

Illinois

UNIFORM APPLICATION FY 2019 BEHAVIORAL HEALTH REPORT COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020
(generated on 12/03/2018 5.12.15 PM)

Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number 067919071

Expiration Date

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

Agency Name Illinois Department of Human Services

Organizational Unit Division of Mental Health

Mailing Address 600 East Ash St Bldg 500, Floor 3

City Springfield

Zip Code 62703

II. Contact Person for the Grantee of the Block Grant

First Name Diana

Last Name Knaebe

Agency Name Illinois Dept. of Human Services/Division of Mental Health

Mailing Address 600 East Ash Street Bldg 500, Floor 3

City Springfield

Zip Code 62703

Telephone (217)782-5700

Fax (217)785-3066

Email Address Diana.Knaebe@Illinois.Gov

III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2017

To 6/30/2018

IV. Date Submitted

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

Submission Date 12/3/2018 5:12:04 PM

Revision Date

V. Contact Person Responsible for Report Submission

First Name Lee Ann

Last Name Reinert

Telephone 217-782-0059

Fax (217) 785-3066

Email Address Lee.Reinert@illinois.gov

Footnotes:

B. Implementation Report

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

Priority #: 1
Priority Area: Continue to develop and improve the array of clinical and support services available for adults and children.
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Assure the clinical quality and effectiveness of community based mental health services available to adults and youth and assure the comprehensiveness of the public mental health service system design.

Strategies to attain the goal:

- Identify, develop and establish outcome measures (indicators) for the evaluation of community services.
- Design a system to process the components and data of the evaluation.
- Implement the system.
- Analyze the resulting data to: (a) inform the publicly funded community service system; (b) facilitate decision making and planning; and (c) improve the quality and effectiveness of services and service delivery

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: a. Number of outcome measures ready for use by the end of each fiscal year. b. Percent of providers that demonstrate capacity to use the outcome measures in reporting.
Baseline Measurement: N/A
First-year target/outcome measurement: Completion of a draft set of outcome measures for the evaluation of community services and initiation of stakeholder discussion, input, and review.
Second-year target/outcome measurement: Completion of a prioritized list of outcome measures and initial implementation of a system of reporting which processes the data and components of the evaluation.
New Second-year target/outcome measurement(if needed):

Data Source:

DMH Information System

New Data Source(if needed):

Description of Data:

Registration data is submitted directly to the DMH information system which is operated by the DMH's Administrative Services Organization (ASO). Claims data, which is submitted to the state Medicaid agency Healthcare and Family Services (HFS), is returned to the ASO after processing where it is stored with registration information in the DMH data warehouse. This information is used as a basis for developing reports and for analytic purposes, and is the basis for reporting the data used to populate the majority of the URS tables. Data for specific outcome measures will be processed through this system.

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

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

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

DMH has partially achieved this target, through the development of a set of performance measures used in the monitoring of community provider contracts. Full development of a draft set of outcome measures cannot be completed until the Rules governing certification and service delivery are fully revised and adopted, a process which has experienced unanticipated delays of many months. It is expected that the Rules will be formally adopted and this process will be able to be completed within SFY19.

How first year target was achieved (optional):

Priority #: 2
Priority Area: Promote the provision of Evidence-Based and Evidence Informed Practices
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

Promote Evidence Based Practices for individuals served in DMH funded agencies and advance the implementation of evidence-informed practices in the child and adolescent service system.

Strategies to attain the goal:

Development of a set of outcome measures designed to assess the progress of individuals served.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of active service slots filled for persons with Serious Mental Illness (SMI) who receive Assertive Community Treatment in FY2018 and FY2019 (National Outcome Measure)
Baseline Measurement: Baseline for 2017 not applicable to FY2018 or FY2019 as indicator has been revised to reflect service access capacity. See Description of Data below.
First-year target/outcome measurement: 1,100
Second-year target/outcome measurement: 1,100
New Second-year target/outcome measurement(if needed):

Data Source:

DMH Funded providers by contract must submit demographic, clinical information and claims data for all individuals receiving services funded using DMH dollars. DMH provides data specifications to assure consistency of reporting.

New Data Source(if needed):

Description of Data:

Providers of ACT services submit monthly reports of team capacity to DMH, which is monitored for system sufficiency. This information is used as a basis for developing reports and for analytic purposes, and is the basis for reporting the data used to populate the URS tables.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Most ACT Teams currently operate within areas where individuals are served through Managed Care Contracts. The claims data related to MCO funded care is currently not available to the State Mental Health Authority, and thus individual outcomes from ACT cannot be accurately measured at this time. In FY 2017, the SMHA Data Reporting System reported 735 persons served in ACT, while the number of available service slots in the State totaled 1,321. Through the State's work on the HHS transformation, plans are underway to improve the interoperability of the data systems. When this occurs, DMH will be able to track outcomes of individuals.

New Data issues/caveats that affect outcome measures:

Most ACT Teams currently operate within areas where individuals are served through Managed Care Contracts. Limited and indirect access to MCO data prevents thorough analysis of service data and outcomes. In FY 2017, the SMHA Data Reporting System reported 735 persons served in ACT, while the number of available service slots in the State totaled 1,321. This latter number is much larger in 2018 and review of FY2017 has revealed that issues in data reporting and protocol for the spreadsheets led to a lower number of reported service slots. The figures for FY2018 are as follows: there are 2,150 available service slots in the State and currently 1,779 individuals are being served Through the State's work on the HHS transformation, plans have been underway to improve the interoperability of the data systems. As this continues, DMH will be able to track outcomes with greater accuracy.

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (*if not achieved, explain why*)

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

How first year target was achieved (optional):

DMH was successful in maintaining 30 ACT teams in FY2018 and the service access capacity report from providers of ACT shows 1,779 individuals being served significantly exceeding the target of 1,100 for FY2018. The statewide capacity of available and active ACT service slots is 2,150.

Priority #:

3

Priority Area:

Promote the provision of Evidence-Based and Evidence Informed Practices - Individual Placement Services

Priority Type:

MHS

Population(s):

SMI

Goal of the priority area:

Promote Evidence-Based Supportive Employment for individuals served in the publicly funded mental health service system.

Strategies to attain the goal:

Continue the development of the state infrastructure required to support implementation and sustainability of IPS Evidence Based Supportive Employment. Continue to develop the integration of physical and behavioral health with employment supports and peer support statewide. By the end of FY2019, contingent upon additional funding resources, target an additional 500 consumers to acquire competitive employment in their local communities.

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Number of consumers receiving supported employment in FY2018 and FY2019 (National Outcome Measure)

Baseline Measurement:

In FY2017, 3003 consumers were served in 56 IPS sites with fidelity to the model and 183 in 6 sites working towards fidelity for a total of 3,275 consumers served.

First-year target/outcome measurement:

To serve 3,375 consumers in IPS.

Second-year target/outcome measurement:

To serve 3,775 consumers in IPS.

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

Data Source:

Data for this indicator are generated through a special web-based database created specifically for the DMH SE initiative. Fidelity and outcomes data are submitted to the DMH SE coordinator.

New Data Source(if needed):

Description of Data:

As always, DMH has developed specifications for reporting that DMH providers must use when submitting data.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

DMH only reports data for teams that have been found to exhibit fidelity to the evidence based practice model. DMH is working to promote fidelity in all IPS agencies and thereby expand the database.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

In FY 2018, a total of 43 IPS sites with fidelity to the model served 3,157 unduplicated consumers. An additional 7 sites that were working toward fidelity but had not yet met fidelity standards served 256 consumers. In all, 3,413 consumers received supported employment services., exceeding the target of 3,375.

Priority #: 4

Priority Area: Use of the 10% Block Grant Set-Aside to implement specialized programming and Evidence-Based services for persons experiencing First Episode Psychosis.

Priority Type: MHS

Population(s): SMI, SED, ESMI

Goal of the priority area:

Sustain and expand the infrastructure for evidence-based clinical programs for persons with FEP.

Strategies to attain the goal:

Provide education, training, and ongoing consultation to staff involved in FEP programs that includes:

1. Strategies for outreach and community-based education to attract and retain clients who have recently begun to experience symptoms of psychosis.
2. Assessment and individualized treatment planning in the most supportive and least intrusive manner.
3. Psychiatric and medical treatment
4. Accessing employment through IPS programs, job retention, and smooth transitions in work life.
5. Supportive education.
6. Family and Individual Psycho education.
7. Counseling and Case Management
8. Cognitive Behavioral Therapy for Psychosis
9. Needs analyses of geographic areas to identify the best location for a new program.

Determine a provider's capacity and potential for success using the criteria for provider selection developed by the DMH FEP Workgroup.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of sites in the State with funded FEP programs and total FEP Set-Aside expenditures by the State for each site.

Baseline Measurement: 12 Funded sites

First-year target/outcome measurement: 12 Funded Sites

Second-year target/outcome measurement: 13 Funded Sites

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

Data Source:

The DMH contractual process for this initiative included specified goals, performance measures, and performance standards for each participating provider. Data is collected from FEP sites on an ongoing basis by statewide coordinators of the program using the Enrollee Outcomes form which documents the program strengths, the Barriers encountered, and outcomes in terms of number of referrals and number of clients enrolled at each participating site.

New Data Source(if needed):

Description of Data:

The Enrollee Outcomes format lists all active sites in the State. Records of contracts and funding awards for each agency are maintained by the DMH Fiscal Office. Quarterly Report Performance Forms track Training, Module Advancement, and Employment and IPS/Supported Education involvement. Quarterly Expenditure Reports are also completed by FEP agencies and provided to DMH.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The full potential of the FEP program may be affected by federal restrictions on eligible diagnoses.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Twelve (12) FEP Teams were projected but 15 Teams had become operational by June 30, 2018. The target was achieved at 125%!

Indicator #:

2

Indicator:

1. Number of training events held each fiscal year to increase knowledge and clinical competence and ,2. Number of technical assistance meetings and teleconferences conducted by the statewide coordinators.

Baseline Measurement:

During the course of the fiscal year (July 2016 through June 2017), there were a total of 223 Technical Assistance and Consultative meetings in various combinations between DMH, the BeST Center, and the 11 provider agencies. These meetings included Consultations with each team once every two weeks and a regular conference call with all the team leaders once a month. Additionally the BeST Center Consultant directly provided 18 FEP Trainings for all newly hired FEP agency staff as well as weekly telephone consultation to the DMH statewide coordinators. The BeST Center's consulting psychiatrist provided three teleconference training sessions and nine learning collaborative calls in psychiatric evaluation and medication management. All meeting calls and training were 1 hour in length:

First-year target/outcome measurement:

(a)Training events: 21. – (Including 1 universal event (CBT-p); 12 events for newly hired staff; and 8 training events in Family Psychoeducation. Total = 21 Trainings (b) TA contacts = 327 (including 39 individualized follow-up events for CBT-p.)

Second-year target/outcome measurement:

(a) Training Events- 8 (including 1 CBT-p Training for the 3 new FEP Providers, New Clinical staff IRT Training will occur 4 times during the year. New EBP Clinical Training will occur on the topics of Trauma Informed Care, Recovery Support Specialists & WRAP on the FEP Teams. (b) TA contacts = 400 TA Calls (including 50 individualized CBT-p monthly clinical follow-up Calls to clinical staff) for 15 providers and up to 3 State coordinators in various combination.

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

Data Source:

Records of teleconference calls and attendance are maintained by the statewide coordinators.

New Data Source(if needed):

Description of Data:

See Above

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

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

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

How first year target was achieved (optional):

The targets for training and technical assistance were also met and exceeded. The program provided 24 actual training events (21 were projected) that included 1 universal event (CBT-p): 15 events for newly hired staff; and 8 training events in Family Psychoeducation. There were 327 Technical Assistance consultations provided by the state coordinator staff and staff of the BeST Center in various combinations also significantly surpassing the program expectations for 288 during the course of the year.

Indicator #: 3

Indicator: Number of clients meeting criteria for FEP enrolled in team services statewide.

Baseline Measurement: 123 enrolled by 11/30/2017.

First-year target/outcome measurement: 150 by June 30, 2018

Second-year target/outcome measurement: 225 by June 30, 2019.

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

Data Source:

Enrollment data from each participating site aggregated by statewide coordinator retrieved from the Outcome Review Form (ORF) at Baseline and every six months.

New Data Source(if needed):

Description of Data:

Number of persons meeting eligibility criteria for the FEP program enrolled at each site during each fiscal year. Target is a minimum of five additional enrollees per site per year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The full potential of the FEP Program may be impacted by the federal restrictions on eligible diagnosis.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The program targeted 150 enrollees and 201 were enrolled by June 30, the end of the fiscal year. The program reports an additional 25 individuals who had been enrolled but either graduated or moved out of their service areas and therefore were not carried as enrolled on June 30, 2018. This target was thus achieved at 150.6%!

Priority Area: Use of Data for Planning

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Use Quantitative data to assess access to care and perception of treatment outcomes to provide data for decision support.

Strategies to attain the goal:

Assess access to care by tracking the number of individuals who received treatment partitioned by race, gender, and age.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of adults and number of children /adolescents receiving services from DMH-funded community-based providers.
Baseline Measurement: 72,500
First-year target/outcome measurement: 72,500
Second-year target/outcome measurement: 72,000

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

Data Source:

DMH funded providers by contract must submit demographic, clinical information and claims data for all individuals receiving services funded using DMH dollars. The DMH provides data specifications to assure consistency of reporting.

New Data Source(if needed):

Public funding streams for mental health care in Illinois are currently appropriated to multiple state agencies, one of which is DMH. Providers by contract must submit demographic, clinical information and claims data for all individuals funded by DMH and receiving services funded using DMH dollars. The DMH provides data specifications to assure consistency of reporting. The public funds appropriated to the State Medicaid Authority, DHFS, are managed separately through MCO contracts. At this point in time, there is not yet one consistent set of data points for comparative use across MCOs that is accessible to DMH. Thus, the data the State Mental Health Authority has access to for planning purposes remains limited.

Description of Data:

Registration data is submitted directly to the DMH information system which is operated by the DMH's Administrative Services Organization (ASO). Claims data, which is submitted to the state Medicaid agency Healthcare and Family Services (HFS), is returned to the ASO after processing where it is stored with registration information in the DMH data warehouse. This information is used as a basis for developing reports and for analytic purposes, and is the basis for reporting the data used to populate the majority of the URS tables

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

No access to MCO data.

New Data issues/caveats that affect outcome measures:

The target was developed based solely on SMHA claims data and did not include claims data for individuals treated in the public system whose claims are processed by MCOs. Managed Care has been implemented in Illinois for the past three years, with an increasing number of individuals' claims for publicly funded mental health care processed through the MCOs each year. In FY 2017, the SMHA processed claims for 64,403 individuals and the MCOs processed claims for an additional 64,066 for a combined total number of individuals served in the publicly funded mental health system of 128,469 in FY 2017.

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The combined service totals of DMH and DHFS yield a result that far exceeds the target.

Priority #: 6

Priority Area: Maintain effective systems to serve the forensic needs of justice-involved consumers of services

Priority Type: MHS

Population(s): SMI, SED, Other (Criminal/Juvenile Justice)

Goal of the priority area:

Maintain a system of care to address the mental health needs of consumers with criminal justice involvement.

Strategies to attain the goal:

Maintain the Mental Health Juvenile Justice Initiative.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of youth served by the MHJJ Program statewide.

Baseline Measurement: 209 youth enrolled in FY2017.

First-year target/outcome measurement: 200 youth to be enrolled in FY2018

Second-year target/outcome measurement: 200 youth to be enrolled in FY2019

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

Data Source:

MHJJ Program Data Base maintained internally by DMH oversight staff.

New Data Source(if needed):

Description of Data:

Aggregate the number of youth receiving services from the Mental Health Juvenile Justice program across the year that will be compared to data from subsequent years.

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

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

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

How first year target was achieved (optional):

This strategy was very successfully accomplished in FY2018 and the target of 200 youth to be enrolled was extensively exceeded! By the end of the fiscal year 693 youth were enrolled. Although fiscal and clinical resource limitations and reductions continued to exist in FY2017, the MHJJ Program expanded significantly in FY2018. During FY2018 there were 20 agencies operating the MHJJ program, up from the 14 agencies that had provided services earlier in FY2017. There were several new agencies that providing MHJJ services and some legacy agencies that had more robust staffing than in previous fiscal years which contributed to the significant increase in MHJJ program activity.

Priority #: 7

Priority Area: Expansion of the scope of consumer and family participation through advancement of the recovery vision and family driven care.

Priority Type: MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Rural, Military Families, Criminal/Juvenile Justice, Persons with Disabilities, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Establish and enhance the public mental health system of care based upon principles of Recovery and Resilience in which consumers and families are knowledgeable and empowered to participate and provide direction at all levels of the system and consumer-run wellness programs are increasingly utilized.

Strategies to attain the goal:

1. Support the role of Certified Recovery Support Specialists and their deployment statewide by hosting training for consumers and providers to help increase agencies' understanding of the role, value, function, and advantages of hiring CRSS professionals and by providing competency training events for individuals interested in the CRSS credential.
2. Enhance competency and encourage WRAP trained and certified facilitators to provide an increasing number of WRAP® classes in the State.
3. Provide educational events and technical assistance to encourage consumer participation and advocacy and provide public education to promote this model.
4. Conduct a series of statewide teleconferences designed to disseminate important information to adult consumers and families across the State.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of training events held each year to increase stakeholder understanding of the CRSS credential and to increase competency in CRSS domains.

Baseline Measurement: 15 training events in SFY 2017.

First-year target/outcome measurement: 9

Second-year target/outcome measurement: 9

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

Data Source:

Document each training event and aggregate by year for comparison across years.

New Data Source(if needed):

Description of Data:

Training agenda and attendance sheets documenting participation for each training event held.

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

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

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

How first year target was achieved (optional):

The continuing expansion of the Certified Recovery Support Specialist (CRSS) certification was effectively addressed in FY2018. Nine competency training events were held. Six competency events based on a two-day curriculum were held at three locations in the State

with a total of 325 participants and three CRSS Ethics Workshops were held in August 2017 with 325 registered participants. As of August 2018, 233 individuals with CRSS certification were active in the State, an increase of 25 more individuals since June 2017, and all were in good standing with the Illinois Certification Board (ICB). An additional six individuals are in the application process. This reflects a 34.6% increase in the number of CRSS certified individuals since July 2015, when 173 individuals with CRSS certification were active in the State.

Indicator #: 2

Indicator: (a) Number of WRAP Refresher trainings offered statewide each year (b) Number of WRAP participants each year.

Baseline Measurement: 15 Refresher Training events were held in FY2017

First-year target/outcome measurement: 20 will be held in FY2018.

Second-year target/outcome measurement: 20 will be held in FY2019.

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

Data Source:

Document each training event and aggregate by year for comparison across years.

New Data Source(if needed):

Description of Data:

Training agenda and attendance sheets documenting participation for each training event held.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 3

Indicator: (a) Number of educational events and/or technical assistance appointments regarding Peer Respite held each year. (b) Number of programs opened during the year.

Baseline Measurement: Not Applicable - New objective for FY2018-FY2019.

First-year target/outcome measurement: 5

Second-year target/outcome measurement: 5

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

Data Source:

Training agendas and attendance sheets documenting participation.

New Data Source(if needed):

Description of Data:

Agendas for each event and attendance sheets.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Educational events were held in three sites (north, central, south) to introduce the model to the recovery community. A total of 400 individuals participated in these events statewide. Additionally, a standardized training was developed to provide technical assistance and support for organizations seeking to develop a Peer Respite, and DMH Recovery Support Services provided training for five organizations.

Indicator #: 4

Indicator: Number of statewide teleconferences held each year and number of participants per conference call.

Baseline Measurement: 10 in SFY2017.

First-year target/outcome measurement: 10

Second-year target/outcome measurement: 10

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

Data Source:

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 8

Priority Area: Lead in the development and implementation of statewide, unified, state-of-the-art Child and Adolescent Services to promote optimal social and emotional development for all children, adolescents, and young adults with behavioral health needs.

Priority Type: MHS

Population(s): SED, ESMI, Other (Adolescents w/SA and/or MH, Rural, Military Families, Criminal/Juvenile Justice, Persons with Disabilities, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Integrate a State of the Art Behavioral Health System in Illinois that ensures service delivery based on Systems of Care Values and Principles, family driven, and emphasizes services that are evidence-based.

Strategies to attain the goal:

- Objective # 1: a. Review options and determine if a manual will be adopted for use across Illinois.
- b. Develop/adopt a DSM 5-ICD 10 crosswalk for the diagnosis and billing codes.
- c. Identify and implement changes to the DMH reporting system.
- d. Collaborate with other systems that will be impacted by these changes.
- e. Determine any training and technical assistance needed to implement the goals and objectives.
- Objective #2: a. Review clinical outcomes tools that need to be added to the Datstat System to assist providers in measuring improved clinical outcomes for children, adolescents, and families.
- b. Initiate and make the necessary changes to the Datstat System to incorporate the new tools.
- c. Determine any training and technical assistance needed to assist providers in the utilization of the tools and understanding how to measure outcomes.
- Objective #3: Review the current DCFS trauma credential and determine if it is consistent with the needs of the larger community based system.
- b. Review what other states have adopted related to trauma informed credentials for providers.
- c. Develop an Illinois specific trauma informed credential.
- d. Determine any training and technical assistance needed to implement the credentialing process.
- e. Develop an implementation plan.
- f. Implement the plan.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: A set of diagnostic criteria for the assessment of children from Birth to age 5 is adopted and implemented by community providers by the end of SFY2019.

Baseline Measurement: N/A

First-year target/outcome measurement: A DSM 5-ICD10 crosswalk for the diagnosis and billing codes is drafted and adopted. (Contingent on the ICD10 being adopted).

Second-year target/outcome measurement: The set of diagnostic criteria has been piloted and is utilized by community providers.

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

Data Source:

Changes to the DMH registration system include new diagnosis and billing codes

New Data Source(if needed):

Description of Data:

New ICD10 codes and diagnoses are in the system.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The Illinois Department of Healthcare and Family Services (DHFS) did not accept the recommendations for using a DSM-ICD-10 crosswalk for the diagnosis and billing codes for children Birth to Age 5 as part of the revision of their services rule (Rule 140). DMH was able to include language that assessment and treatment must be provided in a developmentally appropriate manner in Administrative Rule 132, the Rule for Certified Community Mental Health Centers.

How first year target was achieved (optional):

Indicator #:

2

Indicator:

By the end of FY2019, the DATSTAT System will incorporate tools for measuring clinical outcomes that will enable C&A providers to be successful in a value based purchasing system

Baseline Measurement:

N/A

First-year target/outcome measurement:

A set of clinical outcomes tools that need to be added to the DATSTAT System to assist providers in measuring improved clinical outcomes for children, adolescents, and families is drafted and reviewed.

Second-year target/outcome measurement:

Providers receive training and technical assistance in the utilization of the tools in measuring outcomes.

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

Data Source:

Changes to the DATSTAT system include operational outcome measure tools. Provider attendance in training sessions

New Data Source(if needed):

Description of Data:

Attendance records of training and technical assistance sessions that support providers reporting usage of the outcome measures

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

This target which called for the drafting and review of a set of clinical tools that would be implemented and included in the Child and Adolescent Data System within two years (end of FY2019) has been superseded and already largely achieved through the adoption of the IM-CANS as the statewide comprehensive assessment tool. IDHFS, the State Medicaid Authority, is now requiring the use of the IM-CANS as the tool to communicate the comprehensive assessment results of the global needs and strengths of individuals who require mental health treatment funded through Medicaid in Illinois. Given the considerable resources required to implement this mandate, it was determined that the roll out of additional mandatory clinical measures at this time would be administratively burdensome to providers. However, DMH is proceeding forward with the identification of additional clinical tools available for the assessment of children and youth which can be useful to providers and support treatment and service process for children and families. Such tools, while not mandated, would allow for a more thorough clinical assessment that can then be summarized within the IM-CANS.

Indicator #:

3

Indicator:

By the end of FY2019, specified curriculum-based or evidence-based trauma-informed

credentialing will be available in Illinois.

Baseline Measurement:

First-year target/outcome measurement: The written set of requirements, privileges, and applications of a trauma –informed credential is developed, drafted and adopted.

Second-year target/outcome measurement: The credentialing process is implemented as evidenced by the number of providers applying for the credential or having been successful in obtaining the certification.

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

Data Source:

The implementation plan for initializing the use of the credential.

New Data Source(if needed):

Description of Data:

Documentation of completion of steps necessary to implement the new credential.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The Division of Mental Health collaborated with DCFS on rolling-out the National Adoption Competency Mental Health Training Initiative for Mental Health Professionals. This training, which results in 25 Continuing Education Credits and competency certificate, consists of 10 modules focused on enhancing the competency for mental health professionals providing therapeutic or clinical services to at risk children youth and families who experience adoption, guardianship, or family disruption issues. Imbedded in this training is a Module entitled Trauma and the Impact of Adverse Experience on Brain Development and Mental Health.

Priority #: 9

Priority Area: Advancement of Community Integration

Priority Type: MHS

Population(s): SMI, Other (Adolescents w/SA and/or MH, Rural, Persons with Disabilities, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Complete the successful transition of individuals with diagnosed SMI who are residents of long term nursing homes, from this level of care to the less restrictive settings. Ideally, independent living in the communities with appropriate and necessary support services.

Strategies to attain the goal:

During FY 2018 and perhaps beyond, using a range of resources including the provision of open market units, rent subsidies, Permanent Supportive Housing (PSH), Cluster Housing PSH models, 24 hour supervised residential settings, and Community Integrated Living Arrangements (CILA), implement the transition of residents (Williams vs. Rauner Class Members) from the 24 designated Nursing Facilities (NF) (statewide) that are categorized as Institutes for Mental Disease (IMD) to permanent supportive housing or other housing alternatives that provide safe, affordable housing with support services in communities of preference and, in a manner consistent with the national standards for this evidence based supportive housing practice.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of consumers who transition from long term institutional settings/IMDs who access appropriate permanent supportive housing or other housing options. (National Outcome Measure).

Baseline Measurement: The number of consumers to be transitioned by the end of SFY2017 - transition target number is 400. Note: 380 Class Members were transitioned as of June 30, 2017. Cumulative number of transitions: 2,052.

First-year target/outcome measurement: 400 additional consumers will be transitioned by the end of SFY2018.

Second-year target/outcome measurement: To Be Determined. NOTE: The Williams vs. Rauner Consent Decree was originally slated to sunset in 2016. The activities of this Consent Decree continued through FY2017 and are budgeted for FY2018. Continuation after the FY2018 fiscal year will be dependent on negotiations between parties and the court decision.

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

Data Source:

Individuals who receive a permanent supportive housing/bridge subsidy are not required to be registered, enrolled or engaged in mental health treatment services. Therefore, it was necessary to create a special database to track access to and receipt of permanent supportive housing bridge subsidy.

New Data Source(if needed):

Description of Data:

The data for this indicator will be generated from permanent supportive housing applications of individuals in longer term institutional settings which are stored in the special database, as well as a special PSH outcomes database.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Continuation after the FY2018 fiscal year will be dependent on negotiations between parties and the court decision.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

This strategy continued to be substantively addressed and accomplished in FY2018 with the transition of 315 class members from IMDs to permanent supportive housing (safe and affordable housing and support services) in communities of their preference in a manner consistent with the national standards for supportive housing practice. The numerical target of 400 for the year was 79% attained.

As of October 30, 2018, an additional 59 Class Members have been transitioned to the community, either to PSH units or to residential type settings. The goal for FY2019 is to meet the projected two-year cumulative transition total of an additional 800 Class Members.

How first year target was achieved (optional):

Priority #: 10

Priority Area: Coordination and facilitation of mental health services for Illinois Service Members, Veterans, and their Families (SMVF).

Priority Type: MHS

Population(s): Other (Military Families)

Goal of the priority area:

Collaborate with military and state agency partners to improve access to home and community-based mental health services for service members, veterans, and their families.

Strategies to attain the goal:

Objective #1- Develop and maintain partnerships with the Department of Veterans Administration, the Illinois Departments of Veterans' Affairs (IDVA), and Military Affairs (IDMA), and other agencies and organizations meeting regularly to develop, establish and maintain a coordinated system of care.

b). Develop an inventory of existing behavioral health system providers and services to provide a referral system.

c). Build a coordinated crisis service intervention system between the VA and community providers, with special emphasis on suicide prevention.

Objective #2- Educate and train community providers in military and veteran clinical cultural competence.

Objective #3-Build Veteran Service Communities (VSC) throughout the state that can ensure access to Behavioral Health Services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of collaborative meetings attended by DMH staff representatives that have agendas aimed at completing the strategies and coordination of services.

Baseline Measurement: 12 were targeted in FY2017 but DMH staff actually participated in 28 meetings. The DMH Manager originally assigned responsibility for this priority retired in December 2017, and two DMH staff who are both Veterans are now assigned joint responsibility for this priority.

First-year target/outcome measurement: 12

Second-year target/outcome measurement: 12

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

Data Source:

Meeting Minutes and records of DMH staff members assigned to this collaborative task.

New Data Source(if needed):

Description of Data:

See Above.

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

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

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

How first year target was achieved (optional):

Indicator #: 2

Indicator: The number of Military and Veteran 101 Clinical Cultural Competency Workshops completed during the fiscal year and the total number of participants each year.

Baseline Measurement: Although four Workshops were conducted in SFY 2016, due to funding and resource limitations of the Illinois Joining Forces Foundation, Military and Veteran 101 Workshops were not conducted in FY2017.

First-year target/outcome measurement: A plan for resumption of these Workshops in FY2019 under DMH sponsorship and in collaboration with IJF will be developed and finalized by the end of the fiscal year.

Second-year target/outcome measurement: Utilizing the Military and Veteran 101 Clinical Competency Curriculum, three (3) workshops will be conducted by the end of SFY2019.

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

Data Source:

Calendar dates of these events and attendance records of each.

New Data Source(if needed):**Description of Data:**

See Above.

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

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

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Improve quality of community mental health services to servicemen, veterans, and their families – this is a moving target that is ongoing. DMH is currently working with staff from the IDVA, Smart Policy Works, as well as Illinois Joining Forces, to coordinate training throughout the State of Illinois. Military and Veteran 101 Clinical Cultural Competency Workshops were discontinued in FY2017. DMH has been working on a plan for the resumption of Military and Veteran Clinical Cultural Competency Workshops in FY2019 under DMH sponsorship in collaboration with IJF. An initial step in that planning has been completed. DMH conducted a survey that indicated a growing interest in the mental health provider network in veteran services and trainings to address questions regarding treatment for veterans as well as the availability of benefits. The survey was presented to the statewide network of community mental health providers that have a standing relationship with DMH. As respondents preferred actual attendance at these workshops, plans are underway for workshops in the Chicago area to be completed with face to face attendance. In southern more rural parts of Illinois, where distances are a factor there is interest in Webinars using the same curriculum, so that the training will be available across the State.

Indicator #: 3

Indicator: (a) Number of Veterans Service Communities in the State with active Behavioral Health Services at end of each fiscal year. (b) An Annual Report that describes progress related to expanding the membership of the Behavioral Health Working Group (BHWG) of Illinois Joining Forces (IJF), maintaining a coordinated Crisis Service Intervention System that addresses SMVF needs, and increasing the number of Veteran Service Communities (VSC) throughout the state.

Baseline Measurement: N/A

First-year target/outcome measurement: At least 10 Veterans Service communities statewide with active behavioral health services and a report on the status of completing the behavioral health inventory, coordination of services, and the system of care for SMVF individuals that cites collaborative accomplishments during the fiscal year.

Second-year target/outcome measurement: At least 25 Veterans Service communities statewide with active behavioral health services and a report on the status of completing the behavioral health inventory, coordination of services, and the system of care for SMVF individuals that cites collaborative accomplishments by the end of FY2019..

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

Meeting minutes and records of DMH staff members assigned to this collaborative task.

New Data Source(if needed):

Description of Data:

See Above

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

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

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

Build Veteran Service Communities (VSC) throughout the state that can ensure access to Behavioral Health Services – this target is not completed but in process. So far two (2) Veterans Service Communities have been established in the state. Illinois Joining Forces is the lead in addressing this initiative. Illinois Joining Forces, IDVA, IDHS/DMH and other community partners are working to get the VSC’s up and running but the process has been slower than anticipated, especially in Greater Illinois. Additionally, Illinois has approved the Certified Veterans Support Specialist (CVSS) credential. – A conversation is ongoing regarding the creation of a bridge for current Certified Recovery Support Specialist (CRSS) credential holders who are veterans to be able to obtain the CVSS with minimal additional training and how to ensure that holders of the credential can receive compensation thru Medicaid which will require an amendment to the state spending/ appropriations plan.

How first year target was achieved (optional):

Priority #: 11

Priority Area: Contingent upon CMS approval of the Illinois Application for a Section 1115 Demonstration Waiver, enhance and improve service coordination through the establishment of Integrated Health Homes.

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Through the implementation of the plan cited in the DHFS application for the Section 1115 Waiver, develop and maintain care coordination by community mental health service agencies ensuring that persons with serious mental illness and their families can receive fully integrated and seamless services in their community.

Strategies to attain the goal:

Provide education, focus, technical assistance, and consistent ongoing support for community mental health centers to become integrated health homes.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of community mental health providers meeting the requirements for certification as Integrated Health Homes.
Baseline Measurement:	Not Applicable- In FY2017, the SMHA participated in collaborative planning and policy setting activities with the Illinois Medicaid Authority- the Department of Health Care and Family Services (IDHFS)
First-year target/outcome measurement:	Integrated Health Homes have not been implemented as of 4-1-2018 as the 1115 Waiver has not yet been approved and funding is not available.
Second-year target/outcome measurement:	Target will be determined after the Waiver is approved and the program begins.
New Second-year target/outcome measurement(if needed):	

Data Source:

TBD

New Data Source(if needed):

Description of Data:

TBD

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

No access to DHFS and MCO service data.

New Data issues/caveats that affect outcome measures:

Currently, limited and indirect access to MCO data prevents thorough analysis of service data and outcomes.

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved *(if not achieved,explain why)*

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

Approval of the Illinois Application for a Section 1115 Demonstration Waiver finally came through late in SFY2018. On May 7th, The Centers for Medicare and Medicaid Services [CMS] approved Illinois' request for a new 1115 Demonstration Waiver, the Illinois Behavioral Health Transformation. This approval is effective from July 1, 2018 to June 30, 2023. The Illinois Department of HealthCare and Family Services (DHFS) received approval for the operation of Integrated Health Homes in its Managed Care System. Since then DMH and DHFS leadership have been actively involved in finalizing the policy decisions regarding implementation. A credentialing process for Integrated Health Homes has been developed. Planning has proceeded rapidly and State intends to "Go Live" with IHH as of January 1, 2019. Plans call for the roll out to begin in the Chicago Metropolitan Area as of January 1st and in Greater Illinois on April 1st .

As this programming is starting in FY2019, there is no baseline data to report for FY2018. A set of objectives, strategies, indicators and targets for the initiative will be discussed and highlighted in the FY2020-FY2021 MHBG Application and Plan. An initial description of the initiative and its first six months of progress will be available in the FY2019 Implementation Report.

How first year target was achieved (optional):

Footnotes:

C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Statewide Expenditures for Children's Mental Health Services		
Actual SFY 1994	Actual SFY 2017	Estimated/Actual SFY 2018
\$24,236,971	\$56,008,436	\$96,070,720

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Footnotes:

C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2016) + B2(2017)</u> 2 (C)
SFY 2016 (1)	\$376,525,591	
SFY 2017 (2)	\$403,712,476	\$390,119,034
SFY 2018 (3)	\$465,963,370	

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

SFY 2016 Yes X No _____
 SFY 2017 Yes X No _____
 SFY 2018 Yes _____ No X

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

3/3/2019

Footnotes: