

SYSTEMS OF CARE

PARTNERSHIPS

RECOVERY

Biennial Report

SFY 2004-2005

Indiana Family and Social Services Administration
Division of Mental Health and Addiction



Division of Mental Health and Addiction

Biennial Report SFY 2004-2005

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From the Director

The Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA) wishes to report on our services, progress and future plans in this, our sixth biennial report.

As the Director of the Division of Mental Health and Addiction, I would like to take this opportunity to thank the DMHA staff, including staff at the six psychiatric hospitals and the consumers, providers and advocates who have committed to work collaboratively with DMHA in achieving its goals.

In alignment with the President's New Freedom Commission on Mental Health Report, "Achieving the Promise: Transforming Mental Health Care in America," DMHA has begun to plan for the transformation of our mental health and addiction services system to include using evidenced-based practices, forming partnerships statewide, assessing treatment outcomes, and involving consumers and families to promote a recovery-oriented system. This will be an ongoing process with involvement of stakeholders, legislators, other state agencies, researchers, advocates and consumers and their families. For more information, please visit our website at www.in.gov/fssa/mental.

This report is dedicated to DMHA's consumers and their families.

Cathy J. Boggs, Director
Division of Mental Health and Addiction
Indiana Family and Social Services Administration

Oversight

Policy Oversight

A critical role of the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA) is to provide policy oversight for the publicly funded mental health and addiction services system. DMHA is responsible for establishing criteria used to determine consumer eligibility, for ensuring that service providers comply with state guidelines, and for assuring the quality of services required by the continuum of care as defined in Indiana statute. DMHA operates six state psychiatric hospitals and contracts with community mental health centers and child and addiction treatment providers to offer mental health and addiction treatment services in the community. DMHA also provides alcohol, tobacco and drug prevention programs in the community.



Certification/Licensure of Service Providers

DMHA certifies and licenses all new and renewal applications for: Community Mental Health Centers; Addiction Treatment Services Providers (including Opioid Treatment Programs); Residential Care Providers; Assertive Community Treatment Teams; and Subacute facilities. DMHA licenses Private Mental Health Institutions (private psychiatric hospitals) and Supervised Group Living facilities in accordance with standards found in the Indiana Code (IC), the Indiana Administrative Code (IAC) and the Federal Code. DMHA handles all certification of Managed Care Providers who contract directly with DMHA to serve Hoosier Assurance Plan (HAP) eligible individuals with mental health and addiction diagnoses in Indiana. To access Indiana certification and licensure rules and regulations, go to www.in.gov/legislative/ic_iac/.

DMHA assists in policy development and rule writing and adoption, as well as answers questions from other state and local agencies, prospective and current providers, consumers and the general public regarding various program requirements. Also, it provides oversight of Opioid Treatment Programs including site visits; gathers required annual data; maintains an annual central registry, writes an annual report; and maintains a computer listing of all certified and licensed opioid treatment providers.

Commission On Mental Health

The Commission on Mental Health was established by the Indiana General Assembly in 1994 to provide legislative oversight for mental health reform in Indiana. The scope of the Commission was expanded during subsequent reauthorizations. The membership includes two members from each legislative house (one from each party) with the remainder of the members appointed by the Governor. The Commission meets during the interim between legislative sessions and must submit an annual report.

Hoosier Assurance Plan

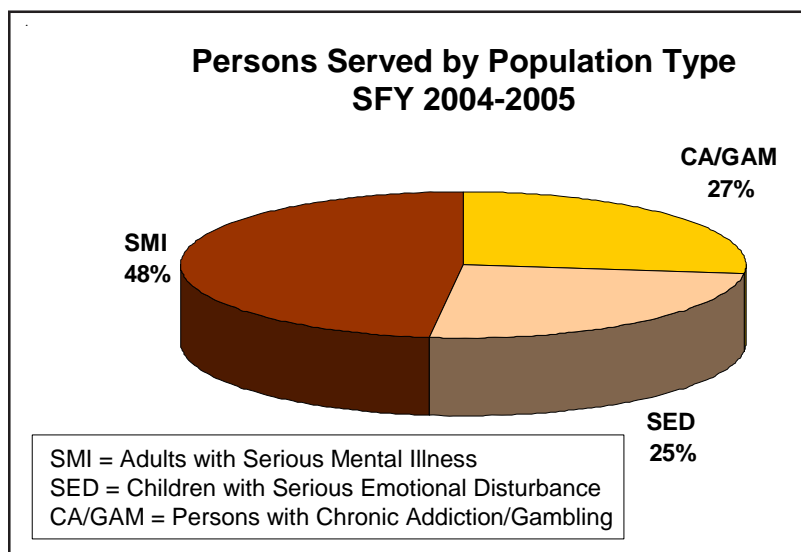
The Hoosier Assurance Plan (HAP) is the primary mechanism through which DMHA allocates funding to community mental health and addiction providers in the State. Community Mental Health Centers (CMHCs) and Managed Care Providers (MCPs), or all providers of mental health and/or addiction services with which DMHA directly contracts, must provide a legislatively mandated “continuum of care” which is a range of services that community mental health centers and addiction treatment providers offer to consumers. Under the Hoosier Assurance Plan, DMHA strives to insure availability of the continuum of care to

all eligible citizens. The continuum of care includes individual treatment planning, 24 hour crisis intervention, case management, outpatient services, acute stabilization services, residential and day treatment, family support services, medication monitoring, and services to prevent unnecessary hospitalization. In SFY 2005, 44 community treatment providers held contracts with DMHA for services statewide.

The Hoosier Assurance Plan is intended to ensure service availability to the Indiana population in greatest need of mental health and addiction services. HAP funds are targeted to low-income persons, defined as those at or below 200% of the federal poverty level. The four primary populations targeted by DMHA

are: adults with serious mental illness (SMI), children with serious emotional disturbance (SED), persons with chronic addiction (CA) and persons with a compulsive gambling disorder (GAM). The graph on the right shows the percentage of total consumers served over State Fiscal Years 2004 and 2005 through HAP for each of the four primary populations (CA and GAM are combined).

- 62.5% of persons served by the HAP have a family income that is less than \$10,000 per year
- 77.6% have a family income that is less than \$15,000 per year



Scope of Illness

The need for effective, available mental health and addiction treatment is clear. Major depression is the leading cause of disability worldwide among all people over the age of five. Mental illness, including suicide, accounts for over 15% of the burden of disease in established market economies, such as the U.S. This is more than the disease burden caused by all cancers.¹

Major depression is the leading cause of disability worldwide among persons age five and older.¹

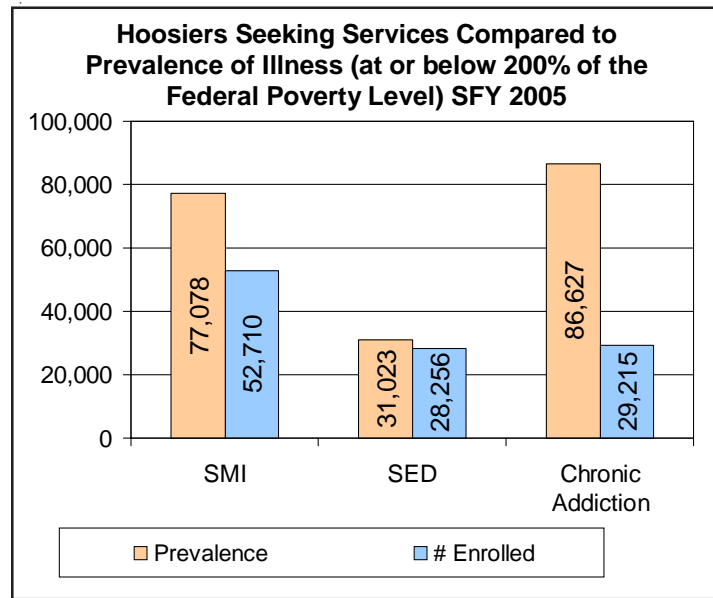
Addiction also takes a large toll on society. The social cost of drug and alcohol addiction in the U.S. is estimated at \$294 billion per year in lost productivity and costs associated with law enforcement, health care, criminal justice, welfare, and other programs and services.² The good news is that treatment works – and for every \$1 invested in addiction treatment, there is a return of \$4 to \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to health care are included, total savings can exceed costs by a ratio of \$12 to \$1.³

Indiana Prevalence Rates

Prevalence numbers are based on federal census information and represent the estimated

number of people in a population who are affected by either a mental illness or substance abuse disorder. Since the Hoosier Assurance Plan is available to only those individuals who are at or below 200% of the federal poverty level, DMHA limits prevalence estimates to that population.

Adults with Serious Mental Illness	77,078
Children with Serious Emotional Disturbance	31,023
Persons with Chronic Addiction	86,627



The table above shows the estimated number of Hoosiers, at or below 200% of the federal poverty level, that are estimated to have a Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), or Chronic Addiction.

The graph to the left illustrates the number of Hoosiers, at or below 200% of the federal poverty level, estimated to have a SMI, SED, or Chronic Addiction compared with the number of HAP-eligible Hoosiers that sought treatment at any of the 44 providers that contract with DMHA.

¹Murray, C.J.L., Lopez, A.D., eds. *The global burden of disease and injury series, Volume 1: A Comprehensive Assessment of Mortality and Disability from Diseases, injuries, and risk factors in 1990 and projected to 2020*. Cambridge, MA 1996.

²Coffey, R.M., Mark, T., King, E., Harwood, H., McKusick, D., Genuardi, J. et al. (2000). *National Estimate of Expenditures for Substance Abuse Treatment, 1997* (Rep. No. SAMHSA Publication SMA-00-3499) Rockville, MD: Substance Abuse and Mental Health Services Administration.

³*Principles of Drug Addiction Treatment: A Research-Based Guide*. NIH Publication No. 00-4180. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, printed October 1999/reprinted July 2000.

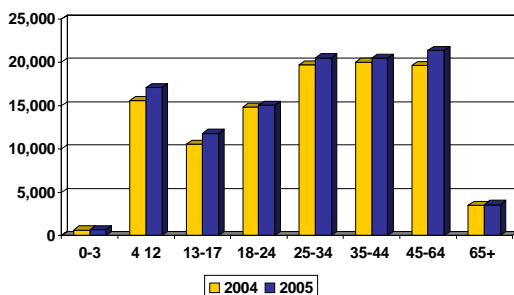
Consumer Satisfaction Survey Report Card (CSSRC)

The Division of Mental Health and Addiction publishes an annual Consumer Satisfaction Survey Report Card (CSSRC) that provides information about consumer satisfaction with Indiana mental health services and service providers. Information in the CSSRC is gathered from approximately 4,000 individuals (adults and parents/caretakers of children) who are enrolled in the Hoosier Assurance Plan. Both the adult and parent/caretaker satisfaction surveys were developed as part of federal grant initiatives, and many other states use these surveys to monitor consumer satisfaction. The state survey results are published by the federal government. Indiana's CSSRC compares satisfaction results among Indiana providers and also makes comparisons at regional and national levels. Survey questions address general satisfaction with service, access to services, quality and appropriateness of services, participation in treatment planning, service outcomes, and cultural sensitivity. To view the latest Indiana Consumer Satisfaction Survey Report Card (CSSRC), please visit: <http://www.in.gov/fssa/mental/publications.htm>

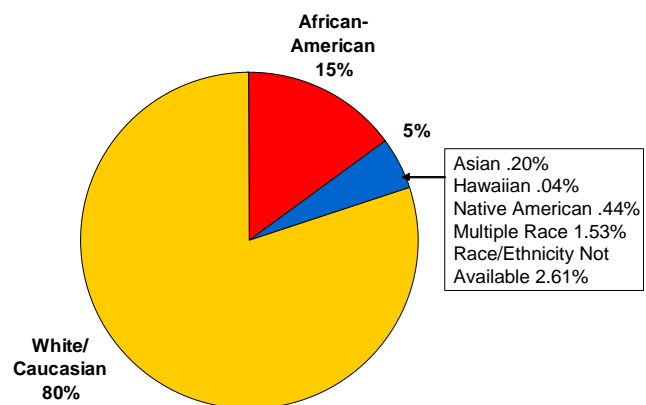
Consumers

DMHA serves all Hoosier Assurance Plan eligible persons who seek treatment. The charts below provide a demographic profile of consumers. As the charts show, the Division serves consumers of all ages from very young children to adults over the age of 65. The majority of those seeking services are White/Caucasian, while 15% of those seeking services are African-American and 5% of those seeking services represent other race categories. Living arrangement and employment status are key factors to improving outcomes. Stable, appropriate housing is necessary for consumers to begin their work toward recovery. Appropriate housing can include a group home, shared apartment, living with family, or a single family home. Employment is also important for consumers in their recovery efforts.

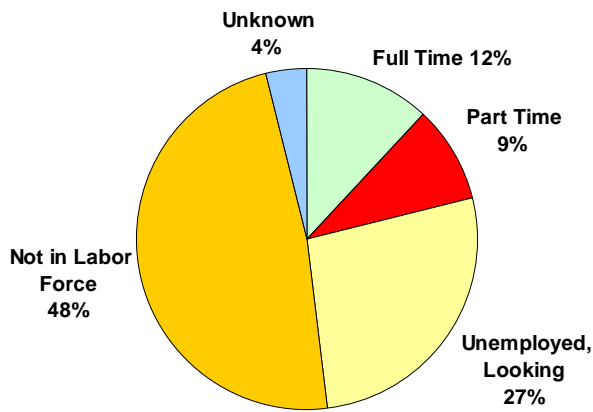
**Hoosier Assurance Plan (HAP)
Consumers by Age
SFY 2004 and 2005**



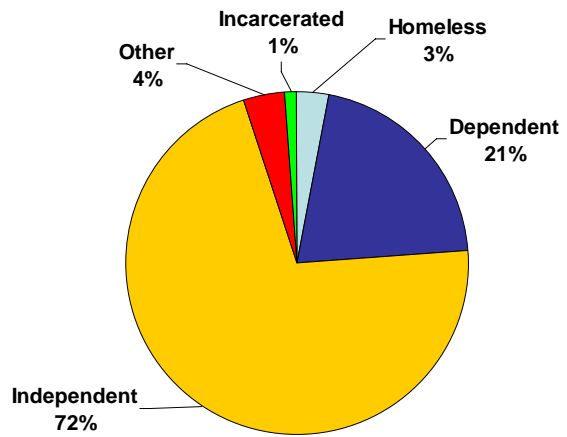
HAP Consumers by Race SFY 2004-2005



**HAP Consumers Employment Status – Adults
SFY 2004-2005**



**HAP Consumers Living Arrangement
SFY 2004-2005**



Employment Status

Full-time: working 35 or more hours per week

Part-time: working 34 or fewer hours per week

Unemployed: looking for work during the last 30 days or laid off from a job

Not in Labor Force: not looking for work during the last 30 days or a homemaker, student, disabled, retired or in an institution

Living Arrangement

Homeless: no fixed address; includes living in a shelter, in a car, on the street, etc.

Dependent: includes those in nursing homes, foster care, residential facilities, state institutions, or other supervised living.

Independent: those in a group home, shared apartment, living with family or a single family home.

Incarcerated: includes those in a jail or correctional setting and those on home detention, work release or juvenile detention.

For DMHA data, reports and publications, please visit the following websites:

<http://www.in.gov/fssa/mental/data.htm>

<http://www.in.gov/fssa/mental/publications.htm>

Budget

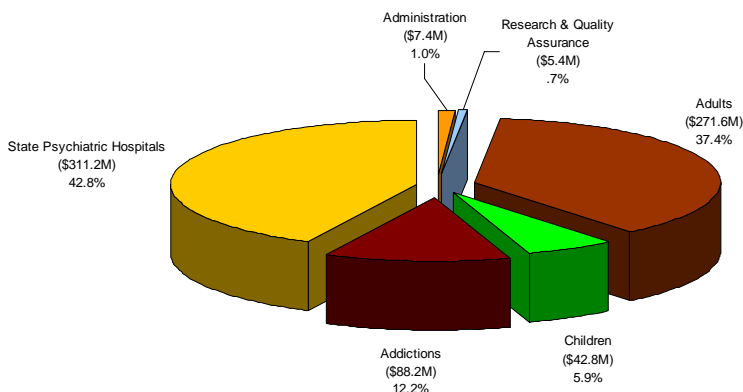
The Division of Mental Health and Addiction (DMHA) budget is a combination of state and federal funds. The state funds are appropriated by the state legislature every two years in the biennium budget. The legislature makes specific appropriations for community services for children with serious emotional disturbance, adults with serious mental illness and persons with chronic addictions, the six state psychiatric hospitals, research and quality assurance, and administration. In SFYs 2004 and 2005, DMHA funded community-based services such as Systems of Care for children (5 new sites) and Assertive Community Treatment (ACT) teams for adults (9 new sites). These intense community-based services allow children and adults who are at risk of hospitalization to be treated in their communities and provide an opportunity for persons who are in state hospitals to be returned to the community.

DMHA Biennium Appropriations SFY 2004 and 2005 Operating Budget (in millions) (includes transferred funds)

	Total SFY 2004 & SFY 2005
Community Based Services	
Community Based Mental Health - Adults	271.6
Community Based Mental Health - Children	42.8
Community Based Addiction	88.2
State Hospital Services	311.2
TOTAL SERVICES	713.8
Administration	7.4
Research & Quality Assurance	5.4
TOTAL DMHA Budget	726.6

Federal funds in DMHA's budget for community services come from the Substance Abuse Prevention and Treatment (SAPT) Block Grant, the Community Mental Health Services (CMHS) Block Grant and the Social Services Block Grant (SSBG). SAPT Block Grant funds account for more than 70% of DMHA's budget for substance abuse treatment. The breakdown for substance abuse prevention funds is 78.4% - SAPT Block Grant (federal), 17.6% - Drug Free Schools (federal), and 4% Gambler's Assistance (state dedicated). The CMHS Block Grant represents 17% of DMHA's budget for adults with serious mental illness and 18% of the budget

DMHA Biennium Budget, State Fiscal Years 2004-2005 Combined (includes transferred funds)



for children with serious emotional disturbance. In each of SFY 2004 and SFY 2005, DMHA received \$5.1M from the SSBG for the treatment of persons with a dual diagnosis and children with serious emotional disturbance.

Medicaid

The DMHA Community Mental Health Center (CMHC) providers have been able to maximize state appropriated service dollars through the Medicaid Rehabilitation Option (MRO) program.

Medicaid is a health care program for low-income and disabled individuals that is jointly financed by state and federal governments. Each state administers its own program within broad federal guidelines. In Indiana, the Division of Mental Health

Medicaid Rehabilitation Option (MRO) SFY 2004 and SFY 2005

	SFY 2004	SFY 2005
CMHC MRO Expenditures	\$247,269,178	\$272,724,665
MRO Unduplicated Recipients	64,905	70,502

and Addiction, under an interagency agreement with the Office of Medicaid Policy and Planning (OMPP), is responsible for the administration of certain community-based services for adults and children with mental illness and/or chronic addiction under the Medicaid Rehabilitation Option. In SFY 2004, Community Mental Health Centers (CMHCs) had total MRO expenditures of \$247,269,178. More than 64,900 adults and children received MRO services in SFY 2004. In SFY 2005, CMHCs had total MRO expenditures of \$272,724,665. More than 70,500 adults and children received MRO services in SFY 2005.

State Psychiatric Hospital Budget

Indiana's six State Psychiatric Hospitals operate with individual budgets. DMHA uses state and federal funds to offset operating costs. Federal funds come from a variety of sources. Federal Medicare and Medicaid payments and federal disproportionate share funds are the largest sources of federal funds currently available to state psychiatric hospitals. Hospitals also receive some funds from patients, private insurance, and other programs that pay part of a patient's hospital costs.

Indiana State Psychiatric Hospital Operating Costs for 2004 and 2005 (in millions)		
State Hospital	SFY 2004 Operating Cost	SFY 2005 Operating Cost
Evansville Psychiatric Children's Center	\$3.1	\$3.2
Evansville State Hospital	\$25.9	\$29.4
Larue Carter Memorial Hospital	\$23.6	\$26.7
Logansport State Hospital	\$42.3	\$42.3
Madison State Hospital	\$22.8	\$25.1
Richmond State Hospital	\$33.2	\$34.8
Totals	\$150.9	\$161.5

State Psychiatric Hospitals

The Role of Indiana's State Psychiatric Hospitals

Indiana's State Psychiatric Hospitals serve many roles in their respective communities. They are inpatient treatment units for those who need an intensive level of treatment; they are excellent teaching and research facilities for students and professionals in the fields of mental health and addiction; and they are good neighbors in their community, adding to the local economy and culture. The state hospital system serves adults with mental illness (including adults who are mentally retarded/developmentally disabled, who have chronic addictive disorders, who are deaf or hearing impaired, and who have forensic involvement), and children and adolescents with serious emotional disturbances. Patients are admitted to a state hospital only after a screening is done by a Community Mental Health Center (CMHC) who becomes responsible for providing case management to the patient in the hospital and acts as a "gatekeeper," facilitating a patient's transition from the hospital back to the community or other appropriate setting. Transitional care services at the hospitals are used to help patients make a smooth transition to community living, and staff for these services work with the patient's CMHC on treatment planning and discharge.

**Numbers Served in State Psychiatric Hospitals
State Fiscal Years 2004-2005**

2004		2005	
# Children Served in DMHA Hospitals		# Children Served in DMHA Hospitals	
Ages of Children	# Served	Ages of Children	# Served
5-9	25	5-9	17
10-14	68	10-14	65
15-17	74	15-17	68
Total	167	Total	150
# Adults Served in DMHA Hospitals		# Adults Served in DMHA Hospitals	
Ages of Adults	# Served	Ages of Adults	# Served
18-24	296	18-24	254
25-44	935	25-44	916
45-64	610	45-64	614
65+	87	65+	82
Total	1928	Total	1866

Indiana's Six State Psychiatric Hospitals

FSSA/DMHA operates six state psychiatric hospitals:

Evansville State Hospital, Evansville, Indiana

Practice guidelines were developed and implemented for diabetes mellitus, hypoglycemia, and health monitoring of patients receiving atypical antipsychotic medications.

Richmond State Hospital, Richmond, Indiana

In September, 2003, an Electronic Mixing Valve was installed at Richmond State Hospital making this hospital the first pilot test site in the United States for this innovative technology. The hospital was chosen based on its history of using technology effectively. The new electronic mixing valve maintains water at a temperature which is safe and comfortable. The new valve also provides potential energy savings and allows for continuous monitoring and adjustment of temperatures.

Madison State Hospital, Madison, Indiana

In February, 2004, psychopharmacology guidelines and both unit and campus wide programming were redesigned to achieve empathic, recovery focused, specialized psychiatric treatment.

Logansport State Hospital, Logansport, Indiana

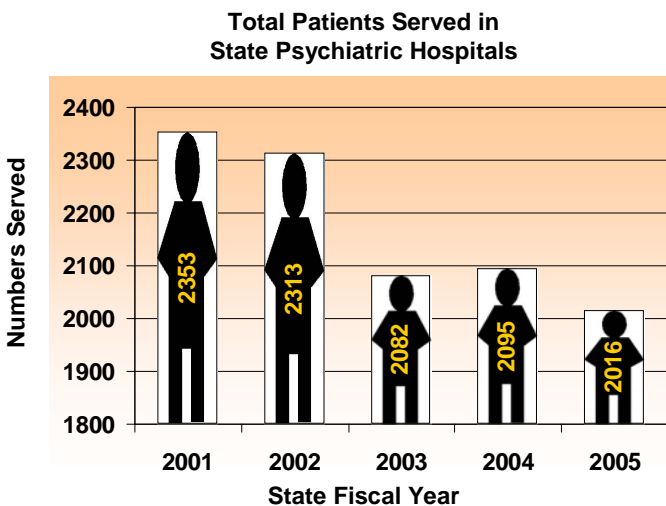
In March, 2005, staff from Logansport State Hospital, DMHA Central Office and Key Consumer Organization represented Indiana at the national training conference titled, "Creating Violence Free and Coercion Free Mental Health Treatment Environments for the Reduction of Seclusion and Restraint." Implementation of this initiative began April 13, 2005, with training of the DMHA hospital superintendents.

Evansville Psychiatric Children's Center (EPCC), Evansville, Indiana

Community associations in Evansville often donate time and resources for recreational activities for the children at EPCC. Events range from the local Harley Davidson motorcycle club hosting an annual party to the Junior Mental Health Association of Vanderburgh County sponsoring a Santa's Workshop where the children can pick out gifts for their families.

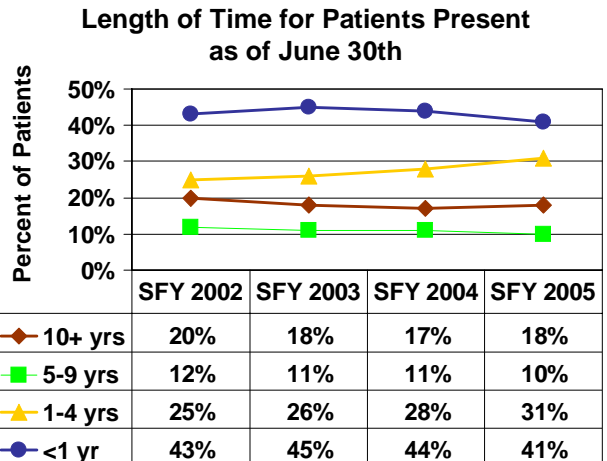
Larue D. Carter Memorial Hospital, Indianapolis, Indiana

In August, 2004, an 11 bed unit for individuals with Borderline Personality Disorders was created and has been very successful in treating consumers with this disorder.



The total number of patients served in state hospitals shows a steady decline. The outstanding progress in mental health care in the last 20 years, new treatments and drug therapies have resulted in allowing many people to live more productive lives that may not require long-term hospitalization.

The length of time for patients present in the state hospitals on June 30 of each year shows a shift to shorter stays.



Hospital Accreditation

Indiana state psychiatric hospitals are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and maintain certification of all Intermediate Care Facilities for the Mentally Retarded (ICF/MR). To maintain JCAHO accreditation, all hospitals are required to participate in a performance measurement program. This is accomplished through participation in the National Research Institute Performance Measurement System, which provides a framework within which the state psychiatric hospitals can identify and implement consistent measures of performance and outcomes. Consistent measurement produces the ability to benchmark the critical indicators of performance and outcomes, leading to the identification and implementation of processes that improve client recovery.

Hospital Satisfaction Surveys

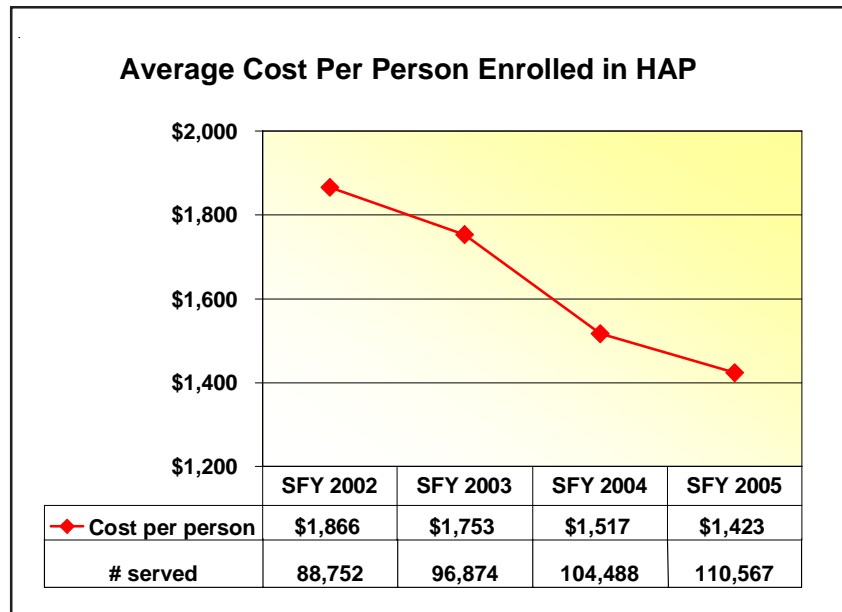
Satisfaction surveys are sent to all patients upon their discharge from a state psychiatric hospital. For children and adolescents, surveys are sent to the parent/guardian. In addition to being used locally to monitor program performance and customer relations, a copy is sent to the DMHA Central Office where analysis comparing the hospitals and identifying particular strengths and weaknesses can be used for quality improvement. Survey questions address program effectiveness, availability and cooperation of staff, treatment team meetings, treatment outcomes, safety, and more. Survey results are discussed with each hospital at quarterly governing body meetings and hospitals are expected to study and report on action plans to address problem areas. Hospitals that score below a set criteria must develop strategies focused on improvement.

Community Programs

Serving People

The Family and Social Services Administration Division of Mental Health and Addiction has increased community capacity for adults and children, serving more consumers in all areas of treatment. The number of HAP eligible consumers seeking treatment in the community has increased significantly from 88,752 in 2002 to 110,567 in 2005. As illustrated in the graph to the right, this increase in the number of persons served has not been matched by a

proportional increase in funding. The budget for community services increased by only 1.6% while the number of people served increased by 28% over the four year period.



Recovery Oriented Service System

In alignment with the President's New Freedom Commission on Mental Health Report, "Achieving the Promise: Transforming Mental Health Care in America," the State of Indiana is beginning the process of transforming the existing mental health and addiction services system to one that is an evidence-based, coordinated, and efficient service and oversight system which engages consumers and families and promotes access at the earliest possible stage of need to recovery-based services.

Appropriate services should be provided within the person's own community setting, in the least restrictive environment, using the person's natural supports. The service system should assist the person to achieve an improved sense of mastery over his or her condition and to regain a meaningful, constructive sense of membership in the community.

Community Based Services for Adults with Serious Mental Illness

Evidence Based Practices

DMHA is committed to achieving the best outcome possible for each individual seeking treatment. Our dedication to Evidence Based Practices (EBPs) is one way DMHA works toward increased recovery and improved outcomes. Six Evidence-Based Practices have been endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) for adults with serious mental illness. Indiana has implemented four of these six evidence based practices for adults with serious mental illness: Assertive Community Treatment (ACT), Illness Management and Recovery (IMR), Integrated Dual Diagnosis Treatment (IDDT), and Supported Employment.

Assertive Community Treatment (ACT)

Assertive Community Treatment is an intensive community-based level of treatment that utilizes a team of professionals to serve adults with serious mental illness who might otherwise require hospitalization. The ACT team is comprised of a psychiatrist, a team leader, a nurse, substance abuse specialists, supported employment specialists, and other mental health professionals. The team works together to provide intensive services to help consumers with all aspects of living in the community, including medication management, housing, independent living skills, counseling, employment, addiction treatment, and budgeting. DMHA has contracted with the Technical Assistance Center at Indiana University/Purdue University in Indianapolis to promote the implementation of this model treatment and to train and monitor developing ACT teams. Teams are certified by DMHA, and an ACT rate was added to the State Medicaid Plan in SFY 2004. During the SFY 2004 – 2005 biennium, ACT teams have grown from 11 teams serving over 420 people in SFY 2003 to 25 teams in SFY 2005 serving over 1,000 adults with serious mental illness. These 25 teams are located throughout the state.

Integrated Dual Diagnosis Treatment (IDDT)

A 1998 study estimated that over 223,000 Hoosiers have a co-occurring mental illness and substance abuse disorder. To address this critical need, DMHA supports Integrated Dual Diagnosis Treatment, an evidence-based practice that integrates mental health and addiction services for consumers with co-occurring severe mental illness and addiction. IDDT is a team approach with assertive outreach and low caseload ratios. Clinicians on IDDT teams address mental health and addiction at the same time in one setting rather than referring clients to two separate treatment providers. In 2003, there were four providers that started IDDT as part of a study with Dartmouth University. An additional two providers offered IDDT in 2005. Staff at these sites are being trained and monitored by the Technical Assistance Center at Indiana University/Purdue University in Indianapolis (IUPUI), which is partially funded by DMHA.

Supported Employment

Supported employment enables people with disabilities who have not been successfully employed to find work. Unemployment rates for persons with mental illness remain at

over 80%. Employment for those with a mental illness is often therapeutic. People with a mental illness who are employed typically demonstrate a reduction in symptoms, higher rates of compliance in taking their medication, a decrease in hospitalization, an increase in self-esteem, and an enhanced quality of life. Supported employment focuses on a person's abilities and provides the supports the individual needs to be successful on a long-term basis. DMHA and the Office of Vocational Rehabilitation (OVR) combine funding to create grants to help community mental health centers (CMHCs) develop supported employment programs. DMHA and OVR provide funding for the Supported Employment and

Consultation Training Center (SECT) at the Center for Mental Health in Anderson. SECT, established in 1995, provides training and consultation to the existing and developing supported employment programs across the state. The past decade has seen tremendous growth in supported employment. By the end of SFY 2005, 28 community mental health centers provided supported employment services.

Illness Management and Recovery (IMR)

Illness Management and Recovery is a structured approach to helping adults with severe mental illness manage their lives independently. IMR provides a set of specific techniques to educate consumers about their illness and related issues, such as medications and side effects, and to train them to use successful skills and strategies to cope and prevent relapse. Under a grant from SAMHSA, the ACT Center is training and assisting in the development of IMR at six sites in the state.

The ACT Center of Indiana

During the development of Assertive Community Treatment (ACT), DMHA decided that the technical assistance and training needs of developing ACT teams required high levels of expertise to assure that quality teams were created and maintained. To provide that level of support, the ACT Center of Indiana was created at Indiana University/Purdue University in Indianapolis (IUPUI). The ACT Center, under contract with DMHA, provides needed technical assistance and has achieved national and international acclaim. During the SFY 2004 – SFY 2005 biennium, the ACT Center has been involved in providing ACT training in Canada, Spain, the Netherlands and Japan. Representatives of these nations have traveled to Indiana to visit ACT teams. The ACT Center also provides technical assistance for IDDT and IMR in Indiana and has been a co-sponsor with the SECT Center for Supported Employment trainings.

- Since January 1, 1995, the SECT Center has tracked services for 5,441 consumers.
- Most consumers are still finding employment in the service industry (26.6% in food service and 23.1% in retail/clerical), while more consumers are becoming employed in the professional/technical area (13.2%).
- Consumers who are placed in competitive employment from the Supported Employment Program at the CMHC earn an average of \$6.51 per hour and average 23.67 work hours per week.

Methadone

The Division certifies and licenses all Opioid Treatment Programs (OTPs), commonly known as “methadone clinics.” An OTP maintains procedures that are designed to ensure that patients are given access to treatment by qualified personnel. The Division provides partial financial support for treatment services in Lake and Marion counties. In calendar year 2004, the 12 opioid treatment programs in the state treated 9,303 patients, 4,530 (48.69%) of which were out of state patients.

Critical Populations

Critical Populations are those individuals/groups that have traditionally not been served or have been underserved in the mental health and addiction arena. These individuals/groups are linked together by common factors such as poverty, disability, lack of or poor insurance, lack of accessibility to the mental health/addiction care system, mobility, etc. Populations that are disproportionately affected in the mental health/addiction system include, but are not limited to, African-American, Hispanics/Latino, Asian-Americans, Native-Americans, Hawaiian or Pacific Islanders, persons who are homeless, older adults, persons who are deaf or hearing impaired, persons with disabilities, migrants, and persons with HIV/AIDS. DMHA continues to expand its ongoing network of relationships among consumers, family members, providers, community organizations, advocates, agencies, and concerned citizens locally and nationally in order to enhance participation in DMHA programs, goals, and objectives.

Programs for Critical Populations:

Cultural Competency Enhancement Project

The goal of the Cultural Competency Enhancement Project (CCEP) is to provide training services and technical assistance for community mental health centers and addiction providers throughout Indiana. The training is designed to improve organizational effectiveness and efficiency in providing culturally competent services for racial/ethnic minority populations. Understanding diversity is critical in order to build trust with consumers, to provide acceptable services, and to improve treatment outcomes for the various cultural groups within service regions.

Boys-To-Men Mentor Program

This unique program enables State of Indiana employees to serve as role models for African-American male youth ages 6-18. As volunteers, the mentors assist in the cultivation and development of positive self-esteem and academic achievement. In 2005, the mentor program focused on economics, education, and life choices for the young men in the program. The young men showed great interest and willingness to enhance their knowledge in these areas of economics and life choices.

HIV Statewide Awareness Program

DMHA coordinates the HIV Statewide Awareness program, which is sponsored through a collaborative effort among Family and Social Services Administration, Indiana State Department of Health, Indiana Minority Health Coalition, and a number of community organizations. The purpose of this annual event is to provide an opportunity to educate the public about prevention and early detection of HIV/AIDS. The targeted audience of individuals and groups greatly impacted by HIV/AIDS include minorities, youth, and women.

Partnership Programs

DMHA focuses on creating and expanding partnerships with community organizations and State/Federal agencies to meet the mental health and addiction needs of consumers, families, groups, and concerned citizens throughout Indiana. The Division understands the need to utilize established and new resources available to address the underserved populations. DMHA has entered into partnership with a number of groups/organizations that include: the Faith-Based Community, Indiana Minority Health Coalition, HIV/AIDS community, Urban League, the education arena, and many other community organizations for the purpose of addressing mental health and addiction needs of Critical Populations.

Women with Dependent Children

For women with dependent children, normal treatment efforts are supplemented with assistance in finding housing, day care while women are in treatment, legal and financial assistance, and assistance with domestic violence. In SFY 2005, 3,001 chronically addicted women with dependent children were served by the Hoosier Assurance Plan in Indiana.

Older Adult Services

Older adults with mental illness and/or chronic addiction continue to be underserved at both the state and national level. There has been considerable activity during the past two years to address this issue. At the State level, DMHA co-sponsored, with the Indiana Coalition on Mental Health and Aging, the first two annual state conferences on mental health, substance abuse, and aging. The conferences targeted professionals in the mental health system and aging network, and featured national leaders.

DMHA took the lead role in developing an Indiana Inter-College Council on Aging that includes all of the major universities and many of the colleges in the state. One of the primary purposes of the Council is to foster collaboration between institutions of higher learning, state and local agencies, and organizations to address the educational and research needs related to older adults. The Council has developed a website: www.indiana.edu/~iica.

DMHA also provided leadership at the national level by serving on the executive committee of the National Coalition on Mental Health and Aging, the Leadership Council of the American Society on Aging (ASA) Mental Health and Aging Network (MHAN), and the Older Persons Division of the National Association of State Mental Health Program Directors (NASMHPD). DMHA was represented on the expert panels for federally funded studies on older adult mental health stigma, the effectiveness of the federally mandated Pre-Admission Screening and Resident Review Program (PASRR), funding for mental health services from state agencies other than the mental health agency, and identifying evidence-based practices for older adult mental health and substance abuse services. Articles were published in *Aging Today*, *Dimensions*, and the *International Journal of Elder Abuse & Neglect*.



Community Based Services for Children with Serious Emotional Disturbance and/or Substance Abuse

An array of services exist in Indiana to address behavioral health needs of children and their families: prevention, early identification and intervention, outpatient services, intensive community based services including intensive case management, therapeutic foster care, wraparound processes through child and family teams, and treatment of children in residential care. Initiatives across service systems grew in both local communities with the development of Systems of Care and at the state level with integrated planning and implementation of the screening, assessment, and treatment of children with behavioral health needs in the child welfare system. The latter demonstrated the effectiveness of state level collaboration to improve access and quality of services. Recommendations from a cross system workgroup on assessment have been given to the state agencies that serve children and families. Highlights of Indiana's initiatives for children and families include:

Systems of Care (SOC) and Child and Family Wraparound Teams

For children who are in need of a high level of service, DMHA has supported the expansion of Systems of Care in the state, as a means to assure community-based care. During SFY 2004-SFY 2005, nine additional systems were added, bringing the total to 32 SOC communities. (At least four more counties developed Systems of Care without any additional funding from a state contract.) Creating Systems of Care requires collaboration across many agencies, including the local community mental health center, Department of Child Services (DCS), local school systems, and Juvenile Court. Systems of Care represents a philosophical change in the way children with serious emotional disturbances (SED) and their families are treated. The child-serving community, along with families and advocates, determine how their system will function, evaluate and sustain itself.

The method of delivering services in a System of Care is through the Wraparound process where the family is the chief decision-maker in how the child will be supported. A Child and Family Team is selected by the child and family. It can be made up of relatives, neighbors, teachers, coaches, community mental health center staff, child welfare, or juvenile justice staff. All members know the child and are invested in improving the child's well being. A plan is developed to help guide stability and progress. Crisis planning helps the family manage the crises that may occur. Team gatherings start with sharing successes, then challenges are discussed. This method is fundamental to strength-based treatment, which focuses on the strengths of the child rather than on negative events or a diagnosis.

Indiana is one of a few states in the nation that has a Technical Assistance Center (TA Center) for Systems of Care and Evidence Based Practices for Children and Families. Contracted by DMHA, the Technical Assistance Center provides communities with the tools needed to develop and maintain Systems of Care. The TA Center conducts regional trainings, presents an annual statewide conference, distributes quarterly newsletters, hosts a lively list serve, and in early 2005 presented training for national trainers at Georgetown University.

Early Identification and Intervention

The Child Welfare Mental Health Screening, Assessment, and Treatment Initiative for children is a cross system initiative that developed into a statewide process for early identification and intervention for children with mental health and addiction needs who are entering the child welfare system. Standardized, routine screening of children in the child welfare system and referral of children with identified needs for assessment was implemented statewide as of January 2005. Local plans were developed between each county child welfare office and mental health providers. Children with identified needs are referred to Medicaid eligible masters' level qualified mental health providers for assessment and recommendations regarding appropriate interventions. Information from the assessment and recommendations are used to plan care for children placed in substitute care or who become a Child in Need of Services (CHINS).



Evaluation of the initiative involves analysis by Indiana University of de-identified, matched data from three State databases (child welfare, mental health, and Medicaid). A grant from the Indiana Criminal Justice Institute (ICJI) continues to support the initiative, funding the evaluation, a project coordinator, and training.

Family Support and Involvement

Creating additional support for families/ caregivers of children with serious emotional and behavioral needs is a priority. Family support groups have been established through many systems of care. The Indiana Federation of Families for Children's Mental Health has offered these groups consultation, quarterly newsletters, a list serve, and the first Families Annual Conference, held in April 2005. Youth who have personally experienced the mental health and addiction service system are a significant population that should be involved in the design and development of programs for children and adolescents.

Systems of Care governing bodies include families in policy development, sustainability and evaluation. Some Systems of Care employ family members with experience in the service delivery system to provide support to other families.

Home and Community Based 1915 (c) Medicaid Waiver

In February 2004, Medicaid Waiver (1915 [c]) intensive community based services began in 10 Indiana counties through developing Systems of Care. Children who otherwise might be in a state hospital were eligible with family income waived for this pilot demonstration Medicaid program. In addition to state Medicaid plan services, eligible children and their families are involved in child and family wraparound teams and may receive respite, family support, and independent living skills services not otherwise reimbursed by Medicaid. The waiver expanded the community based provider workforce in some communities.

Prevention

Prevention Programs

The Indiana Family and Social Services Administration Division of Mental Health and Addiction targets Hoosiers through our mental health promotion and addiction prevention programs. DMHA's programs are funded through the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP).

Afternoons R.O.C.K. (Recreation, Object lessons, Culture and Knowledge) in Indiana

Nearly two-thirds of all new drug experimentation in Indiana begins between the end of 6th grade and the end of 9th grade. Afternoons R.O.C.K. in Indiana seeks to reach these youth and stop problems before they start. Developed by DMHA and the Indiana Prevention Resource Center, Afternoons R.O.C.K. provides youth with a prescribed strategy of structured and unstructured activities that promote positive social relationships and skills. Afternoons R.O.C.K. was designed to meet during the critical after school hours of 3-6 PM. Fourteen regional programs provide adult-supervised, after school prevention programs to youth ages 10-14. Programs are designed to teach youth about social and media influences, conflict resolution and refusal/resistance skills, gang and violence prevention, and the structuring of leisure time to be free of alcohol, tobacco and other drug use. In SFY 2005, there were 14,680 youth served by this program.

Prenatal Substance Use Prevention Program (PSUPP)

DMHA collaborates with the Indiana State Department of Health (ISDH) to provide regional education-based prevention services to pregnant teens and adults. The program educates pregnant women about the effects of drugs on the fetus and drug-free alternatives. Alcohol, tobacco, or drug use during pregnancy can lead to low birth weight, premature birth, congenital anomalies, still birth, mental retardation, or other neuro-behavioral effects. Participants in the program receive information, education services in clinics, and home visitations by ISDH employees. During SFY 2005, there were 3,894 pregnant women screened and 1,070 PSUPP clients served.

Indiana Grassroots Prevention Coalition

The Grassroots prevention initiative that funded 16 community based coalitions to deliver science based prevention projects concluded in June, 2004. A summary report was submitted to the SAMHSA Center for Substance Abuse Prevention along with a project evaluation report. The evaluation noted that the Grassroots prevention initiative resulted in greater agency collaboration, provided the groundwork for an Indiana substance abuse data warehouse at the Indiana Prevention Resource Center, and diffused science based prevention strategies throughout the state. The evaluation also noted that the greatest outcome of the project was the development of "Imagine Indiana Together: The Framework to Advance the Indiana Prevention System," a document used as a tool for the state and communities to plan prevention activities using evidence based practices. At the conclusion of the project, 15 of 16 communities were able to sustain at least one of their programs without continued federal funding.

Indiana Prevention Resource Center (IPRC)

The Indiana Prevention Resource Center, located at Indiana University, is partially funded by DMHA. The IPRC strives to support prevention professionals in their efforts to provide quality prevention programs throughout the state. One project, funded by DMHA, was the Alcohol, Tobacco and Other Drug Use Survey of Indiana Children and Adolescents. In 2005, youth who participated in the project provided 136,782 usable surveys. Statewide statistics from this survey are reported publicly, and each participating school or school corporation receives a confidential report of their own aggregate statistics.

L.E.A.D. (Leading and Educating Across Domains) Initiative

The L.E.A.D. Initiative is a project to develop youth leadership skills. Participants are trained to lead and to train other youth in philanthropy, advocacy, normative education, and resistance skills. Youth development organizations such as Boys and Girls Clubs collaborate with our contractor, Geminus Corporation, to bring this youth development program to teens around the State. Youth participate in the program for three years. The first cohort ended at the conclusion of SFY 2005.

Indiana Suicide Prevention Coalition (ISPC)

In Indiana, the Indiana Suicide Prevention Coalition was formed in 2001 in response to a report released by the U.S. Surgeon General titled, "National Strategy for Suicide Prevention: Goals and Objectives for Action." The report describes suicide as a serious public health problem throughout the United States and recommends all states develop a state plan. A copy of Indiana's plan incorporating the national strategy can be found on ISPC's website: www.indianasuicidepreventioncoalition.org/

The Coalition is sponsored by the Indiana University Purdue University Fort Wayne Behavioral Health and Family Studies Institute. Members include the Division of Mental Health and Addiction (DMHA), Indiana State Department of Health, Department of Education, and the National Alliance for the Mentally Ill. The mission of the Coalition is to coordinate, facilitate, advise, and provide resources to Indiana communities for activities that reduce deaths due to suicide, occurrence of suicidal behaviors, and effects of suicide on Indiana citizens.

Gambling

A compulsive gambler is a person who meets the criteria for the diagnosis of pathological gambling and who continues to gamble despite repetitive harmful consequences. Gambling treatment efforts include a Toll Free Referral Line (800-994-8448) and state endorsed treatment providers who offer a full array of care.

Indiana Problem Gambling Prevention Initiative

The Indiana Problem Gambling Prevention Initiative, which is funded by the Indiana Gambler's Assistance Fund, provides technical assistance to Indiana communities to prevent the development of problem gambling by children, adolescents, adults, senior citizens, and other "vulnerable" populations. This initiative is being led by the Indiana Prevention Resource Center (IPRC), DMHA's substance abuse prevention technical assistance contractor. The IPRC is expanding its mission to address the issues of problem gambling prevention.

Gambling Initiative Goals

- Develop the collection of the Indiana Prevention Resource Center library to include resources on the history, identification, prevention, and treatment of problem gambling.
- Collect data annually on adolescent problem gambling behavior through the inclusion of gambling related questions on the annual survey of Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents.
- Establish a problem gambling workgroup to assist DMHA with the development of a problem gambling prevention strategic plan.
- Provide content expertise for DMHA on problem gambling prevention.
- Provide support for DMHA awareness activities surrounding problem gambling.
- Identify and develop resources for problem gambling prevention.

State Emergency or Disaster Response

DMHA coordinates all mental health and addiction activities prior to, during, and after an emergency or disaster, including acts of terrorism, and ensures the continuity of operations of mental health and addiction agencies to lessen the adverse mental health effects of trauma for victims, survivors, and responders of traumatic events, whether those events are natural or man-made.

Programs Offered by DMHA

- **Crisis Counseling Program** - Works with local mental health resources in the development, submission, and management of FEMA funded Crisis Counseling Programs.
- **Stress Management** - Provides education and information on the psychological and physical symptoms and causes of traumatic stress.
- **Education and Training** - Provides an overview of awareness training to public health, mental health, emergency management officials, and to first responders on Behavioral Health in Terrorism and Disasters.
- **Emergency Management** - Assists community mental health centers and state and local government in preparing for, responding to, and recovering from local, state, or federally declared disaster.

Indiana All Hazards Advisory Committee

This committee meets monthly to advise the Division on the response in times of man-made or natural disasters. The members are appointed by the Division Director. The committee has

The Indiana State Department of Health contracted with DMHA to assess the Indiana mental health community and its capacity to respond to a Bio-terrorism event. The assessment instrument developed by the State is a national model, has been recognized by the Federal Center for Mental Health Services, and has been adopted by 10 other states. FSSA/DMHA is seen as a leader in the country in disaster mental health planning, integrating public health and mental health in bio-terrorism, and in disaster planning and coordination.

assisted with developing and maintaining the State Emergency Response Plan and advises on the implementation. Training was developed and provided statewide for behavioral health awareness during disasters and terrorism.

Project Aftermath: Crisis Mental Health Counseling

Project Aftermath offers counseling and support to anyone affected by a natural or man-made disaster. Counselors work to educate people on the natural reactions that many people have to exceptionally stressful events. Counselors can meet with individuals or groups to talk about their reactions to an event and to provide healthy ways to cope with negative feelings. Counselors also educate people on when to seek more help. Project Aftermath was able to counsel or provide information to over 6,500 people in Indiana affected by the winter storms of January 2005.

Office of Consumer and Family Affairs

The Office of Consumer and Family Affairs (OCFA) was established in April 2001 in order to assure that the interests of consumers and their families are represented at all levels of Division of Mental Health and Addiction planning and policy development. The Office of Consumer and Family Affairs represents the consumer and family voice on advisory boards and task forces, Illness Management and Recovery grant, DMHA children's team, DMHA housing action team, Systems of Care (SOC) quarterly meetings, and stakeholders meetings and public forums. OCFA has also involved other consumers in task forces, training, and attendance at national consumer conferences.

OCFA is part of the Process Improvement Team which is working to create a new treatment environment in our state hospitals. The Process Improvement Team at the pilot hospital in Logansport has asked OCFA to train all of the hospital staff on Wellness Recovery Action Planning (WRAP) to create a new culture of Recovery in the hospital. The Recovery Project has been presented at four of the six state hospitals. As a result of this new project, every state hospital is being encouraged to add a peer support specialist to hospital staffing.

The OCFA partners with the statewide KEY Consumer Organization to provide training for consumers and families in effective advocacy and leadership skills. Training seminars offered through DMHA address different levels of advocacy, either to improve an individual's ability to do self-advocacy or to bring people together to work toward systems change.

What is the *Olmstead* Decision?

“In June 1999, the Supreme Court ruled in *L.C. & E.W. vs. Olmstead* that it is a violation of the Americans with Disabilities Act for states to discriminate against people with disabilities by providing services in institutions when the individual could be served more appropriately in a community-based setting.”

Fox-Grage, W., Folkemer, D., Straw, T., and Hansen, A., *The States' Response To The Olmstead Decision: A Work In Progress*
http://www.wid.org/pages/halts/pas/PASconference_articles/HTML/Fox_Grage_etal.htm

Advisory Groups and Consumer Involvement

Advisory Councils

The Division of Mental Health and Addiction has three advisory councils that provide a forum for consumers, family members, advocates, and providers to work with DMHA. These advisory groups have historically played an important role in development and implementation of plans and policies related to the State's public mental health and addiction services system.

Division of Mental Health and Addiction Advisory Council

This statutorily mandated council meets monthly to advise DMHA on critical mental health and addiction issues. The ten members of the Council are appointed by the Secretary of the Family and Social Services Administration and are representative of the stakeholders that are served by, or work with, DMHA.

State Mental Health Planning Council

This Planning Council is a requirement for Indiana to receive annual federal Mental Health Block Grant funding. The Council meets quarterly to provide input in the development of the Block Grant application, review and comment on the application, and monitor the implementation. The members are appointed by the DMHA Director. The Council has four subcommittees:

- Consumer Council (Comprised of consumers and family members)
- Adults with Mental Illness Subcommittee
- Children's Subcommittee
- Critical Populations Subcommittee

Indiana Addiction Planning Council

This Council meets quarterly and advises DMHA on addiction prevention and treatment issues. The Council helps DMHA meet the requirement for citizen input into the annual Federal Substance Abuse Prevention and Treatment Block Grant application and implementation report. Members are appointed by the DMHA Director. The Council is comprised of consumers, family members, advocates, providers, and representatives of other state and federal agencies. The Council has two subcommittees:

- Prevention Subcommittee
- Treatment Subcommittee

Glossary and Acronyms

Glossary

-A-

Accreditation: A peer review process by which an organization is evaluated against established clinical, financial, and organizational standards on a regularly scheduled basis. In Indiana, JCAHO and CARF accredit mental health and addiction provider organizations.

Afternoons R.O.C.K. in Indiana: An after school drug prevention program for youth, ages 10-14 years, that provides **R**ecreation, **O**bject lessons, **C**ulture and values and **K**nowledge via active and entertaining focused and supportive prevention activities designed to teach youth about social and media influences, conflict resolution and refusal/resistance skills, gang and violence prevention, and the structuring of leisure time to be free of alcohol, tobacco and other drug use.

Allocation: As used in this report, DMHA action determining dollars available to a particular activity.

Appropriation: A legislative act authorizing the expenditure of a designated amount of public funds for a specific purpose.

Assertive Community Treatment (ACT): An intensive, multidisciplinary team-based community treatment using home and community visits as the primary mode of intervention and integrating different aspects of treatment. ACT is a treatment model for persons with serious mental illness who have had multiple hospitalizations and difficulty maintaining stability in the community. In Indiana, ACT is operated by Community Mental Health Centers that have received specific certification by the Division of Mental Health and Addiction (DMHA) for ACT. This is aligned with the President's Commission on Mental Health goal to expand the use of evidence-based practices.

-B-

Behavioral Health Care: Care and treatment of persons of all ages for behavioral, emotional, and mental problems and disorders, including mental illness, emotional disorders, and alcohol and drug dependencies/addiction.

Blended Funding: A process whereby funding from multiple sources are combined to purchase needed services and supports.

Block Grant: An allotment of funds to the state each fiscal year in an amount based on the state's submitted plan. DMHA receives two federal block grants from the Substance Abuse and Mental Health Services Administration (SAMHSA).

(1) the Community Mental Health Services (CMHS) block grant, which may be expended only for the purpose of:
(A) carrying out the plan submitted by the state providing comprehensive community mental health services to adults with SMI and children with SED;
(B) evaluating the programs and services carried out under the plan; and
(C) planning, administration, and educational activities related to providing services under the plan.
and (2) the Substance Abuse Prevention and Treatment (SAPT) block grant, which may be expended only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities.

Community-Based Care: The assortment of health and social services provided to an individual or family in the community for the purpose of promoting, maintaining, and/or restoring health and self-sufficiency and minimizing the effects of illness and disability.

Community Mental Health Center (CMHC): A provider of mental health and addiction services that meets the following conditions:

- (A) is certified by the Indiana FSSA/ Division of Mental Health and Addiction;
- (B) is organized for the purpose of providing multiple services for persons with mental illness and/or a chronic addictive disorder; and
- (C) is operated by an approved entity described in Indiana Code 12-7-2-38.

Compulsive Gambling Addiction: Disorder in which:

- (A) an individual who meets criteria for Axis-I diagnosis of pathological gambling as set out in the DSM-IV (American Psychiatric Association, 2000), Diagnosis 321.31, Pathological Gambling; and
- (B) the individual continues gambling behavior despite repetitive harmful consequences.
(*Indiana Administrative Code 440 IAC 8-2-5*)

Consumer: A person who has received or is receiving mental health or addiction services.

Continuum Of Care: As defined in IC 12-7-2-40.6, a range of services, the provision of which is assured by a community mental health center or a managed care provider. The term includes the following:

1. Individualized treatment planning to increase patient coping skills and symptom management, which may include any combination of services listed under this section.
2. Twenty-four (24) hour a day crisis intervention.
3. Case management to fulfill individual patient needs, including assertive case management when indicated.
4. Outpatient services, including intensive outpatient services, substance abuse services, counseling, and treatment.
5. Acute stabilization services, including detoxification services.
6. Residential services.
7. Day treatment.
8. Family support services.
9. Medication evaluation and monitoring.
10. Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.

Co-Occurring Disorders: Diagnosable psychiatric disorders that an individual experiences concurrently. The term generally refers to mental illness and substance abuse diagnosis.

Early Identification and Intervention for Children with Serious Emotional Disturbance (SED): Screening, Assessment and Treatment for Children in the Child Welfare System with mental health and addiction needs.

Evidence Based Practice (EBP): An intervention with a body of evidence based on rigorous research studies with a specific target population and specified client outcomes, which has a track record showing that the practice can be implemented in different settings. These practices have specific implementation criteria usually documented in treatment manuals and/or standards.

-F-

Forensic Diversion: An alternative program for persons with mental illness and addiction entering the criminal justice system when community-based treatment for their illness is more appropriate than incarceration.

Freedom Self-Advocacy Curriculum: A training tool to help teach self-advocacy skills to mental health consumers.

-G-

Gatekeeper: A community mental health center, the Division of Disability and Rehabilitative Services or the Division of Mental Health and Addiction. The role of the Gatekeeper is to facilitate entry of an individual into the state psychiatric hospitals, to actively participate on the hospital treatment team, and to plan for and facilitate discharge back to the community.

-H-

Hoosier Assurance Plan (HAP): The primary funding system used by the Division of Mental Health and Addiction to pay for mental health and addiction services. The Division contracts with managed care providers who provide an array of care for individuals who meet diagnostic, functioning level and income criteria. The managed care provider that enrolls an individual in the HAP is responsible for providing a year's care at the most appropriate levels to all enrollees.

HAPI-A (Hoosier Assurance Plan Instrument-Adult): Used by the Division of Mental Health and Addiction's managed care providers to establish adult clinical eligibility for the Hoosier Assurance Plan. The instrument is used by the Division to measure costs, services, and outcomes.

HAPI-C (Hoosier Assurance Plan Instrument-Child): Used by the Division of Mental Health and Addiction's managed care providers to establish child and adolescent clinical eligibility for the Hoosier Assurance Plan. The instrument is used by the Division to measure costs, services, and outcomes.

-I-

Indiana Problem Gambling Prevention Initiative: The Division of Mental Health and Addiction has contracted with the Indiana Prevention Resource Center to gather information and provide technical assistance to Indiana community organizations seeking to prevent problem gambling by children, adolescents, young adults and "vulnerable" populations

Illness Management and Recovery (IMR): A structured approach to helping adults with severe mental illness manage their lives more independently, using a set of specific techniques to educate consumers about their illness and related issues, such as medications and side effects, and to train them to use successful skills and strategies to cope and prevent relapse.

Integrated Dual Diagnosis Treatment (IDDT): An Evidence Based Practice that integrates mental health services with addiction services for persons with co-occurring severe mental illness and addiction.

-L-

Licensure: A governmental regulatory process which establishes good standing for health care practitioners, organizations, or programs through evaluation of minimum standards and safety practices. The Division of Mental Health and Addiction licenses supervised group living facilities and private mental health institutions (freestanding psychiatric hospitals).

-M-

Managed Care: Strategies that seek to optimize the value of health care services by controlling cost and utilization, promoting quality, and measuring performance.

Medicaid: A joint federal-state program which finances health care for low-income and/or categorically eligible people.

Medicaid Rehabilitation Option (MRO): A means of paying for community-based outpatient and case management mental health services through community mental health centers for Medicaid-eligible persons using a combination of state and federal dollars.

Mental Illness (MI): All forms of illness in which psychological, emotional, or behavioral disturbances are the dominating feature and which can substantially diminish the capacity for coping with ordinary demands of life. See “Serious Mental Illness.”

Methadone: An organic compound used in treating heroin and other opioid dependence.

-O-

Olmstead Mental Health Grant: Initiative to assist states in developing and enhancing state coalitions addressing the *Olmstead* decision.

Opioid Treatment Program Oversight: Opioid Treatment Programs, commonly known as “methadone clinics” provide an addiction treatment service to Indiana residents who are addicted to powerful drugs such as heroin.

Outcome Measures: Indicators of the actual impact or effect on a stated condition or problem. Outcome measures are tools used to assess the effectiveness of an intervention or program. An outcome measure is typically expressed as a percentage, rate, or ratio. These measures are designed to help consumers, payers, and providers make rational health care-related choices based on better insight into the effect of these choices on the consumer’s life.

Outpatient Services: Services received by non-hospitalized persons consisting of periodic contact of short duration, including such activities as medication monitoring, ambulatory detoxification, social club, and individual, family, and group therapy.

-P-

Partial Hospitalization: Ambulatory treatment, available four or more hours per day, four or more days per week, which offers major diagnostic, medical, psychiatric, psychosocial, pre-vocational, and educational modalities for patients with serious psychiatric disorders requiring coordinated, intensive, comprehensive multidisciplinary treatment not available in an outpatient clinical setting.

Prevalence: In epidemiology, the total number of cases of a condition or illness in a given population over a specified period of time, usually a year.

Prevention: A multi-faceted proactive process consisting of education, consultation, and other activities that empower individuals and promote healthy behaviors and lifestyles.

Project L.E.A.D. (Leading and Education Across Domains): An alcohol, tobacco and other drug prevention program that develops youth leadership skills by training participants to lead and then train other youth in philanthropy, advocacy, normative education, and resistance skills.

Provider Profile Report Card: A report published annually by DMHA that assesses a provider’s effectiveness related to delivery of purchased services, particularly accessibility and acceptability of services to consumers and value of the service determined by objective measurement of consumer-related outcomes. The Report Card is currently based on consumer responses to the MHSIP Adult Mental Health Consumer Survey and the Youth Services Survey for Families.

-R-

Residential Services: Services provided in a variety of 24-hour settings to consumers who can benefit from a comprehensive range of treatment and habilitative/rehabilitative services, including education, group, individual, and family and skills therapy. Category includes: Supervised Group Living (SGL), Alternative Family for Children and Adolescents (AFC), Alternative Family for Adults (AFA), Semi-independent Living programs (SILP), and Sub-acute Stabilization programs for mental health consumers, and transitional residential (halfway house) services for persons with chronic addictive disorders.

-S-

Serious Emotional Disturbance (SED; Less Than 18 Years of Age): Childhood disorder in which:

- (A) the child has a mental illness diagnosis under the DSM-IV (American Psychiatric Association, 2000);
- (B) the child experiences significant functional impairment in at least one of the following areas:
 - activities of daily living,
 - interpersonal functioning,
 - concentration, persistence and pace, or
 - adaptation to change;
- (C) the duration of the disorder has been, or is expected to be, in excess of 12 months. Children who have experienced a situational trauma and who are receiving services in two or more community agencies do not have to meet the durational requirement; and
- (D) in the professional opinion of the clinical staff of the MCP, the child is considered to be Seriously Emotionally Disturbed.

(Indiana Administrative Code 440 IAC 8-2-4)

Serious Mental Illness (SMI): Adult disorder in which:

- (A) the individual has a mental illness diagnosis under the DSM-IV (American Psychiatric Association, 2000);
- (B) the individual experiences significant functional impairment in two of the following areas:
 - activities of daily living,
 - interpersonal functioning,
 - concentration, persistence and pace, and/or
 - adaptation to change; and
- (C) the duration of the mental illness has been, or is expected to be, in excess of 12 months. Adults who have experienced a situational trauma do not have to meet the durational requirement; and
- (D) in the professional opinion of the clinical staff of the MCP, the person is considered to be Seriously Mentally Ill.

(Indiana Administrative Code 440 IAC 8-2-2)

Substance Abuse (SA): See “Chronic Addictive Disorder.”

Supported Employment Programs: Programs providing an array of mental health and vocational services to help assure the successful participation of persons with a mental illness in competitive work.

Systems Of Care (SOC): A comprehensive spectrum of services and supports is available to children and their families to address mental health problems. The basic core values for a system of care are child and family focused, community based, and culturally and linguistically competent. Individualized care (matching the needs of the child and family with services and supports) are provided in the least restrictive setting through a comprehensive array of services. Services are integrated across child services systems (child welfare, juvenile justice, special education, and mental health) and typically include case management or care coordination, early identification, and smooth transitions.

-T-

Target Populations: Populations eligible for DMHA funding, which are: adults with a serious mental illness, children with a serious emotional disturbance, and persons with a chronic addictive disorder (CA or SA).

-W-

WRAP (Wellness Recovery Action Planning): A consumer training opportunity, written by Mary Ellen Copeland (researcher, author and educator), to help people who experience difficult psychiatric symptoms, some for many years, take charge of their lives and move on with recovery.

Wraparound Planning: A collaborative team-based process for service and support planning for children with complex needs and their families. The process builds on strengths to address unmet needs by wrapping flexible, individualized services and support around the child and family. A culturally sensitive process assures that the plan and services are sensitive to the child and family's preferences and values. Treatment services and supports are included in the plan as well as informal supports to sustain the child and family when professional services and supports are completed or at a minimum. Wraparound through a child and family team is integral to a system of care comprehensive spectrum of services and supports.

Acronyms

ACT	Assertive Community Treatment
CA	Chronically Addicted or Chronic Addictive Disorder. May be referred to as SA or Substance Abuse.
CCATP	Cultural Competency Action Training Project
CHINS	Children in Need of Services
CMHC	Community Mental Health Center
CMHS	Center for Mental Health Services (federal)
CMHS	Community Mental Health Services (federal block grant)
CSAP	Center for Substance Abuse Prevention (federal)
CSAT	Center for Substance Abuse Treatment (federal)
DD	Developmental Disability or Developmentally Disabled
DMHA	FSSA Division of Mental Health and Addiction
DOC	Indiana Department of Correction
DOE	Indiana Department of Education
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
EPCC	Evansville Psychiatric Children's Center
ESH	Evansville State Hospital
FDA	Food and Drug Administration
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
FSSA	Indiana Family and Social Services Administration
GAM	Compulsive Gambling Disorder
HAP	Hoosier Assurance Plan
HAPI-A	Hoosier Assurance Plan Instrument-Adults
HAPI-C	Hoosier Assurance Plan Instrument-Children
IAC	Indiana Administrative Code
IC	Indiana Code
ICF/MR	Intermediate Care Facilities/Mentally Retarded
IPRC	Indiana University Prevention Resource Center
ISDH	Indiana State Department of Health
IU	Indiana University

JCAHO	Joint Commission on Accreditation of Healthcare Organizations
KEY	Knowledge Empowers You
LCH	Larue D. Carter Memorial Hospital
LSH	Logansport State Hospital
MI	Mental Illness. See Serious Mental Illness (SMI).
MRO	Medicaid Rehabilitation Option
MSH	Madison State Hospital
NASMHPD	National Association of State Mental Health Program Directors
OMPP	FSSA Office of Medicaid Policy and Planning
OVR	Office of Vocational Rehabilitation
P.L.	Public Law
RSH	Richmond State Hospital
SA	Substance Abuse. May be referred to as CA, or Chronic Addiction.
SAMHSA	Substance Abuse and Mental Health Services Administration (federal)
SAPT	Substance Abuse Prevention and Treatment (federal block grant)
SECT	Supported Employment Consultation and Training Center - Anderson CMHC
SED	Serious Emotional Disturbance, or Seriously Emotionally Disturbed
SFY	State Fiscal Year
SMI	Serious Mental Illness, or Seriously Mentally Ill. May be referred to as MI.
SWD	Chronically Addicted Women with Dependent Children or Pregnant

Appendix

Persons Served in the Community SFY 2004 & 2005

Persons Served by Population Type

	SA/GAM	SED	SMI	Co-occurring Disorders	<u>Totals</u>
SFY 2004	28547	25398	45831	4712	104,488
SFY 2005	29600	28256	48114	4597	110,567

*Living Arrangement at Enrollment

	Incarcerated	Homeless	Dependent	Independent	Other	<u>Totals</u>
SFY 2004	1043	2744	22944	72620	5137	104,488
SFY 2005	1121	2775	22626	81593	2452	110,567

*Employment Status

	Full Time	Part Time	Unemployed	Not in Labor Force	Unknown	<u>Totals</u>
SFY 2004	12850	9094	28219	49363	4962	104,488
SFY 2005	13440	9923	30140	53934	3130	110,567

HAP Consumers by Race

	Asian	African-American	Hawaiian	Multiple Race	Native American	Other	White	<u>Totals</u>
SFY 2004	237	15647	38	1425	460	3005	83676	104,488
SFY 2005	192	16672	43	1872	493	2604	88691	110,567

Persons Served by Age

	SFY 2004	SFY 2005
0-3	677	698
4-12	15593	17107
13-17	10555	11793
18-24	14832	15035
25-34	19706	20501
35-44	20018	20478
45-64	19641	21352
65-74	1937	2006
75 +	1529	1597
TOTALS	104,488	110,567

*Employment Status

Full-time: working 35 or more hours per week

Part-time: working 20 or fewer hours per week

Unemployed: looking for work during the last 30 days or laid off from a job

Not in Labor Force: not looking for work during the last 30 days or a homemaker, student, disabled, retired or in an institution

*Living Arrangement

Homeless: no fixed address; includes living in a shelter, in a car, on the street, etc.

Dependent: includes those in nursing homes, foster care, residential facilities, state institutions, or other supervised living.

Independent: those in a group home, shared apartment, living with family or a single family home

Incarcerated: includes those in a jail or correctional setting and those on home detention, work release or juvenile detention