Illinois

UNIFORM APPLICATION
FY 2018 BEHAVIORAL HEALTH REPORT

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 06/07/2017 - Expires
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Center for Mental Health Services
Division of State and Community Systems Development

I: 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
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City	Springfield
Zip Code	62703

II. Contact Person for the Grantee of the Block Grant

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

From	7/1/2016
To	6/30/2017

IV. Date Submitted

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

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V. Contact Person Responsible for Report Submission

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Footnotes:

II: Annual Report

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

Priority #: 1

Priority Area: Facilitation of an effective array of clinical and support services for adults and children.

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Facilitate the array of community-based services available to adults and youth in need of mental health services

Strategies to attain the goal:

Strategies to attain the goal: Actively enhance and support the provision of the following core services available through Medicaid:
o Mental health assessment
o Psychological evaluation, if recommended,
o Treatment plan development, review and modification:
o Crisis intervention,
o Psychotropic medication administration, monitoring, and training;
o Therapy/counseling services
o Community support (includes Community Support services for individuals, groups, and families; Community Support residential services and services of Community support teams,)
o Assertive community treatment,
o Psychosocial rehabilitation
o Mental health intensive outpatient,
o Case management (includes Mental health case management, Client-centered consultation, and Transition linkage and aftercare)

Work with system partners to provide supportive services including:
o Educational services,
o Services provided by local school systems under the Individuals with Disabilities Education Act (IDEA),
o Substance abuse services (through DASA),
o Services for co-occurring mental health and substance abuse disorders,
o Medical and dental (through DHFS for Medicaid eligible individuals), and
o Community Integrated Living Arrangements (CILA) for Adults, and,
o Wraparound services (for Children and Adolescents)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of individuals who receive mental health services.

Baseline Measurement: 125971

First-year target/outcome measurement: 115000

Second-year target/outcome measurement: 105000

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)*:

Description of Data:

e) 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:

Compared to FY2014, there was a 6.8% decrease in the total number served in FY2015. Managed Care has been implemented in Illinois in the past two years and a substantial number of individuals are being served by MCOs outside of the SMHA system. It is anticipated that as the number served by MCOs grows, there will be a concomitant decrease in the numbers served in the SMHA public mental health system as was the case in SFY2015.

New Data issues/caveats that affect outcome measures:

Compared to FY2014, there was a 6.8% decrease in the total number of individuals whose care was reimbursed through Fee for Service in FY2015. Managed Care has been implemented in Illinois in the past two years and a substantial number of individuals' care is now being reimbursed by MCOs outside of the SMHA Fee for Service billing system. It is anticipated that as the number covered by MCOs grows, there will be a concomitant decrease in the numbers whose care is reimbursed through the SMHA Fee for Service system as was the case in SFY2015. There are currently challenges to accessing the data on individuals whose publicly funded care is reimbursed through the MCO network, but work is underway to get access to that data for a more comprehensive understanding of the entire publicly funded mental health system in Illinois.

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 goal of facilitating the array of community-based services available to adults and youth in need of mental health services was met as the services listed above were provided to 72,826 individuals in FY2016. However the target was not achieved due to the steep decline (-42%) in the number of persons reported served from the 125,791 served in FY2015.

Illinois has been without a budget since FY2015 and reductions have been sustained in General Revenue Funds. State funding has declined general in the past several years which prompted setting decreasing targets. Persons enrolled in Medicaid received the full array of services available through Medicaid in FY2016. It is estimated that 66% of mental health clients are receiving services through the managed care programs administered through the Illinois Department of Healthcare and Family Services (DHFS), the state Medicaid agency which are not under the purview of the SMHA, and hence, not reported through our data system. In addition, due to the nature of the DHFS contracts with the Illinois managed care organizations it is not even clear if DHFS is receiving this information, as the MCO organizations may be viewing this data as confidential and un-sharable. However, the steepness of the decrease is surprising to DMH and we are carefully reviewing it.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

DMH met this goal in FY2017. Services were provided to 64,403 individuals in FY2017. These individuals received the services available in the array of community-based services provided to adults and youth in need of mental health services as listed above.

However, the numerical target of a total of 72,500 individuals served was not attained. The shortfall of 11% is not surprising in view of the budget impasse which continued well into FY2017. Additionally, MCO data continues to be unavailable, and so the SMHA cannot yet get a comprehensive picture of the individuals served in the publicly funded system whose services are reimbursed through managed care.

It is noteworthy that for almost 98% of everyone served in FY2016, services were either fully or partly paid through Medicaid during the course of the year. This has continued in FY2017.

How second year target was achieved *(optional)*:

Priority #: 2

Priority Area: Promote 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:

(1) During FY2016 and FY2017, maintain the implementation of Evidence Based Supportive Employment. (2) During FY2016 and FY2017, continue provision of Assertive Community Treatment that meets national fidelity model requirements. (3) Continue to implement video-based training methodologies and develop additional evidence-based content in an effort to increase and improve statewide EIP training. (4) By the end of FY 2017, through the provision of rental subsidies, implement a statewide permanent supportive housing initiative which targets an additional 400 consumers acquiring decent, safe, and affordable housing and support services in a manner consistent with the national standards for this evidence based practice. This evidence based strategy will be discussed under Priority # 7 –Advancement of Community Integration. (See Plan Table 1.7 below)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of consumers receiving supported employment in FY2016 and FY2017. (National Outcome Measure)

Baseline Measurement: 2524; Consumers receiving IPS are only reported for programs/sites that meet fidelity to the model

First-year target/outcome measurement: 2700

Second-year target/outcome measurement: 2700

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:

Specifications for reporting have been developed to identify the number of individuals receiving IPS.

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 evidenced based practice model. DMH is working to promote fidelity in all IPS agencies and thereby expand the database. Conservative estimates are being used based on managed care initiatives implemented the state Medicaid agency.

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:

In spite of declining fiscal resources and a 42% decrease in the total number of persons served in FY2016, IPS services fell short of the specific mandated numerical target of 2, 700 by only 10%, serving 2,430 consumers in FY2016. Illinois did achieve its strategy objectives of continuing to provide IPS services at a high level.

Because there was not an FY16 state budget, four mental health providers discontinued IPS services. In addition, some mental health providers either merged with other mental health providers, or closed their doors permanently. This caused the remaining mental health providers to have extremely long waiting lists for consumers to be intaked for mental health services [or in some cases providers put a temporary holds on all agency intakes for services]. This resulted in less consumers being able to gain access and receive IPS services at

those agencies, therefore making it difficult to expand IPS services in Illinois. The FY2017 target will be modified to more reasonably reflect current conditions and these continuing limitations.

How first year target was achieved *(optional)*:

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:

This strategic objective has been successfully achieved. The target of 2,700 was significantly exceeded by more than 21% In FY2017, a total of 56 IPS sites with fidelity to the model served 3,003 un-duplicated consumers. An additional 6 sites that were working toward fidelity but had not yet met fidelity standards served 183 consumers. In all, 3,275 consumers received supported employment services.

Indicator #: 2

Indicator: Number of persons with SMI receiving Assertive Community Treatment in FY2016 and FY2017 (National Outcome Measure).

Baseline Measurement: 1020

First-year target/outcome measurement: 1050

Second-year target/outcome measurement: 1050

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)*:

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:

ACT Teams must meet fidelity standards to be defined as an ACT Team and be reimbursed. ACT data is reported only for those teams. DMH continues work diligently to promote fidelity to the ACT standards and thereby increase the ACT database. Conservative estimates are being provided due to the expansion of Medicaid Managed Care initiatives.

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)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

DMH was successful in maintaining 25 ACT teams in FY2016 and has increased the number of ACT Teams in FY2017 to 32. This evidence-based practice is reported to have been provided to 735 individuals in FY2017 by the end of the fiscal year. The numerical target of 1,050 was not achieved. However, this data is recently reported and DMH has not as yet had an opportunity to evaluate it. It would appear that a 22% increase in the number of teams in the State should result in a greater number of individuals being served. This evidence-based practice was provided to 1,124 individuals in FY2016 as of the year ending October 31, 2016.

How second year target was achieved *(optional)*:

Priority #: 3

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: 91,083 adults and 34,888 children and adolescents received services. Compared to FY2014, there was a 6.8% decrease in the total number served in FY2015.

First-year target/outcome measurement: 83,000 adults and 32,000 children and adolescents

Second-year target/outcome measurement: 75,000 adults and 30,000 aged 17 and under.

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)*:

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:

Managed Care has been implemented in Illinois in the past two years and a substantial number of individuals are being served by MCOs outside of the SMHA system. It is anticipated that as the number served by MCOs grows, there will be a concomitant decrease in the numbers served in the SMHA public mental health system as was the case in SFY2015.

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 targets for this indicator were not achieved due to an unanticipated steep decline (-42%) in the number of persons reported served from the 125,791 served in FY2015 to 72,846 in FY2016 As noted in Indicator #1, Illinois has been without a budget since FY2015 and reductions have been sustained in General Revenue Funds. Managed Care has been implemented in Illinois in the past three years and a

substantial number of individuals are being served by MCOs outside of the SMHA system. It was anticipated that as the number served by MCOs grows, there will be a concomitant decrease in the numbers served in the SMHA public mental health system as has been the case in SFY2015 and FY2016. Additionally, the community mental health services budget has remained limited since FY2011. The extent of the drop in numbers reported served is surprising and currently under study and review in DMH. The FY2017 targets will be modified based upon further analysis and study of the data.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

Although the numerical target of 72,500 was not achieved, the strategy was satisfactorily accomplished in FY2017. 47,076 adults and 17.327 children and adolescents were served in FY2017. The decline in population served has continued in FY2017at 10% for adults and 15% for children and adolescents but appears to be leveling off from the steep decline seen in FY2016. DMH used quantitative data to evaluate access to care by tracking the number of individuals who received treatment during the fiscal year partitioned by race, gender and age. Managed Care has been implemented in Illinois in the past three years and a substantial number of individuals are being served by MCOs outside of the SMHA system. It was anticipated that as the number served by MCOs grows, there will be a concomitant decrease in the numbers served in the SMHA public mental health system as was the case in SFY2015 and FY2016. Additionally, Illinois had been without a budget from FY2015 through FY2017 and reductions have been sustained in General Revenue Funds.

How second year target was achieved *(optional)*:

Priority #: 4

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

Priority Type: MHS

Population(s): SMI, SED

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:

(a) Utilize the training and technical assistance provided by the Illinois Center of Excellence for Behavioral Health and Justice to facilitate appropriate responses to the needs of persons with behavioral health disorders who are involved with the criminal justice system and (b) Maintain the Mental Health Juvenile Justice Initiative.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of technical assistance and training events provided through the Illinois Center of Excellence with number of participants.

Baseline Measurement: This is a new indicator for FY2016-FY2017. Baseline data was not collected in FY2015.

First-year target/outcome measurement: No specific target has been established for FY2016. The numbers for technical assistance and training events, participants, and Illinois counties represented will be reported as baseline for FY2017.

Second-year target/outcome measurement: Target is contingent upon extension of current Bureau of Justice Assistance grant beyond October1, 2016.

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

Data Source:

Quarterly data reports and descriptions of events gathered and reported to BJA and DMH by the Center of Excellence.

New Data Source*(if needed)*:

Description of Data:

Documentation of technical assistance events (e.g. dates, consultant and individuals receiving TA).

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Continued funding of the center.

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)*:

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:

This strategy was successfully achieved and all the targets were substantively exceeded!
In FY2017, 2,613 representatives from 87 of the 102 Illinois counties (85.3%) attended 59 training, technical assistance, and informational events. FY2016 was a similarly active year with nearly 1,700 representatives from 77 counties (75.5%) attending 37 events. During the first quarter of SFY2018, the Center of Excellence convened 4 training/technical assistance events that were attended by 136 persons representing agencies in 16 of the 102 counties in Illinois.

Indicator #: 2

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

Baseline Measurement: 311

First-year target/outcome measurement: 350

Second-year target/outcome measurement: 370

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

Data Source:

MHJJ Program Data Base maintained by contracted evaluator (Northwestern University)

New Data Source*(if needed)*:

Description of Data:

Aggregated data reporting 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:
In FY2016 the Mental Health Juvenile Justice Project had an active and successful year and enrolled 331 youth, falling just 5.5% short of the target of 350 youth for FY2016. However, the number of youth enrolled increased by 20 more individuals over 2015 when it was 311, and increased by 44% over FY2014 when only 230 youth were enrolled.

At the start of the calendar year 2016 agencies began to suspend their MHJJ program. By July 1, 2016, a total of seven agencies suspended

their MHJJ programs due to the financial impact of the budget impasse. One agency in Cook County was able to resume the MHJJ program in October 2016. Currently, there are 14 agencies operating the MHJJ program. The decrease in participating agencies effected the number of youth served at the end of FY2016 and already has impacted the number of youth served in FY2017. In anticipation of these changes, the FY2017 target will be modified.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

Although fiscal and clinical resource limitations and reductions continued to exist in FY2017, the MHJJ Program has been maintained although enrollment in the program substantially decreased to 209 from 331 in FY2016. At the start of Calendar Year 2016 agencies began to suspend their MHJJ program. By July 1, 2016, a total of seven agencies had suspended their MHJJ programs due to the financial impact of the budget impasse. One agency in Cook County was able to resume the MHJJ program in October 2016. During FY2017 there were 14 agencies operating the MHJJ program out of the 21 agencies that had provided services earlier in FY2016. The decrease in participating agencies has significantly impacted the number of youth served in FY2017.

It should now be noted that as of FY2018, six new agencies have initiated MHJJ services and are now in the process of gradually implementing their programs and working towards becoming fully operational.

How second year target was achieved *(optional)*:

Priority #: 5

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 Disablities, 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.

Strategies to attain the goal:

Strategy #1: Conduct a series of statewide teleconferences designed to disseminate important information to adult consumers and parent/caregivers across the State.
Strategy #2: Support the role of Certified Recovery Support Specialists and their deployment statewide by hosting webinars for 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
Strategy #3: Enhance competency and encourage WRAP trained and certified facilitators to provide an increasing number of WRAP® classes in the State.
Strategy #4: In FY2016 and FY2017, continue to advance Family Driven Care in Illinois by certification of parent providers as Family Partner Professionals.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of statewide teleconferences held each year.

Baseline Measurement: 21

First-year target/outcome measurement: 21

Second-year target/outcome measurement: 21

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

Data Source:

Documentation for each teleconference event which will be aggregated by year for comparison across years.

New Data Source*(if needed)*:

Description of Data:

Teleconference agendas

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)*:

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:

This strategy was successfully achieved in FY2017 and will continue for adult consumers in FY2018. Ten teleconferences were conducted in FY2017 with an aggregate attendance, for nine out of ten, of 3,854.

Indicator #: 2

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

First-year target/outcome measurement: 15

Second-year target/outcome measurement: 15

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

Data Source:

Documentation for each training event which will be aggregated by year for comparison across years

New Data Source*(if needed)*:

Description of Data:

Agenda 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)*:

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:

Indicator #: 3

Indicator: Number of WRAP Refresher Training events and number of attendees each fiscal year.

Baseline Measurement: This is a new indicator in FY2016. Baseline data has not been collected.

First-year target/outcome measurement: 12 trainings

Second-year target/outcome measurement: 16 trainings

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:

WRAP Refresher training agendas for each event; Attendance Sheet.

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)*:

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:

WRAP Refresher Training was successfully accomplished in FY2017. Fifteen refresher courses were conducted at 6 sites in the State. The total number of participants was 373, an 8% increase over the number of participants in FY2016. Detail is provided in the tables below.

Dates in FY2017 Location Avg. Attendance
3/16, 6/15, 9/14, 12/14 Chicago 20
3/10, 6/9, 9/8,12/8 Elgin 20
3/30, 6/6, 8/31 Springfield, Pekin 30
1/11, 6/27,8/30,11/14 Belleville, Mt. Vernon 15
15 Refresher Classes 6 Sites

Fiscal Year Refreshers Offered Total Number
of Participants
FY2016 12 345
FY2017 15 373

WRAP Refresher Training was successfully accomplished in FY2017. Fifteen refresher courses were conducted at 6 sites in the State. The total number of participants was 373, an 8% increase over the number of participants in FY2016. Detail is provided in the tables below.

Dates in FY2017 Location Avg. Attendance
3/16, 6/15, 9/14, 12/14 Chicago 20
3/10, 6/9, 9/8,12/8 Elgin 20
3/30, 6/6, 8/31 Springfield, Pekin 30
1/11, 6/27,8/30,11/14 Belleville, Mt. Vernon 15
15 Refresher Classes 6 Sites

Fiscal Year Refreshers Offered Total Number
of Participants
FY2016 12 345
FY2017 15 373

As of June 2017, 419 individuals have been trained and certified as WRAP Facilitators in Illinois. Of those, 174 (42%) are actively participating in Refresher Training.

WRAP Refresher Training was successfully accomplished in FY2017. Fifteen refresher courses were conducted at six sites in the State. The total number of participants was 373, an 8% increase over the number of participants in FY2016.

Indicator #: 4

Indicator: The number of individuals who are credentialed as CFPPs by the end of each fiscal year.

Baseline Measurement: 18

First-year target/outcome measurement: 20

Second-year target/outcome measurement: 20

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

Data Source:

The number of parents certified as Family Partner Professionals will be aggregated across the year for comparison with data collected for subsequent years.

New Data Source*(if needed)*:

Description of Data:

Reports showing the number of parents certified as FPPs.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

This indicator is dependent upon the number of individuals who volunteer to become CFPPs, their assessed qualifications and their acceptance into the training program.

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 Certification Board (ICB) reported 18 CFPPs in good standing in the State, just two individuals short of the targeted 20. During FY2016 it was decided that family voice should reside at the local/regional level and be tied directly to a Statewide Family Run Organization and funding for the Family Consumer Specialists was discontinued in June, 2016. The Division of Mental Health is currently working closely with Youth and Family Peer Support Alliance (YFPSA) in planning and providing the family voice statewide. As a result of this paradigm shift, parents with lived experience who could support families of children and youth with SED in Illinois are being encouraged to seek national certification to be a Certified Parent Support Provider (CPSP) which is provided through the National Federation of Families for Children's Mental Health. The credential has been in existence since 2012 and is universally recognized.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

This strategy was substantively addressed in FY2015 and continued in FY2016. The CFPP credential continues to exist in FY2017. The Illinois Certification Board (ICB) has previously reported 18 CFPPs in good standing in the State. However, during FY2016 it was decided that family voice should reside at the local/regional level and be tied directly to a Statewide Family Run Organization and funding for the Family Consumer Specialists was discontinued in June, 2016. As a result, education and training toward applying for the credential has ended and the certification of parents with lived experience as Family Partner Professionals is no longer being tracked. The Division of Mental Health is currently working closely with Youth and Family Peer Support Alliance (YFPSA) in planning and providing the family voice statewide. As a result of this paradigm shift, parents with lived experience who could support families of children and youth with SED in Illinois are being encouraged to seek national certification to be a Certified Parent Support Provider (CPSP) which is provided through the National Federation of Families for Children's Mental Health. The CPSP credential has been in existence since 2012 and is universally recognized.

How second year target was achieved *(optional)*:

Priority #: 6

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

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

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

Strategies to attain the goal:

(1) Establish and maintain a System of Care Technical Assistance Center for Illinois (STACI). (2) Focus on developing and providing training relative to SOC principles, High Fidelity Wraparound, care coordination, evidence based practices, promising approaches and frameworks, family and youth leadership as well as other topics that support the expansion of the SOC framework statewide. (3) Focus on the development of the SOC Social Marketing Campaign designed to develop educational materials and the forums necessary to inform the statewide service infrastructure and the public about SOC such as an annual SOC conference, SOC education and awareness plans, and ensuring that cross-agency committees and initiatives have the necessary supports to incorporate SOC values and principles into their planning processes.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: A Systems of Care Technical Assistance Center for Illinois (STACI), dedicated to ongoing development and implementation of Systems of Care values and coordination of statewide planning, preparation, and education surrounding Systems of Care, is established and operational as evidenced by the number of FTE staff actively employed and the number of technical assistance events during the fiscal year.

Baseline Measurement: New for FY2016

First-year target/outcome measurement: STACI is established by the end of FY2016

Second-year target/outcome measurement: Not applicable for FY17

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

Data Source:

Organization and budget documents; calendar of events-dates, times, and attendance.

New Data Source*(if needed)*:

Description of Data:

Number of staff hired and training/TA agendas for events held.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Ability to hire staff in a timely way.

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:
STACI was established in FY2015 and is still in the planning and developmental stage. It is not operational and staff positions have not been filled. State funding in support of STACI has not been available due to the budget impasse. The progress of STACI is tied directly to extensive reform planning efforts that are currently occurring in Illinois, including the roll-out of the Health and Human Service Transformation, Governor's Children's Cabinet, and the EPSDT lawsuit settlement. All of these issues will be impacting the development of a new service array and assessment process for children, adolescents and their families. It is anticipated that STACI will become operational by the end of FY2017.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

A Systems of Care Technical Assistance Center for Illinois (STACI) was established in FY2016 by an Intergovernment Agreement but is still in the planning and developmental stage. It is not operational and staff positions have not been filled. State funding in support of STACI was not available due to the budget impasse. Currently, progress in actualizing STACI is tied directly to extensive reform planning efforts that are occurring in Illinois, including the roll-out of the Health and Human Service Transformation, Governor's Children's Cabinet, and the EPSDT lawsuit settlement. These initiatives, especially the settlement of lawsuit will be impacting the development of a new service array and assessment process for children, adolescents and their families.

How second year target was achieved *(optional)*:

Indicator #: 2

Indicator: Number of training events held in FY2016 and FY2017 relative to SOC principles, High Fidelity Wraparound, care coordination, evidence based practices, promising approaches and frameworks, family and youth leadership as well as other topics that support the expansion of the SOC framework statewide

Baseline Measurement: Not applicable. New for FY16

First-year target/outcome measurement: Director hired by the end of FY16

Second-year target/outcome measurement: Not Applicable for FY17

New Second-year target/outcome measurement*(if needed)*: Director of Training hired by the end of FY2017

Data Source:

Director of Personnel; Documentation to support training, e.g. agendas

New Data Source*(if needed)*:

Description of Data:

Confirmation that Director of Training has been hired. Number of events on Training Calendar and attendance

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Ability to hire staff in a timely way.

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 employment of a Director of Training was meant as a second year target indicator and is not applicable to FY2016. Although collaborative planning meetings at the state level have occurred in FY2016, there has been no formal coordination of training events.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

Employment of Director of Training continues to be on hold pending the outcome of EPSDT Litigation and the statewide reform of child and adolescent services.

How second year target was achieved *(optional)*:

Indicator #: 3

Indicator: a. A Director of Communication is hired. b. The number of meetings convened by this office in FY2016 and FY2017 dedicated to the development of a SOC Social Marketing Campaign designed to develop educational materials and forums necessary to inform the statewide service infrastructure and the public about SOC, an annual SOC conference, SOC education and awareness plans, and ensuring that cross-agency committees and initiatives have the necessary supports to incorporate SOC values and principles into their planning processes.

Baseline Measurement: Newly established for FY16

First-year target/outcome measurement: Director of Communication hired

Second-year target/outcome measurement: Not Applicable for FY17

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

Data Source:

Director of Personnel; Educational material developed

New Data Source*(if needed)*:

Description of Data:

Staff hired and working; Material developed

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Ability to hire staff in a timely way.

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:
As with Indicator #2 above, this indicator is targeted for the end of FY2017. Given current circumstances it is unlikely that a communication office which carries out all the activities listed in the indicator will be fully functional by the end of FY2017.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

As with Indicator #2 above, this indicator was targeted for the end of FY2017. However, due to the current circumstances, a communication office which carries out all the activities listed in the indicator remains an outcome that has yet to be achieved. However, the functions of the position are being addressed in other venues such as the successful social marketing for Children's Mental Health Awareness by the IUY Facilitation Team in the State.

How second year target was achieved *(optional)*:

Priority #: 7

Priority Area: Advancement of Community Integration

Priority Type: MHS

Population(s): SMI, Other

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:

By the end of FY 2017, through the provision of rental subsidies, implement the transition of residents from 24 designated nursing homes (statewide) categorized as IMDs to permanent supportive housing - , safe and affordable housing and support services in communities of preference 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 transitioning from long term institutional settings who access appropriate permanent supportive housing. (National Outcome Measure)

Baseline Measurement: 1,306 consumers (cumulative) will be transitioned by the end of SFY2015. Note: Accomplished

First-year target/outcome measurement: 1,706 consumers (cumulative) will be transitioned by the end of SFY2016.

Second-year target/outcome measurement: The number of consumers to be transitioned by the end of SFY2017 is currently unknown as this will depend on the court ruling.

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

Data Source:

Individuals receiving permanent supported housing have not been required to be registered for mental health treatment services. Therefore, it was necessary to create a special database to track access to and receipt of permanent supportive housing.

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:

The Consent Decree should sunset in 2016. This action may continue depending on the 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:

1,676 consumers/class members were transitioned in FY2016. One Williams' provider was on the brink of closure which necessitated a total agency bailout reorganization. As a result, they lost critical, credentialed staff – the target numbers were decreased. Another agency did not meet performance expectations. The actual number achieved was off by 30.

As of June 30, 2016, the cumulative number of all consumers diagnosed with serious mental illness who have transitioned (excluding Supervised Residential settings) into PSH is 3,943. The state continues to pursue all available opportunities and partnerships to increase subsidized housing options

How first year target was achieved *(optional)*:

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:

The numerical target of 400 for the year was 95% attained.

This strategy continued to be successfully accomplished in FY2017 with the transition of 380 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 95% attained.

Priority #: 8

Priority Area: Coordination and facilitation of mental health services for Illinois servicemen, veterans, and their Families (SMVF).

Priority Type: MHS

Population(s): SMI, 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 active service members, veterans, and their families.

Strategies to attain the goal:

a). Develop and maintain partnerships with the Federal 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.
d). Educate and train community providers in military and veteran clinical cultural competence.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of collaborative meetings attended by DMH staff members.

Baseline Measurement: 12

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)*:

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second 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 number of participants each year.

Baseline Measurement: New indicator; no baseline

First-year target/outcome measurement: A minimum of 2 workshops will be held by the end of FY16.

Second-year target/outcome measurement: Target established based on FY16 outcomes.

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

Data Source:

Scheduled meetings held and 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)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

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

Due to funding and resource limitations of the Illinois Joining Forces Foundation, Military and Veteran 101 Workshops were not conducted in FY2017.
The Illinois Joining Forces (IJF) is a joint Department of Veterans' Affairs (DVA) and Department of Military Affairs (DMA) effort to better serve veterans, service members, and their families throughout the state. IJF brings together, under a common umbrella; public, non-profit, and volunteer organizations to foster increased awareness of available resources and to better partner and collaborate with participating organizations. During FY2017, in coordination with collaboration partners an inventory of existing behavioral health system providers and services was developed and is being maintained. Work continued on evaluating the adequacy of the existing service network to ensure SMVF have access to needed services and facilitating a coordinated crisis service intervention system between the VA and community providers, with special emphasis on suicide prevention. Unfortunately, due to funding and resource limitations no Community provider capacity to serve SMVF was enhanced through Military and Veteran 101 Cultural Competency Training. No workshops were planned, organized and convened which constitutes a labor intensive major achievement for the collaborating agencies. A Veterans' Care Management Referral System and a Veterans' Warm Line are being created to help ensure veteran referrals are properly accommodated. Additionally, DMH worked to establish veteran contacts within each DMH regional office to facilitate coordination of SMVF services and continued relationships with the SAMHSA Service Members, Veterans, and their Families Technical Assistance Center and with SAMHSA SMVF Policy Academy and Implementation Academy alumnae.

How second year target was achieved *(optional)*:

Indicator #:	3
Indicator:	An Annual Report describing progress of: (1) Partnering with the Federal Veterans Administration, the Illinois Departments of Veterans' Affairs (IDVA), and Military Affairs (IDMA), and increasing the number of other agencies and organizations statewide to address a coordinated system of care. (2) Increasing and expanding the membership of the Illinois Joining Forces (IJF) Behavioral Health Working Group (BHWG). (3) Creating and maintaining a coordinated Crisis Service Intervention System that addresses SMVF needs.
Baseline Measurement:	New indicator; No baseline
First-year target/outcome measurement:	By the end of FY2016, a report on the number of formal partnerships, IJF BHWG members, and describes collaborative meetings attended by DMH representatives that have agendas aimed at completing the behavioral health inventory and coordination of services and on the status of the system of care for SMVF individuals citing collaborative accomplishments during the fiscal year. Annual report completed for FY16 by first quarter of FY17.
Second-year target/outcome measurement:	By the end of FY2017, a report on the number of formal partnerships, IJF BHWG members, and describes collaborative meetings attended by DMH representatives that have agendas aimed at completing the behavioral health inventory and coordination of services and on the status of the system of care for SMVF individuals citing collaborative accomplishments during the fiscal year. Annual report completed for FY16 by first quarter of FY18.

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)*:

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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

How second year target was achieved *(optional)*:

Priority #: 9

Priority Area: Advancement of the use of interactive communication technology.

Priority Type: MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Develop the infrastructure to advance the use of interactive communication technology for clinical work in areas of Illinois where critical behavioral health professional shortages exist.

Strategies to attain the goal:

Through FY2017, continue to track Tele-psychiatry services at rural sites in Illinois and, contingent upon funding opportunities, plan for further expansion of the program.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of youth living in rural areas receiving services through telepsychiatry

Baseline Measurement: 194

First-year target/outcome measurement: 176

Second-year target/outcome measurement: 160

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

Data Source:

DMH Contractor Database

New Data Source*(if needed)*:

Description of Data:

Aggregate data on the number of youths receiving telepsychiatry services in rural areas. The DMH contractor that maintains and services the system also tracks the number of Tele Psychiatry events, hours, and the number of individuals served.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Continued funding of program. Also, with the continued implementation of Managed Care throughout the state, it is anticipated that the number of youth served using DMH dollars may be reduced.

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 addressed in FY2016 until funding for it was discontinued at the end of the fiscal year. This pilot project in rural Illinois was instrumental towards bringing about the changes and procedures needed for Tele psychiatry to become a Medicaid

reimbursable service in Illinois .The contractor agency managing the pilot became increasingly efficient at submitting Medicaid claims. Given the fiscal limitations in FY2016 due to the absence of a state budget, and that payment for these services became available from another source, DMH decided to discontinue funding this project in FY2017. The contracting agency did not provide a final report to DMH, so there is no data to support the achievement of the target of 176 youth for FY2016.

How first year target was achieved *(optional)*:

Second 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 fully addressed in FY2016 until funding for it was discontinued at the end of the fiscal year. This pilot project in rural Illinois was instrumental towards bringing about the changes and procedures needed for Tele psychiatry to become a Medicaid reimbursable service in Illinois .The contractor agency managing the pilot became increasingly efficient at submitting Medicaid claims. Given the fiscal limitations in FY2016 due to the absence of a state budget, and that payment for these services had become available from another source, DMH decided to discontinue funding this project at the end of FY2016.

How second year target was achieved *(optional)*:

Footnotes:

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

Service	Expenditures
Healthcare Home/Physical Health	**$**
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
Prevention (Including Promotion)	**$**
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
Substance Abuse (Primary Prevention)	**$**
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
Engagement Services	**$**
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
Outpatient Services	**$**
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
Medication Services	**$**
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
Community Support (Rehabilitative)	**$**
Parent/Caregiver Support;	
Skill Building (social, daily living, cognitive);	

Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	**$**
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	**$**
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	**$**
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	
Assertive Community Treatment;	

Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
Out-of-Home Residential Services	**$**
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
Acute Intensive Services	**$**
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
Other (please list)	**$**
Total	**$0**

Footnotes:

III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	**Actual SFY 2016**	**Estimated/Actual SFY 2017**
$89,838,188	$53,718,822	$56,008,436

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period **(A)**	**Expenditures** **(B)**	**B1(2015) + B2(2016)** **2** **(C)**
SFY 2015 (1)	$379,275,369	
SFY 2016 (2)	$280,817,820	$330,046,595
SFY 2017 (3)	$290,888,365	

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

SFY 2015	Yes	X	No	
SFY 2016	Yes	X	No	
SFY 2017	Yes	X	No	

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

Footnotes: