Community Mental Health Services

Mission

To help people with mental illness become more self- sufficient and move toward recovery.

Summary of Activities

The **Family and Social Services Administration** (FSSA), Division of Mental Health (DMH) provides or purchases mental health services for individuals most in need of mental health treatment. It assures the delivery of community mental health services for other citizens in need of services. DMH contracts with a system of managed care providers that are responsible for a full range of services. Each provider provides counseling to persons who are depressed and/or mentally ill, hospitalization to people in severe crisis, and long-term rehabilitation for people with psychiatric disabilities.

Community Mental Health Centers (CMHCs) are the cornerstone of this treatment system. In FY 1999, DMH supported services to over 35,000 adults with serious mental illness and over 17,000 children and adolescents with serious emotional disorders. These activities are coordinated closely with other divisions of FSSA. For example, DMH funding has leveraged over $5 million in federal vocational rehabilitation funds since 1995 to provide employment and training services to persons with serious mental illness. DMH funding also provided matching funds to leverage over $75 million annually in federal Medicaid dollars for community mental health services.

> "Mental illness, including suicide, ranks second in the burden of disease in established market economies such as the United States."
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> - U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General - Executive Summary*

CMHCs have historically been the backbone of Indiana's community mental health system. In recent years, these centers have been expanding and forming alliances, both with each other and with those who provide related services such as addictions treatment, health care, and children's services, giving consumers more treatment choices and offering the state stronger and more diversified contractors. Direct state DMH funding now accounts for less than 40% of total funding for Indiana's CMHC network, with the balance provided via Medicaid, commercial insurance, grants, and other contracts. Further, DMH now contracts with six providers that are not community mental health centers but who serve children with serious emotional disorders. These include general hospitals with strong psychiatric services and traditional child care and child placement agencies. In FY 2001, DMH is contracting for the first time with a psychiatric hospital that is not a community mental health center for services to adults with serious mental illness.

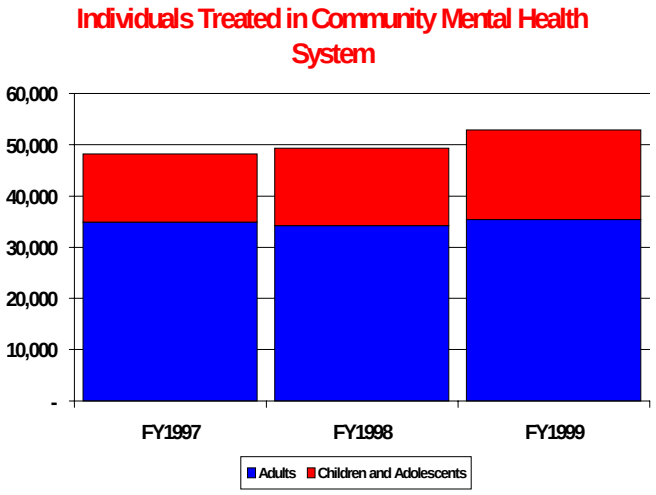
External Factors

The field of psychiatry has changed significantly over the past few years. Recent pharmacological advancements have enabled thousands of people suffering with mental illness to be served in the community, rather than in institutions. In addition, there is increasing emphasis at the federal level on moving people out of institutions and group homes and into community and home-based care. In the summer of 1999, the United States Supreme Court determined in Olmstead v L.C. and E.W. that states must allow institutionalized individuals who could benefit from community placement, and who do not object to moving from the institution, the opportunity to receive services in the community, subject to the resources available in the state to meet the demand for these services. Indiana plans to continue to deinstitutionalize persons from its state facilities and other congregate settings in the next several years.

Evaluation and Accomplishments

DMH has developed a new data system that provides the ability to monitor the quality of community mental health services in very specific ways. Citizens of every county now are able to make informed choices among different providers based on the data that are available. The DMH has also initiated several new innovative projects with neighborhood

centers, the Division of Family and Children's welfare-to-work IMPACT program, and the **Department of Workforce Development** to more effectively serve individuals with mental illness. DMH only contracts with organizations that are accredited by the Joint Commission on the Accreditation of Health Care Organizations, the Council on the Accreditation of Rehabilitation Facilities, or the Council on Accreditation. This is a higher standard for care than is used by most states. DMH also uses internal quality assurance processes, including measuring and reporting on clinical outcomes, consumer perspective on outcomes, consumer satisfaction, and service patterns. Annual clinical audits examine the quality of the data reported by providers. On these measures, the system has shown annual improvement.



Indiana's public mental health system is improving and coming closer to meeting the total need for services. However, total estimated need significantly exceeds the number currently served. DMH's most recent analysis of the prevalence of serious mental illness estimated that over 78,000 adults in Indiana and almost 29,000 children qualify for publicly funded mental health services. Just over half of those estimated to be eligible are currently receiving treatment.

Plans for the Biennium

During the SFY 2002-2003 biennium, DMH will be increasing consumer involvement and continuing to move toward a state-of-the-art system based on best practices in treatment. Among the best practices to be encouraged are systems of care centered on teams of staff with shared caseloads providing services assertively outside of a standard office environment. These programs providing comprehensive wrap-around services have been documented in national research to be effective ways to treat individuals with serious mental illness. In addition, community services are expected to grow in proportion to reductions in institutional care.

Program: 0335	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
Appropriation (All Funds)	$124,873,320	$117,897,237	$120,897,237	$125,475,566	$129,475,566
Expenditures	$116,307,000	$115,269,271	$123,209,320