Facts:

• Gaps exist in the current system of care for people with serious mental illness (SMI).
• Investment in behavioral health is essential.
• Prevention and early intervention work.
• Recovery is possible.

Take Away Messages:

• Housing is a primary intervention.
• Focus on transition-age youth to change the future.
SERIOUS MENTAL ILLNESS

- Defined through diagnosis, duration, and disability
- 921 KAR 2:015
  - Mental illness or disorder (excluding Alzheimer’s or dementia) described in Diagnostic and Statistical Manual of Mental Disorders
  - Impairs or impedes functioning in one or more major areas of living
  - Unlikely to improve without treatment, services, and/or supports
- Examples include major depression, bipolar disorder, post-traumatic stress disorder, and schizophrenia
Housing and Related Services

Housing Options
• Independent or live with family/friend
• Supported housing
• Three-person homes
• Institutions (hospitals, nursing homes, personal care homes, boarding homes)

Key Services
• ACT (Assertive Community Treatment)
• Targeted case management
• Supported employment

Financial Assistance
• Vouchers from KHC (KY Housing Corporation)
• DCBS supplemental funding
Gaps and Limitations

Reasons people cannot access housing
- Lack of available, affordable housing
- Stigma
- Lack of personal resources
  - Financial
  - Knowledge deficit
  - Symptom burden
- Criminal history
- Personal choice/self-determination

Limiting factors
- Olmstead Decision
- Second Amended Settlement Agreement (SASA)
STRATEGIES TO FILL THE GAPS

- Personal Care Homes (PCH) could become a more integral part of the continuum
  - Regulatory changes needed to assure alignment with Olmstead decision
    - Function as transitional service between other institutions and community living
    - Access to treatment by qualified mental health professional
    - Community integration
    - Build skills to improve independence
    - Nursing care available on-site
  - Enhanced reimbursement rate necessary to support any regulatory changes
  - Workforce capacity will continue to be a limiting factor

- SMI Waiver
  - Currently under consideration as part of 1915c waiver redesign (DMS)
  - Must be approved by CMS

- Increase General Fund allocation
  - Flexible funding to allow for innovative, community-specific interventions
Community Mental Health Centers (CMHC) of KY serve all 120 counties

Historically CMHCs are only provider type that serves people with SMI
  • Contract with DBHDID
    – Crisis services
    – Diversion
    – SASA deliverables
    – Re-entry
  • Homeless outreach

Opening network has not improved access for SMI population
  • BHSO, MSG, Independent Providers

Expansion of Medicaid service array has not assured access
  • MCO approval; reimbursement rates; workforce capacity

Need for flexible funding
Rationale for Promotion, Prevention, & Early Intervention

50% of those who develop mental health disorders show symptoms by age 14

75% of mental health conditions develop by age 24
Selected KY Prevention & Early Intervention Initiatives

• Early Detection and Intervention of First Episode Psychosis
• Kentucky Suicide Awareness and Prevention
• Transition-Age Youth Launching Realized Dreams (TAYLRD)
• Kentucky AWARE (Advancing Awareness and Resiliency in Education)
• Kentucky Opioid Response Effort (KORE)
Change the Future by Improving Life Trajectories