Balancing Incentive Program Support for the Mental Health Population

March 2015

The Balancing Incentive Program aims to facilitate enrollment into community long-term services and supports (LTSS) by improving coordination across these different enrollment and service delivery systems. Of particular focus are processes and services for the mental health population, which has been historically separated from other state programs that support community LTSS. This memo presents examples of how Balancing Incentive Program states are supporting their mental health populations with Program funds.

Arkansas

AR has several ongoing Behavioral Health Transformation Efforts under way. AR is using Program funds to support Behavioral Health Homes, which provide extra support for people who need an increased level of care coordination due to their designation as having a serious and persistent mental illness, needing assistance with transitioning from higher levels of care, or having two or more chronic conditions. Behavioral Health Homes will provide case management, care coordination, health promotion, support services, and transitional care to support individuals in receiving home and community based services. In addition to implementing Behavioral Health Homes, the state plans to spend program funding to support a 1915(i) state plan service for individuals with behavioral health needs. The 1915(i) will allow the state to offer a richer service array of home and community based services with the goal of decreasing institutional care. The service array supported 1915(i) will include recovery oriented services, such as Peer Support, Family Support Partners, and Recovery Support Services.

Georgia

GA is developing new community-based services for individuals with behavioral health needs. These new services offer case management, rehabilitation-targeted employment services, and community living supports to individuals with serious and persistent mental illness. Program funds will also be used to expand Assertive Community Treatment and develop a rural model of the program.

Illinois

IL plans to use Program funds on the following initiatives:

- *Rehabilitation for Individuals with Dual Diagnosis of both Mental Illness and Substance Use Disorders*. The intervention aims to facilitate transitions to community living and prevent return to higher levels of care.

- *In-Home Recovery*. This program will provide phone and face-to-face contact between the individual in transition and a member of the individual's treatment team who also has lived experience in recovery. This communication aims to provide support and reassurance as the individual is exercising new skills, adjusting to the new living environment or experiencing potential stressors.
- *Peer Support Drop-In Centers*. Individuals transitioning from institutional long-term care to independent living require a place to engage with peers who have successfully transitioned and offer hope.
- *Enhanced Skills Training and Assistance.* This program will offer occupational therapy that focuses on ADLs, IADLs, and community re-integration skill development with the provision of hands-on assistance.
- *Expansion of Mental Health Money Follows the Person (MFP) Coverage.* The program will be expanded to areas of the state that currently lack coverage for individuals with serious mental illness.
- *Bi-Directional Integrated Health Care for Complex Needs.* This program will offer close bi-directional coordination and collaboration between the mental health provider, primary care physician, and disease managers and will include hands-on, in-home teaching and monitoring to address critical self-management and adherence issues.

*Indiana

With Program funds, IN awarded grants to community mental health centers (CMHCs) to implement innovative approaches to support individuals in the community. Two examples of programs include:

- Placement of healthcare navigators in local emergency rooms to assist in locating appropriate community services for persons who might otherwise be referred to the state hospitals.
- Acute care homes in the community used to stabilize individuals that would otherwise be referred to state hospitals. This program is also used as a transitional setting for individuals exiting state hospitals.

IN will be continuing the contracts with CMHCs during SFY 2015. An evaluation of grant activities indicates an 80% reduction in acute care stays and a decrease in referrals to state hospitals.

IN is also implementing a program to ensure people who are in the community stay in the community. Adult mental health habilitation services will be available to people who would be in an institution without sufficient support. The purpose of the program is to ensure individuals with very high levels of support who have reach a plateau with rehabilitation services do not lose skills that they have already developed to live in the community. This program is authorized under the 1915(i) state plan option.

Under two 1915 (i) state plan option programs, IN is also developing a conflict-free case management protocol for the adult and youth mental health populations, which involve state

review and approval of assessment findings. In addition, the new Mental Health Quality Improvement system will give the state the opportunity to review data to identify inappropriate referral and assessment patterns. Three people will be hired to validate the assessments.

*Louisiana

The Coordinated System of Care (CSoC) initiative provides for wraparound services/ facilitation of services for at-risk children and youth with significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement.

Massachusetts

MA has dedicated $10,000,000 of the anticipated Program funds to expand community-based placements of no fewer than 100 individuals ready for discharge from the Department of Mental Health's (DMH) continuing care facilitates.

Mississippi

Program funds will be used to design, develop, implement, and evaluate a comprehensive program to enhance community-based options (or to build capacity for delivering community-based options) that ultimately serve individuals with serious and persistent mental illness in the least restrictive environment and foster successful transition to the community. The proposed program, to be implemented by the MS Department of Mental Health (MDMH), will incorporate four components:

- *Expansion of PACT Teams*. Programs of assertive Community Treatment (PACT) is a person-centered, recovery-oriented mental health service delivery model for facilitating community living and rehabilitation for people who typically have not benefited from traditional outpatient services or have gone without appropriate services. PACT services are delivered by a group of multidisciplinary mental health staff who work as a team and provide the majority of treatment, rehabilitation, and support services. Team members generally include nurses, psychiatrists, therapists, substance abuse counselors, employment specialists, certified peer support specialists, other clinical staff, and a team leader. The Teams, available 24 hours a day, 7 days a week, are mobile and deliver services in community locations enabling individuals to remain in the residence and work in the community.
- *Expansion of Peer Support Services*. With the addition flexible service options, a long-term, person-centered, peer-driven, wraparound support system can provide this group of individuals with access to more appropriate, community-based options needed to keep them in their community setting.
- *Design and Implement the Supportive Decision Making (SDM) Model.* SDM is an alternative to the guardianship model typically used. The SDM is a process in which adults who need assistance with decision making receive the support they need in order to better understand the situation and their available options. This model, to be piloted in partnership with the ARC of MS, a state-wide advocacy organization, is considered less intrusive and more person-centered.

- *Rate Analysis*. As always, appropriate, fair, and sufficient funding for community-based services remains a hurdle to substantially increasing available, appropriate, meaningful options for adults with serious mental illness and children with serious emotional disturbance. A professional, unbiased analysis of the current reimbursement rates for private providers will likely result in an expansion of the private provider network, support individual choice by offering more options, and potentially low cost by separating the rate schedules for public and private providers.

New Hampshire

Program funds have been provided to each of the 10 Community Mental Health Centers in NH for core competency trainings on: Cognitive Behavioral Therapy (CBT) in PTSD, Behavioral Family Therapy, Assertive Community Treatment (ACT) (basic foundation training and consultation with new teams), RENEW Facilitator (adolescent transition), Dialectal Behavior Therapy (DBT), Family Intensive Team (FIT) (children), Motivational Interviewing, Trauma, PTSD and other Anxiety Disorders, Illness Management and Recovery (IMR), and Mental Health First Aid (train the trainers).

In addition, New Hampshire is developing a START curriculum for children with complex needs and for extensive trainings and supervision of Area Agency clinicians. Each Area Agency will have a certified children's START Coordinator to facilitate the provision of appropriate clinical services for children with behavioral and psychiatric needs. This new capacity will enable Area Agencies to address children's behavioral and psychiatric problems at an early age and enable children to continue to live with their families.

New Jersey

The Division of Mental Health and Addiction Services (DMHAS) will use Program funds for new community-based supportive housing placements. While the state will use its own funds to subsidize apartment rental costs, Program funds will cover supportive services such as outpatient therapy, counseling and case management. The majority of these placements are for individuals discharged from state hospitals; a good portion of them are "diversions," or placements for individuals who are at risk of needing institutionalization.

New York

NY will use Program funds to expand services for individuals with mental health conditions, including those transitioning from state hospitals. NY will expand services in the Behavioral Health Organization Waiver, in addition to adding Office of Mental Health HCBS waiver slots to facilitate further state inpatient children's bed reductions. A community-based 24/7 crisis stabilization team will support individuals transitioning to supported housing. NY will also provide training to supported housing and family care providers to better address the needs of this population. Finally, the assessment for the mental health population will be automated through the UAS-NY system.

*As of 12/31/2014, state is no longer participating in the Program.