Behavior Management

All of the Division of Mental Health hospitals are currently accredited by the Joint Commission on the Accreditation of Healthcare Organizations. Each hospital utilizes Continuous Quality Improvement methods to improve its treatment processes, and

outcomes, and bring a recovery-oriented/community-focused foundation to its service delivery. Each hospital also has on staff, Recovery Support Specialists, to assure that each person served, receives the highest quality recovery-oriented services.

The Division of Mental Health also currently purchases short-term hospital services from 27 community hospitals with psychiatric units. This hospital treatment is part of the Division of Mental Health's Community Hospital Inpatient Psychiatric Services Initiative, which is part of each service Region's comprehensive service delivery.

In the implementation of **Service Priority 4**, under the direction of the Chief of the Division of Mental Health's Clinical Services System section, the Child and Adolescent Services and Mental Health and Justice (Forensic) Services, have taken the lead to assure the enhancement and expansion of Community Mental Health Services and Hospital Services throughout the Division of Mental Health. The Child and Adolescent Services, for example, has had an action strategy for moving Illinois forward in its adoption and use of evidence-informed practice with children and adolescents. Over the past two years, a significant amount of progress has occurred with this action strategy, including an increased number of child and adolescent agencies participating in an effort to infuse enhanced clinical skill sets into the provider community; an expanded number of advanced degree training programs across the state beginning to graduate students with certifications in evidence-informed child and adolescent services; and a revised Division of Mental Health requirement for child and adolescent services providers to participate in a web-based outcomes analysis system to be effective in July of 2009.

Several specific Initiatives and Programs continue to provide a foundation for the Division of Mental Health's work with children and adolescents. The Individual Care Grant Program provides funds for residential treatment or intensive community treatment for children and adolescents with serious emotional disturbances who meet the criteria of severe mental illness and impaired reality testing. The Individual Care Grant Program is family driven in that it allows families to make decisions regarding the utilization of their Grant Award. These decisions are generally made in consultation with mental health providers working with the family, and the resulting services can include intensive, home-based support, treatment, and therapeutic stabilization services, that allow the child to remain at home. In FY-2007, the Individual Care Grant program received 1,051 requests for applications. In the same year, 81 grants were awarded. And at the end of FY-2007, there were 484 active Individual Care Grant cases.

The Division of Mental Health Child and Adolescent Services has been involved with Screening/Assessment and Support Services programs since 1989. The primary objectives of Screening, Assessment and Support Services are to develop community-based screening and assessment capability, and intensive home-based and crises intervention services. The philosophy of services is short-term intervention which is child-centered, family-focused and community-based. Parents are involved in service provision and evaluations.

For the past four years, the Division of Mental Health has participated in a significant effort to deliver Screening/Assessment and Support Services' services collaboratively with the Department of Children and Family Services and the Department of Healthcare and Family Services.

The Division of Mental Health collaboration with the Illinois Children's Mental Health Partnership has been ongoing for several years. The Illinois Children's Mental Health Partnership is charged with developing a Children's Mental Health Plan containing short-term and long-term recommendations for providing comprehensive, coordinated mental health prevention, early intervention and treatment services for children from birth to age 18. The Division of Mental Health Child and Adolescent Services staff are active members of the Illinois Children's Mental Health Partnership and are active System Partners in promoting its Vision. The Division of Mental Health staff works closely with the Illinois Children's Mental Health Partnership in planning how the funds garnered by the Illinois Children's Mental Health Partnership, are to be utilized and expended to implement key projects and services.

Finally with enhanced and expanded clinical services, Service Priority 4, the Mental Health and Justice (Forensic) Services section has also provided significant leadership in moving the Division of Mental Health toward its goal of transformation. Although this section's activities and initiatives have been highlighted previously, several of these need be again emphasized. First, there should be mention of the \$2.0 million Substance Abuse/Mental Health Services Administration competitive grant awarded to the Mental Health and Justice Services for its Jail Diversion and Trauma Recovery model program being prioritized for returning Veterans. Second, there has been considerable and significant expansion of the Division of Mental Health Mental Health Court Initiative, now into all five service Regions. This Initiative has allowed the Division of Mental Health to be more responsive to state and local judiciary needs, with the resulting outcome of more effectively serving defendants with concomitant mental health needs. In addition, the most successful Data Link Initiative for County Jails, has been continued and expanded.

Mental health jail diversion in Illinois is primarily accomplished through the Division of Mental Health supported data-link program or county supported mental health courts. The Data-Link programs in six areas linked 699 individuals to community services in FY-2008. The counties that have data-link programs include Cook, Cook/Proviso, Marion, Jefferson, Peoria and Will. All of the data-link sites except Cook, have dedicated Case managers. The site in Peoria provides ACT services.

Also, Mental Health Courts served 319 individuals across nine county jurisdictions. These Courts each use Case Managers, but the staff providing case management vary and, may come from probation, court personnel or mental health providers. The total number of individuals currently served by these two jail diversion efforts is 1018.

And finally, in 2008, the Division of Mental Health was awarded a \$105.0 K Transformation Transfer Initiative grant from the Substance Abuse/Mental Health Services Administration. The grant is currently funding a statewide mental health/criminal justice needs assessment and system mapping Initiative that will help

facilitate the system transformation process throughout Illinois. The overall goal of this Initiative is to support the efforts of the Division of Mental Health led Criminal Justice Transformation Task Group that has been convened to develop and recommend enhancements in the system of care for individuals with mental illnesses and co-occurring mental health and substance abuse disorders who also are involved with the criminal justice system.

Continued restructuring of the Community Financial Payment System, **Service Priority 5**, has been a significant multi-year initiative for the Division of Mental Health. Certainly, the move to a fee-for-service system has been the most significant administrative undertaking in the past several decades. Initially envisioned as a shift in the Division of Mental Health community funding structure from a grant-in-aid system to a fee-for-service system, the system restructuring initiative has expanded over time, to become a comprehensive transition to a true recovery-oriented/community-focused service delivery system. With this expansion, not only has there been increased participation in the Federal Financial Participation, but also there has been an enhanced service system restructuring, to allow consumers of Community Mental Health Services greater choice for, and access to, services designed to facilitate their growth toward recovery. Currently, this Initiative includes work with 162 community mental health agencies, and when completed in the next two years, will also move the Division of Mental Health, to a full-fee-for-service financial payment system.

In order to effect this transition most efficiently and effectively, the Division of Mental Health currently contracts with an Administrative Services Organization, the Illinois Mental Health Collaborative for Access and Choice. Working under contract from the Division of Mental Health, the Illinois Mental Health Collaborative for Access and Choice has recently redesigned and implemented a new management information system, including the development of a data warehouse that will house eligibility, registration, billing/services information, a provider database, and service authorization all in one place. By design, the Division of Mental Health will have unprecedented access to this data.

Also of significance in this area, the Illinois Mental Health Collaborative for Access and Choice has produced and just distributed, the first ever Consumer and Family Handbook (Second Edition, September 2008). This resource for consumers and families receiving Division of Mental Health-funded services was prepared in both English and Spanish, and is available throughout the state.

Also of significance, the Division of Mental Health, working through the Illinois Mental Health Collaborative for Access and Choice, has established and implemented statewide processes for prior authorization for Assertive Community Treatment and Community Support Team services, and for review and approval of applications for the Individual Care Grant.

Moving to **Service Priority 6**, the Division of Mental Health has been working in this area for several years. As there are a substantial number of persons with mental illnesses residing in long-term care facilities who have the potential to transition to other, less restrictive housing options with support services, the Division of Mental Health has

greatly expanded its efforts in the development of a great array of housing options, particularly using the Permanent Supportive Housing model.

The availability of adequate, safe and affordable housing is a necessary and essential component of Community Mental Health Services. The Division of Mental Health, through its service Regions, is committed to pro-active involvement in expanding the pool of affordable Permanent Supportive Housing for persons with mental illnesses. It incorporates a philosophy of consumer choice and empowerment that emphasizes both the rights and responsibilities of tenancy as well as flexibility in providing support services. The Division of Mental Health Systems Rebalancing leadership works closely with the Illinois Housing Development Authority, a group with a legislative mandate to oversee and advise the Task Group on Housing in Illinois, which includes the broader spectrum of state government in its membership (Department of Commerce, Department of Insurance, the State Treasurer, and more).

The Division of Mental Health has made the commitment to develop Permanent Supportive Housing. Concurrent with the reformation of Long Term Care, through a systems rebalancing approach, the Division of Mental Health is partnered with the Department of Healthcare and Family Services, the Division of Rehabilitation Services, the Division of Developmental Disabilities, the Department on Aging and the Illinois Housing Development Authority to implement the federal Money Follows the Person Program. The Division of Mental Health has been an advocate and proponent of transitioning individuals diagnosed with serious mental illness, who are not medically compromised, from long term care to community independent living alternatives. The Illinois design of the Permanent Supportive Housing Bridge Subsidy Program and wrap around support services is the avenue in which the Division of Mental Health will make the transition of this population possible, contingent on the availability of allocated funds. Simultaneously, the Division of Mental Health has identified and prioritized the population of consumers, who are not residents of Long Term Care, who also will meet eligibility for Permanent Supportive Housing. This population includes persons with mental illnesses who have an income at or below 30% average medium income and who are: (a) at risk of Long Term Care placement, (b) long term admission (greater than 12 months) to state-operated psychiatric hospitals, (c) aging out youths/young adults from the Individual Care Grant program, (d) aging out youths/young adults from Department of Children and Family Services wardship, (e) residents of Division of Mental Health funded supervised or supported residential group homes, and (f) homeless, as defined by the Division of Mental Health.

The Division of Mental Health is committed to, as a priority toward systems rebalancing, the development and expansion of Permanent Supportive Housing for individuals who meet defined criteria of eligibility and who are diagnosed with a serious mental illness. The goal of this Initiative is to promote and stabilize consumer recovery with elective support services in one's leased or owned home that (1) provides safety, (2) ensures comfort and decency, and (3) is financially manageable within the resources that the consumer has available.

Permanent Supportive Housing refers to integrated permanent housing, typically rental apartments, linked with flexible community-based mental health services that are

available to tenants/consumers when needed, but are not mandated as a condition of occupancy. The Permanent Supportive Housing model is based on a philosophy that supports consumer choice and empowerment, rights and responsibilities of tenancy, and appropriate, flexible, accessible, and available support services that meet each consumer's changing needs. A growing body of knowledge has documented the effectiveness of Permanent Supportive Housing and helped generate the systems changes needed to create it.

A Corporation for Supportive Housing study in Connecticut compared Medicaid costs for residents for six-month periods prior to and after their move into Permanent Supportive Housing. The cost for community-based mental health and substance abuse treatments decreased by \$760 per service user, while costs for psychiatric inpatient and nursing home services, decreased by \$10,900. This study also documented that supportive housing has a positive, as opposed to the often-feared negative, effect on neighborhood property.

Also, Permanent Supportive Housing reduces human services' system costs when compared to traditional residential service programs, because some of the capital and/or rental subsidy costs associated with Permanent Supportive Housing are covered through affordable housing programs rather than service system funding streams.

The Division of Mental Health is committed to develop an array of Permanent Supportive Housing options consistent with the flexible needs of consumers. This policy will be associated with other new initiatives, including the MFP grant and Individual Placement and Support/Evidence-Based Supported Employment. The Division of Mental Health approach will include the new construction or acquisition/rehabilitation of Permanent Supportive Housing units through new partnerships with housing developers, the Illinois Housing Development Authority, and other financial intermediaries, as well as assisting consumers to lease scattered-site rental housing, including studio-efficiency units, one bedroom units, and shared apartments. By increasing the supply of decent, safe and affordable Permanent Supportive Housing units, and tracking these units through a housing stock database, the Division of Mental Health will significantly improve its capacity to help consumers obtain permanent housing that meets their preferences and needs. Consumer choice is of paramount importance here as certain housing features/amenities may support a consumer's Recovery Goals, and consumer choice in housing options has been shown to correlate highly with community success and tenure.

A key component to the success of this effort is the creation of a new Division of Mental Health Bridge Subsidy Program that will provide consumers with the monthly rental assistance they need to quickly establish decent, safe and affordable permanent rental housing of their choice in the community.

The Division of Mental Health Bridge Subsidy Program will provide tenant-based rental assistance opportunities to hundreds of Division of Mental Health consumers who can and should be living in their own housing units in the community. The Division of Mental Health Bridge Subsidy Program will provide a rental subsidy to act as a "bridge" between the time that the consumer is ready to move into his or her own unit until the

time he or she can secure permanent rental subsidy, such as a Section 8 Housing Choice Voucher or comparable rental subsidy. The Division of Mental Health Bridge Subsidy Program has been deliberately designed as a Housing Choice Voucher “look-a-like” program to help ensure that the transition from the Bridge Subsidy to a permanent voucher is as close as possible to being seamless.

Also in the rebalancing area, in an effort to assure appropriate placement of persons with mental illnesses in the right housing/treatment alternatives, the Division of Mental Health recently completed a significant revision and restructuring of the Pre-Admission Screening for Mental Health process. Pre-Admission Screening for Mental Health assessments have been strengthened and standardized with a revised Pre-Admission Screening for Mental Health and web-based reporting system utilized to better manage these services. And added to the process also, has been an expanded annual Resident Review to assure, once admitted to a long-term care facility, that movement toward recovery is not only noted, but also utilized to facilitate the transition to less restrictive community housing options.

The Division of Mental Health is also working on a pilot with the Division of Mental Health funded providers in Region 1 and providers in Lake and DuPage County in Region 2, to assess the readiness of individuals admitted to nursing homes after July 2007 to transition to permanent supportive housing or supported or supervised residential services.

Finally, under its expanded System Rebalancing initiatives, the Division of Mental Health has begun a pilot Rapid Reintegration project in Rockford, the Rockford Rapid Reintegration Project, under the Governor’s Nursing Home Cross Disabilities Initiative. This project focuses on identifying individuals with mental illnesses for diversion from nursing home care or for a Rapid Reintegration Initiative if placed in a nursing home. This initiative is funded out of the Illinois Hospital Lock Box Initiative and through a partnership with the Rockford Housing Authority, which has set aside 25 Section 8 vouchers for this project.

In addition to this initiative and the award for the MFP grant, Illinois has also committed \$23.8 million to the expansion of home and community-based services. The Department of Healthcare and Family Services, the lead agency for the initiative, is working closely with the Division of Developmental Disabilities, the Division of Rehabilitation Services, the Division of Mental Health, the Department on Aging and the IHDA on this project. The Division of Mental Health is thus committed to maximizing this funding in support of the goals of consumer self-direction, independence and community reintegration.

Planning

As mentioned briefly in a previous section, the current goals and resultant planning efforts were actually conceptualized following the release, and subsequent endorsement, of the President’s New Freedom Commission. Since July, 2003, the planning, development, implementation and outcomes of full and comprehensive

System Transformation have been in motion. The President's New Freedom Commission goals and recommendations became the structure, or road map, to chart the recovery-oriented work, of the Division of Mental Health. The President's New Freedom Commission called for a new Vision, specifically:

"We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, work, learning, and participating fully in the community."

One of the key President's New Freedom Commission recommendations was the undertaking of comprehensive, cross-system mental health planning to address the existing fragmentation of services, disparities in access to services, and service duplication, thus increasing the level of cohesiveness and integration to avoid the "falling through the cracks" phenomenon. A brief history of the Division of Mental Health planning efforts over the past five year, would seem to provide context, for our planning efforts today.

Beginning in 2003 through 2004, the Division of Mental Health convened Work Out Groups for a series of planning meetings. Composed of Division of Mental Health Staff and key System Partners, including members of the Illinois Mental Health Planning and Advisory Council, the Division of Mental Health formally began its planning work, receiving extensive input and recommendations that would eventually shape its final Strategic Vision Report.

That Strategic Vision Report was completed in May, 2005. Again, after extensive review and discussion by the full Illinois Mental Health Planning and Advisory Council and other critical System Partners, including a significant number of consumer and family groups, the "ideal system of mental health care in Illinois", began to emerge. The envisioned system would be characterized by a true focus on recovery as the goal of service delivery, emphasizing authentic, recovery-oriented outcomes rather than on the services themselves; data-driven policy and program decisions based upon an improved capacity to analyze and disseminate relevant information; individualized, relevant, recovery-oriented service planning with active leadership and participation of the consumer, with emphasis on his/her determination of goals and choice of what services might be necessary to meet those goals; and an increased role for the consumer of mental health services and their families, and advocates, in shaping mental health policy, including more influence in the ultimate allocation of health and human services resources.

The initiatives and informant group activities which took place in 2004 and 2005, particularly the dialogue and discussion sessions with the Illinois Mental Health Planning and Advisory Council, set the stage for two comprehensive state planning meetings which would occur in 2006. The Division of Mental Health goals for these meetings were straightforward and transparent, and closely based upon the development and feedback of the preceding years:

- To renew collective commitment to collaborating in the interest of the system.
- To reach consensus regarding the vision/values that underlie the transformation of mental health service delivery.
- To prioritize cross-cutting goals for quality mental health services that span multiple agencies.

The full-day Division of Mental Health meetings were convened in July and October of 2006. A wide range of System Partners participated, including consumers and family members, legislators, Department of Human Services and state leadership staff, Criminal Justice and law enforcement representatives, university leadership and public health and healthcare officials. The City of Chicago provider agencies as well as Greater Illinois provider agencies, were also represented, as well as leadership from the various trade organizations.

From these workshops, and the subsequent Work Groups that followed, a new transformation Mission and an accompanying Vision emerged. Also, a significant step in strategic planning was undertaken as summarization of common themes were developed. Specifically, the following eight themes were reached by consensus:

1. Mental Health Services should provide the essential services by which the recovery process can unfold. Recovery is the process by which individuals are able to live, work, learn and participate fully in the communities.
2. Mental Health Services should be consumer-driven and provided, if possible, in the consumer's home community, and in the least restrictive setting.
3. Mental Health focus should be expanded to behavioral health encompassing substance abuse, with a holistic approach to service delivery.
4. Mental Health service delivery should provide a continuum of effective and efficient services and support, ranging from prevention/early intervention to evidence-based practices, intensive services and a comprehensive support network.
5. Mental Health Services should be culturally diverse and equally accessible to all the citizens of Illinois.
6. Mental Health Services should be well-resourced with sufficient funding, manpower, and clinical services to meet the needs of the one of every five citizens of Illinois who may experience a diagnosable mental illness in any given year.
7. Mental Health Services should be available, as needed, to assist individuals at any stage in their lifespan development.

8. The State should address the need for a centralized point of authority and responsibility for statewide coordination and expertise in the provision of mental health services.

From these themes, and the eventual Task Group discussions that followed, including Recovery, Criminal Justice, Re-entry, Children's Mental Health and Data-Sharing/ Management Information System would come the Division of Mental Health FY-2009 Strategic Vision and Plan for Transformation that currently shapes the Division of Mental Health's work in Community Mental Health Services today, and no doubt, in the future.

Public Information and Education

The Community and Public Information section of the Division of Mental Health plays an essential and integral role in assisting the Division of Mental Health in fulfilling its Mission and actualizing its Vision. Activities and initiatives that serve to advance a recovery consensus and create new opportunities for resilience are developed and implemented annually as part of the overall Division of Mental Health Strategic Vision and Plan for transformation.

In addition to gathering, coordinating and disseminating public information, views and assessments that bear on the critical role of mental health to general wellness, the Community and Public Information section seeks continually to open and sustain new channels of communication.

The Community and Public Information coordination responsibilities encompass four broad constituencies, including:

- Consensus of mental health services
- Department of Human Services and Division of Mental Health Clinical, Administrative and Leadership staff (Internal communication)
- System Partners, both the network, associations and organizations at large and those with which the Division of Mental Health works and collaborates
- General Public

Also, in addition to formulating strategic and crises communication plans, the Community and Public Information section is charged with coordinating various mental health community and public affairs activities, such as preparing remarks and reports for public consumption, eliminating duplicative communications' initiatives and serving as a general informational source. In this manner, the Community and Public Information plays a key role in thus enabling the Division of Mental Health both to speak with one, recovery-oriented/community-focused voice and to educate a wide and varied audience about the necessity and benefits of good mental health.

As examples of specific initiatives for which the Community and Public Information has provided leadership, several should be highlighted. Most prominently, the Division of Mental Health garnered statewide and national attention for its innovative and popular mental health and wellness awareness campaign, "Say It Out Loud." Publically launched in Chicago and Springfield, the campaign combined information toolkits with media exposure and consumer stories of recovery to bring a different face and attitude to mental health and overall wellness. In addition to outstanding media coverage, the campaign also developed an extensive variety of materials including radio, print and billboard ads; handouts such as palm-cards, t-shirts and caps; and template editorials and letters to the editors, all targeted toward talking about one's mental health, and resultantly seeking treatment if necessary. The Community and Public Information is also participating in the "Recovery Radio" program broadcast weekly on WVON in Chicago and developing the Recovery Reporter newsletter, to begin publication later in 2009.

Quality Assurance

For the Division of Mental Health, Quality Assurance and Continuous Quality Improvement are two equally important and closely connected components of an essential Quality Assurance program. Continuous Quality Improvement, as implemented by the Division of Mental Health, ensures that programs, services and policies are of high quality, and that consistent and ongoing compliance with essential and foundational requirements and procedures is achieved.

Continuous Quality Improvement is practiced to improve current processes, and should occur when problems with current processes have been identified and scheduled for improvement. The Division of Mental Health focus then, is on processes, procedures and methods needing revision or improvement. The Division of Mental Health Quality Management Committee serves as the primary point of contact for communication and planning with respect to both of the components, Quality Assurance and Continuous Quality Improvement, of Continuous Quality Improvement. The Quality Management Committee assesses the degree to which the Division of Mental Health meets its requirements, and then recommends actions that need be taken to assure that indeed necessary work is completed, and compliance achieved. The Quality Management Committee also advises Division of Mental Health sections on various quality work products, engages in problem-solving activities to resolve issues, and develops work/action plans when necessary, to reduce the risk of being out of compliance, in crucial service delivery areas.

The core values and concepts of the Division of Mental Health Continuous Quality Improvement program include enhanced consumer focus, service and involvement; continuous program and system oversight and improvement; employee participation/empowerment and teamwork; and data-driven decision-making and analyses.

Continuous Quality Improvement Plans are developed to address the Division of Mental Health areas, both community and/or hospital, that have been found to need improvement. The standardized Continuous Quality Improvement Plan contains a statement of the problem; a course of action to address the problem; the identification of objective measurable goals for a corrective plan; the identification of persons to be responsible for the implementation and monitoring of a Plan of Correction; and the time lines required for the completion of the corrective action. Actualizing a continuous quality improvement process throughout the Division of Mental Health includes the integration of Continuous Quality Improvement as part of every employee's day to day work, whether Central Office or Region Office, community or hospital. As the Division of Mental Health moves forward through the transformation process, Continuous Quality Improvement will remain one of the foundational activities that will allow the Division of Mental Health Vision, 'The Expectation is Recovery!' to be realized.

Accreditation

It is a requirement of the Division of Mental Health, that all Community Mental Health Services providers of mental health services be accredited by a nationally recognized and accepted accrediting organization.

These organizations include, but are not limited to, the Joint Commission on Accreditation of Healthcare Organizations, the Council on Accreditation for Children and Family Services and the Commission on Accreditation of Rehabilitation Facilities. In assuring that this requirement is met and that all Division of Mental Health contracted agencies have updated accreditation documentation, the Division of Mental Health works closely and collaboratively with the Department of Human Services' Bureau of Accreditation and Licensure Certification. The Bureau of Accreditation and Licensure Certification is responsible for regular, ongoing site visits to agencies to assure, not only that an agency's accreditation is current, but also that the documentation of that accreditation is updated and available.

While not a state requirement of the Act, as stated in previous Report sections, all of the Division of Mental Health's state-operated psychiatric hospitals are accredited by the Joint Commission on the Accreditation of Healthcare Organizations. This requirement is intended to strengthen the reflection and documentation that each accredited hospital is providing true hospital level care and treatment, and is performing at the highest level.

Finally, as stipulated in the Act, in addition to the accreditation requirement for both its contracted agencies/hospitals and state-operated hospitals, the Division of Mental Health has developed standards, rules and expectations, against which annual surveys and evaluations are made. These standards and rules and expectations are stated clearly in the annual contract with all provider agencies, and feedback and reports are shared, once surveys and evaluations are completed. Currently, through its contract with the Illinois Mental Health Collaborative for Access and Choice, these surveys and evaluations are completed jointly, with the data and findings from each, to eventually become part of the revised and restructured database system.

PART II

Overview / Monitoring

Over and beyond the activities, initiatives and services summarized in Part I, the Division of Mental Health also performs six additional activities and services in its work with system mental health providers. These activities and services, corresponding to the expectations of the Act, include the following:

1. Program Evaluation
2. Research
3. Technical Assistance
4. Placement Process
5. Interagency Coordination
6. Financial Assistance

As stated in the Introduction in Part I, it is not the intent or purpose of the Report to provide detail and/or specifics in each Report area. Rather, with the above six activities and services, a brief overview with examples, would seem to be of interest to the reader.

Program Evaluation. As mentioned previously in several Report sections, the Division of Mental Health performs a series of agency and hospital assessments and evaluations as an integral part of its system work, above and beyond its accreditation and survey requirements. Regularly, service Region leadership staff are expected, through their ongoing relationships with their Region provider agencies, to complete targeted program evaluations.

A recent example of these, completed with shared responsibility with the Illinois Mental Health Collaborative for Access and Choice, has been the evaluation of model fidelity in the Individual Placement and Support/Evidence-Based Supported Employment and Assertive Community Treatment service delivery. The reports of these evaluations have then been reviewed with the appropriate agency leadership, and when necessary, followthrough Technical Assistance has been provided.

Research. Through its Decision Support, Evaluation and Research Section, the Division of Mental Health has conducted numerous research projects, often in the context of its award of a federal grant. For example, last year the Division of Mental Health continued and completed its work on a three year Training and Evaluation grant funded by Substance Abuse/Mental Health Services Administration, Center for Mental Health Services. Training and evaluation in the Integrated Dual Diagnosis Treatment

model were provided to nineteen agencies/hospitals, including seventeen community provider agencies and two state-operated hospitals located in the Chicago Metropolitan Region.

The Integrated Dual Diagnosis Treatment project utilized the Integrated Dual Diagnosis Treatment Fidelity Scale and added the Dual Diagnosis Capable in Addiction Treatment Scale. The project provided data and information then, for the Division of Mental Health to evaluate the participants, leading to increasing their effectiveness in providing treatment.

Technical Assistance. Continuing with the example described in the above section, once the participants were provided with the data and information garnered from the research, tailored technical assistance and consultation were provided by the Division of Mental Health, focused toward strengthening each agency's/hospital's ability to move toward providing the Integrated Dual Diagnosis Treatment model in a considerably more effective manner. Following the technical assistance then, another program evaluation was completed, thus concluding the action plan for overall provider agency monitoring and evaluation.

Placement Process. The Division of Mental Health's work in the Placement Process is ongoing primarily in its service Region activities and initiatives involving the Pre-Admission Screening for Mental Health process and the review of client assessment and diagnostic instruments. The former activity has been noted and described in Part I of this Report.

The latter activity is most significantly reflected in the Region leadership work in the area of Individual Service Plan monitoring, particularly in the emphasis on Recovery Plans, and the strengths-based service plan model. Monitoring and review of these elements have become a significant and telling reflection, incidently, of a provider agency's/hospital's move to a recovery-oriented/evidence based service system.

Interagency Coordination. In the past few years, the Department of Mental Health and other Department of Human Services Divisions have made great progress in the implementation of the Smart Path Initiative which seeks to achieve comprehensive integration among all human services service delivery. Through co-location projects, collaborative activities and initiatives, and innovative service designs, the Department of Human Services Divisions have taken fundamental action steps toward providing all consumers with a more fluid, coordinated and transparent system among all service settings to move more efficiently and effectively to meet their human service needs. And it is expected that work with the Smart Path Initiative will continue over the next few years, toward the goal of the development of a truly seamless and coordinated system.

Financial Assistance. Particularly during these most troubled financial times, the Division of Mental Health is cognizant of the need to be aware of provider agencies'/hospitals' financial situations, and do whatever possible and allowable within state budgetary guidelines and mandates, to assist with assuring that expected service delivery to consumers, continues. When appropriate, the Division of Mental Health will work with provider agencies/hospitals to review additional funding potential, and when

possible, restructure funding to provide emergency help and assistance. The Division of Mental Health also in these times, works closely with other State government entities, such as the Department of Human Services' Bureau of the Budget and the Office of the Comptroller, to assist in the development and implementation of individual provider agency/hospital budgetary strategies.

Clearly we live and work in the most challenging of times. While the opportunities with mental health transformation, many of which were created by the uncompromising reality that indeed, person with mental illnesses have recovered, will continue to recover, and are recovering, our work, and resulting progress in Community Mental Health Services transformation, will also have to be tempered by the parallel reality of diminished and diminishing resources. But in spite of this latter, given reality, we must not be deterred from our Mission, or from the Vision upon which that Mission is founded.

Steadfast, hopeful, we move forward, cognizant of the challenges we face, yet ever mindful of the opportunities before us.