# Illinois Department of Human Services
# Division of Mental Health

## FISCAL YEAR 2009
## Individuals Receiving Community Mental Health Services
## April 15, 2011

### Background

This report is the first in a series of reports that provides descriptive information regarding mental health service delivery in Illinois. The measures included in this report are part of the consistent effort by the Division of Mental Health to develop reliable measures that can be used to evaluate and report on system performance. Over the past ten years, the Division has collaborated with other states, the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (SAMHSA/CMHS) and the National Association of State Mental Health Program Directors Research Insitutute (NRI) to carry out feasibility studies, pilot projects, and the development of a national uniform reporting system and national outcome measures. Since 2002, the Division has annually reported data from Illinois to the SAMHSA through the National Association of State Mental Health Program Director's Research Institute (NRI). The NRI formats the data reported by the states into tables such as the ones below and calculates rates and summary indicators at the regional and national level to provide context to state data.

This information included in this first summary report is a compilation of performance measures created using data submitted by DMH contracted mental health service providers, the results of a consumer survey conducted by DMH in 2009 and DMH compiled revenue/expenditure data. This first report focuses primarily on describing the characteristics of individuals receiving services.

This series of reports reflects the broader goal of the Division to be transparent in its review and evaluation of service delivery with regard to the efficiency, and effectiveness of the publicly funded mental health service system in Illinois. These reports can be used for the purposes of: (1) increasing the availability of actionable information and knowledge of the mental health system, (2) broadening public awareness with regard to service delivery, and (3) facilitating planning and decision making by providers, consumers, families of consumers, and other stakeholders.

### Method

The information reported is based on the state fiscal year 2009 (July 1, 2008 through June 30, 2009). Data was submitted by 174 community mental health provider agencies to the DMH ASO Community Reporting System and includes information provided by consumers to the agency from whom they receive

services.[1] The consumer survey measures that are reported are obtained from a random sample of consumers participating in an annual perception of care survey conducted by DMH staff. Data for initiatives such as Permanent Supportive Housing (PSH) and Evidence-Based Individual Placement Services (IPS) Supported Employment (SE), has been obtained from web-based databases created especially for the particular initiative. Data from the nine state hospitals is submitted by state hospital staff to the DMH Inpatient Clinical Information System.[2] The revenue and expenditure data was compiled by DMH Fiscal Service Staff, which is also submitted to NRI. Note that the National standard is to use fiscal information submitted two years prior to the service reporting year. Thus FY2007 data is reported by the states in FY 2009. This is to provide ample time for revenues and expenditure data reconciliation as well as claims processing.

## OBSERVATIONS

The number of consumers receiving services in community mental health settings in 2009 was 166,187. According to 2007 State Revenue Expenditure Data, the State had over 1 billion dollars in expenditures for mental health services; 70% of which was spent on community based services.

### Demographic Characteristics

Table 1 displays the demographic characteristics of individuals receiving services in FY 2009. For example, 52% of the service recipients were female; 70% were between the ages of 21-64; 24% were Black or African American and 10% were Hispanic or Latino. Note that Hispanic/Latino is reported as a separate variable. Medicaid funding was used to purchase services for fifty-three (53%) of the individuals receiving services; 41% did not receive any Medicaid funded services. Five percent (5%) of consumers lived in a residential care setting while less than 2 % were resided in an institutional setting. Twenty four percent (24%)of the adults receiving services were competitively employed full or part-time, however note that 28% were reported as not in the labor force (e.g. Retired, homemaker, student, volunteer, disabled, Sheltered Employment, Sheltered Workshops, or Other ).

### Consumer Survey Results

As noted previously, DMH conducts an annual perception of care survey using two specialized surveys—one for adults and one for caregivers of children ages 0

[1] DMH community funded providers by contract must submit registration and claims data for all individuals receiving services funded using DMH dollars. Data is submitted daily or weekly to the community reporting system maintained by the DMH's Administrative Services Organization (ASO), the Illinois Mental Health Collaborative For Access and Choice. Once this data is processed, it is then transferred to the DMH Data Warehouse for storage. This information is then used to develop reports.

[2] The Illinois DMH contracts the majority of inpatient services for children and adolescents to community hospitals, therefore the number of admissions and readmissions reported are very small. Data for private hospitals is not reported to the DMH Inpatient Clinical Information System.

to 11. Children ages 12 to 17 are not currently surveyed. In FY 2009, most adults (over 80%) felt positively about Access to Services, Quality/Appropriateness of services, Participation in Treatment Planning and overall satisfaction with care. When asked about the impact of participation in treatment on selected outcomes, the percent of positive responses was 68%. When similar questions were asked of Caregivers of Children aged 0-11, the results revealed that 71% felt positively about Access to Care and 67% reported being satisfied with care overall. They also rated the Cultural Sensitivity of Providers positively (82%) as well as Participation in Treatment Planning (78%). The impact of participation in treatment on Outcome was rated positively by 52% of caregivers of youth. A separate consumer survey report will be the focus of an upcoming report which will provide more information that will discuss these methodological issues in greater detail.

## Evidence-Based Practices

States routinely report on the extent to which key evidence-based practices have been implemented. Seven adult EBPs and three EBPs for children and adolescents have been the focus of this effort. Typically, EBPs for which fidelity has been demonstrated is the focus of this reporting. Information for the three EBPs reported by Illinois are displayed in Table 1: Assertive Community Treatment (ACT); Supported Employment and Supported Housing. When reviewing the table, please note that the EBP data is affected by three factors: (1) EBPs are generally not designed for use by a broad range of consumers. Individuals with very specific problems will benefit from particular EBP's while others will not. Thus, it will appear that a small percentage of persons are receiving these EBPs. (2) The implementation EBPs can be complicated and resource intensive; (3) Fidelity to the EBP model must be demonstrated before an EBP is considered to be implemented. Despite these factors, the continuous aim of DMH is to increase the number of consumers receiving evidence-based services and to increase the number of available evidence-based mental health services in the State.

As noted above, there are three Evidence Based Practices of national interest identified for children and families: Multi-systemic Therapy (MST), Therapeutic Foster Care (TFC), and Functional Family Therapy (FFT). DMH is not focusing on implementing three practices. The costs of establishing, training and supervising the implementation of these models is prohibitive for most child-serving agencies in Illinois. DMH has chosen instead to focus on broadening the application of solid and proven clinical practice with children, thus the DMH Child and Adolescent Statewide Office is actively promoting Evidence Informed Practice (EIP). Evidence Informed Practice is defined as "a collaborative effort by children, families and practitioners to identify and implement practices that are appropriate to the needs of the child and family, reflective of available research, and measured to ensure the selected practices lead to improved meaningful outcomes".

## Utilization Rate

The *Utilization rate per 1,000 populati*on shows how many persons were treated relative to the state population; it is similar to a percentage except multiplied by 1,000. The Penetration rate = (# of persons served/# of persons in the state) X 1,000. The overall penetration rate of persons utilizing the mental health system in Illinois = 13.

**Summary Observations:**

- In 2009 mental health services were purchased for more than 168,000 individuals with mental illnesses. Over 50% of had serious mental illnesses.
- Over 770 million dollars was expended to purchase mental health services for persons in community settings at a cost of $60 per capita (per person in Illinois).
- Over 80% of adult consumers rated their perception of quality of care very highly and 67% of caregivers of children aged 0-11 rated their overall satisfaction with care very highly.
- Evidence Based practices are available and are being provided.

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## Key Terms

***Medicaid Funding Status:*** % of persons with Medicaid funding out of everyone served.
***SMI****:* Serious Mental Illness(es)
**MH/SA**: Co-occurring Mental Health and Substance Abuse Disorder
***SMHA Expenditures for Community MH***: is the percentage of expenditures that go to community based care as opposed to institutionalized care.