



Serving Individuals with Severe Mental Illness:

A Community Mental Health Center's Perspective

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History of Community Mental Health Centers

- October 31, 1963, President Kennedy signed Public Law 88 – 164 Title II – Construction of Community Mental Health Centers into law.
- Referred to as *“The Community Mental Health Centers Act,”* this federal legislation created the opportunity for states to establish a network of Community Mental Health Centers (CMHCs) intended to meet the **behavioral health needs** of its population in a **timely manner** and **close to home**, precluding the need to travel large distances to receive treatment at state psychiatric hospitals.
- COMMUNITY based services.

Community Mental Health Center (CMHC): Who We Are NOW

- CMHCs are publicly-funded to provide community services for Kentuckians who experience issues with mental health, developmental and intellectual disabilities or substance use. CMHCs are nonprofit organizations established by KRS Chapter 210 which serve residents of a designated multi-county region. (Kentucky Cabinet for Health and Family Services, Department for Behavioral Health, Developmental and Intellectual Disabilities)
- CMHCs are the “Safety Net Provider” ensuring services for individuals regardless of their ability to pay.
- Pennyroyal Center and LifeSkills, INC., two merged CMHCs, serve a total of 18 counties:
 - Pennyroyal Center: Christian, Todd, Trigg, Hopkins, Muhlenberg, Lyon, Caldwell and Crittenden
 - LifeSkills: Allen, Edmonson, Metcalfe, Warren, Barren, Hart, Monroe, Butler, Logan and Simpson
- In 2020, the Pennyroyal Center served approximately 10,783 individuals who reside within the 8 county region. Of those individuals, 5,109 were diagnosed as Severely Mentally Ill (SMI), 53.65% of the population served.

Severe Mental Illness

- Substance Abuse and Mental Health Administration (SAMHSA) defines severe mental illness (SMI):
 - Someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes severe functional impairment that substantially interferes with or limits one or more major life activities.
- Kentucky has determined a definition based upon the KY Determination Criteria Checklist for SMI which includes:
 - Age (greater than 18)
 - Diagnosis
 - Schizophrenia Spectrum and Other Psychotic Disorders
 - Bipolar and Related Disorders
 - Depressive Disorders
 - Trauma and Stressor Related Disorders
 - Impact on Daily Life
 - Duration (at least two years)
- Two definitions with common factors: AGE, DIAGNOSIS, FUNCTIONING, DURATION
- Individuals living with Severe Mental Illness are not only seen in our clinics but Emergency Departments, Jails, Colleges/Universities, etc.

Involuntary Hospitalization

202A.026 Criteria for involuntary hospitalization.

- No person shall be involuntarily hospitalized unless such person is a mentally ill person:
 - (1) Who presents a danger or threat of danger to self, family or others as a result of the mental illness;
 - (2) Who can reasonably benefit from treatment; and
 - (3) For whom hospitalization is the least restrictive alternative mode of treatment presently available.
 - **Effective:** July 1, 1982
 - **History:** Created 1982 Ky. Acts ch. 445, sec. 4, effective July 1, 1982.
 - **Legislative Research Commission Note.** This section was enacted in 1982 Acts, Chapter 445, which contains the following language in Section 45 of that Act: "This Act shall become effective on July 1, 1982." The Ky. Constitution, in Section 55, requires that a reason be set forth for the emergency. However, no reason is set forth in this Act. The effective date for 1982 Acts with no emergency provision is July 15, 1982.

202A.011 Definitions for chapter.

- (8) "Least restrictive alternative mode of treatment" means that treatment which will give a mentally ill individual a realistic opportunity to improve the individual's level of functioning, consistent with accepted professional practice in the least confining setting available;
- (9) "Mentally ill person" means a person with substantially impaired capacity to use self-control, judgment, or discretion in the conduct of the person's affairs and social relations, associated with maladaptive behavior or recognized emotional symptoms where impaired capacity, maladaptive behavior, or emotional symptoms can be related to physiological, psychological, or social factors;
 - **Effective:** July 14, 2018
 - **History:** Amended 2018 Ky. Acts ch. 165, sec. 1, effective July 14, 2018. -- Amended 2012 Ky. Acts ch. 146, sec. 32, effective July 12, 2012. -- Amended 2005 Ky. Acts ch. 99, sec. 212, effective June 20, 2005. -- Amended 2002 Ky. Acts ch. 99, sec. 1, effective March 28, 2002. -- Amended 1998 Ky. Acts ch. 426, sec. 177, effective July 15, 1998. -- Amended 1996 Ky. Acts ch. 369, sec. 19, effective July 15, 1996. -- Amended 1994 Ky. Acts ch. 498, sec. 1, effective July 15, 1994. -- Amended 1988 Ky. Acts ch. 139, sec. 1, effective July 15, 1988. -- Created 1982 Ky. Acts ch. 445, sec. 1, effective July 1, 1982.
 - **Legislative Research Commission Note (7/12/2012).** In subsection (6)(a) of this statute, the Reviser of Statutes has reinserted the word "persons," which was erroneously deleted in drafting, to correct a manifest clerical or typographical error under the authority of KRS 7.136(1).
 - **Legislative Research Commission Note.** This section was enacted in 1982 Acts, Chapter 445, which contains the following language in Section 45 of that Act: "This Act shall become effective on July 1, 1982." The Ky. Constitution, in Section 55, requires that a reason be set forth for the emergency. However, no reason is set forth in this Act. The effective date for 1982 Acts with no emergency provision is July 15, 1982.

Challenges for SMI Clients

- **Transportation**

- Transportation is a barrier that individuals with severe mental illness still face in regards to accessing mental health services. Although there are more options now than before, accessing these transportation resources can prove to be a difficult task, specifically with those individuals who do not have Medicaid coverage but may have Medicare. They are required to pay out of pocket to utilize the PACS transportation system. Additionally, individuals who live in rural areas do not have access to a public transportation system.

- **Housing**

- Being able to locate safe and affordable housing options for individuals with severe mental illness is always a daunting task. Nowadays, there is a shortage of all types of housing options, but specifically geared towards individuals with lower income.

- **Income**

- A lack of stable income either due to the inability to work or find a job or trying to obtain disability benefits.

- **Employment**

- The limited number of employment options that would suit the client's needs and abilities (i.e. working from home when no transportation is available)

- **Limited resources**

- The limited amount of resources, specifically in the more rural areas (access to healthy food, medical care, etc.)

- **Engagement in MH treatment**

- Engaging clients into ongoing services.

SMI Services and Supports offered by CMHCs

Service descriptions provided from Department for Behavioral Health, Developmental and Intellectual Disabilities website

- **Assertive Community Treatment**

- Assertive Community Treatment is a treatment team approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with Severe Mental Illness such as schizophrenia.
- A team of professionals whose backgrounds and training include social work, rehabilitation, counseling, nursing, and psychiatry provide assertive community treatment services. Among the services ACT teams provide are case management, initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, substance abuse services, and other services and supports that are critical to an individual's ability to live successfully in the community. ACT services are available 24 hours a day, 365 days a year.

- **Targeted Case Management**

- Targeted case management is defined as services that are furnished to assist adults with Severe mental illness in gaining access to needed medical, social, educational, or other services.
- DBHDID provides fund "wraparound" funds to CMHCs across the state to purchase necessary items and services that are not covered by available resources but are needed to adequately serve adults with Severe mental illness in the community. These funds are used for the nonrecurring cost of basic goods and services that are necessary for ensuring successful living in the community for adults with Severe mental illness.

SMI Services and Supports offered by CMHCs

Continued

- **Comprehensive Community Support Services**
 - Comprehensive community support services are activities necessary to allow clients to live with maximum independence in the community and consists of one (1) or more of the following:
 - Skills training, cueing, or supervision as identified in the client's individualized treatment plan;
 - Medication adherence and recognizing symptoms and side effects;
 - Non-clinical but therapeutic behavioral intervention, support, and skills training;
 - Assistance in accessing and utilizing community resources;
 - Emotional regulation skills;
 - Crisis coping skills; and
 - Developing and enhancing interpersonal skills.
- **Peer Support Services**
 - Peer Specialist Service is a structured and scheduled therapeutic activity with an individual client or group, provided by a trained, self-identified consumer of mental health services. A Peer Specialist guides clients toward the identification and achievement of specific goals defined by the client and specified in the Treatment Plan.
- **Supported Employment Services**
 - Evidence-based supported employment (SE) is a well-defined approach to help people with mental illness to find and to keep competitive employment.
 - Employment is viewed as central to recovery for individuals with Severe mental illnesses (SMI).
 - This is not a Medicaid reimbursable service for adults with SMI.

SMI Services and Supports offered by CMHCs

Continued

- **Therapeutic Rehabilitation Program**
 - Therapeutic Rehabilitation programs are goal-oriented programs for adults with Severe mental illness who require care for less than 24 hours per day, but more than outpatient counseling.
 - The purpose of a therapeutic rehabilitation program is to ensure that a person with a behavioral health disorder possesses those skills needed to live, learn, and work in his or her own community.
- **Crisis Stabilization Units and Mobile Crisis Services**
 - Residential Crisis Stabilization services are provided in Crisis Stabilization Units. Crisis Stabilization Units are community-based, residential programs that offer an array of services including screening, assessment, treatment planning, individual, group and family therapy, and peer support in order to stabilize a crisis and divert the individual from a higher level of care. It is not part of a hospital. They are used when individuals in a behavioral health emergency cannot be safely accommodated within the community, are not in need of hospitalization but need overnight care.
 - Mobile Crisis is a multi-disciplinary team-based intervention that ensures access to acute mental health and substance use services and supports. The service aims to affect symptom or harm reduction, or to safely transition an individual in acute crisis to the appropriate least restrictive level of care. Mobile crisis services are provided face-to-face and available in locations outside the provider's facility (e.g., home or community) 24 hours per day, 7 days per week and 365 days per year.
- **Medication Administration**
 - Provided by a psychiatrist or APRN
- **Outpatient Individual Therapy**
 - Traditional outpatient therapy by a psychologist, LCSW, LMFT, LPCC, etc.
- **Outpatient Group Therapy**
 - Traditional outpatient group therapy by a psychologist, LCSW, LMFT, LPCC, etc.

Challenges for CMHCs serving individuals with Severe Mental Illness

- **Engagement of SMI Clients**
 - Retention of SMI Clients in treatment
- **Managed Care Organizations**
 - Pre-Authorizations
 - Reimbursement Rates
 - Lack of reimbursement for services provided to individuals who are dual eligible for Medicaid and Medicare, or Medicaid and Commercial Insurance.
- **Lack of Regionalization of Services/Behavioral Health Service Organizations (BHSO)**
- **Continual Decrease in Contract Funding**
- **Staff Limitations**
 - High Stress/High Turnover

What CMHCs need to serve individuals with Severe Mental Illness

- Legislation to assist with treatment compliance with funding
 - Tim's Law
- Increase in reimbursement rates with MCO
- Regionalization
- Standard Licensure and Regulation compliance for BHSOs