

Specialized Recovery Services Enrollment: New Medicaid Services for Individuals with Severe Mental Health Disabilities

May 2, 2016

Behavioral Health Redesign Brief

Beginning the week of May 2, consumers who have been identified as potentially eligible for the specialized Recovery Services (SRS) program will be receiving notification from the Ohio Department of Medicaid about how to enroll in this new program. Notification will come via a letter that explains the program, its new benefits, and how to enroll.

The SRS program provides the following new services to individuals with serious and persistent mental illness, in addition to their current Medicaid health care coverage: recovery management care coordination, assistance in finding and keeping a job (Individual Placement and Support – Supported Employment), and support from others with similar life experiences (peer support). The program was designed to ensure continued access to Medicaid coverage for individuals who currently spend down their income to be eligible for benefits.

On June 30, 2016, Ohio Medicaid will eliminate the program that allows individuals to “spend down” a portion of their income to qualify for Medicaid as a result of the state’s initiative to streamline the disability determination process from two systems into one. It is important to note that although the change in disability determination will take place on July 1, 2016, an **individual on spenddown will not lose their Medicaid benefit on that date**. At the point of conversion, every individual who would have been eligible for Medicaid ABD under the current system, **including individuals who qualified by spending down to the income limit in any month during the previous year**, will be automatically enrolled in full Medicaid without spend down.

Ohio Medicaid requested a six-month waiver of ABD renewals to ensure that every current beneficiary who is potentially impacted has time to transition to other sources of Medicaid, including the SRS program or, if they are no longer eligible for Medicaid, to seek other sources of coverage. Medicaid eligibility renewals will resume on January 1, 2017 and, from that date forward, the new eligibility criteria will apply to individuals seeking Medicaid ABD renewals.

SRS Eligibility and Enrollment:

Eligibility for the SRS program is based on the following criteria:

- » Income below \$2,199 per month or \$26,388 per year.
- » 21 years of age or older.
- » Diagnosed with a severe and persistent mental illness.
- » Needs help with activities such as medical appointments, social interactions and living skills.
- » Not living in a nursing facility, hospital, or similar setting.
- » Determined disabled by the Social Security Administration.

To enroll, an individual must be connected with a recovery manager. One of these entities – CareStar, the Council on Aging of Southwest Ohio, or CareSource– will perform eligibility evaluations for the non-financial requirements of the SRS program and provide the recovery management services that support individuals receiving services. MITS BITS Provider Information Release SRS Program Enrollment 2

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A map is available to show the contact information for the recovery management agencies by region. The County Departments of Job and Family Services will continue to conduct the financial eligibility determinations. Contact information for a person's assigned recovery management provider is included in the letter that is being sent by Ohio Medicaid about eligibility for the SRS program.

Providers will identify individuals likely to be eligible for SRS and ensuring that they are connected to a recovery manager. These individuals will retain Medicaid until their next regularly scheduled eligibility renewal and, at the point of renewal, need to have enrolled in SRS to retain Medicaid coverage. If a provider believes an individual to be eligible for the SRS program, but that person has not received a letter, the provider should contact the Ohio Department of Medicaid via secure email at BHCP@medicaid.ohio.gov, with the subject line: *SRS Program Referrals*. The email should include a person's Medicaid ID (if on Medicaid), name, address, telephone number, and email address. Ohio Medicaid will then connect the person to an assigned recovery manager to begin program enrollment.

To help determine an individual's eligibility for the SRS program, providers can visit <https://benefits.ohio.gov/ddr.html>. This website contains a tool to help determine an individual's eligibility for the SRS program. This website also contains links to additional resources and other helpful information about the program.

Please stay tuned to <http://bh.medicaid.ohio.gov> for more information and for upcoming materials that providers may use to assist with enrollment and education of consumers in the SRS program. These materials will include a provider toolkit and an educational video. Also, please make sure you are signed up for our BH Redesign newsletter for all of the latest information: <http://bh.medicaid.ohio.gov/Newsletters>.

NAMI Launches New Public Service Announcement during Mental Health Month

PSA features Mayim Bialik Calling on Americans to Be StigmaFree

ARLINGTON, Va., May 13, 2016 /PRNewswire-USNewswire/ -- The National Alliance on Mental Illness (NAMI), in partnership with the Hope & Grace Initiative, has launched "*StigmaFree*," a new public service announcement (PSA) for television featuring actress and mental health advocate Mayim Bialik. The PSA is part of NAMI's *stigmafree* campaign and was released to coincide with Mental Health Month, which is recognized every May.

The PSA, available in 30 and 15-second spots, features Bialik reminding viewers that words often used to describe someone with a mental health condition, such as nutjob, OCD and schizo, can be very harmful.

"In a country where one in five people are affected by a mental health condition, it's time for all of us to step up and change the conversation," Bialik says in the PSA. Bialik then calls on viewers to see the person, not the condition, and, "Join with me. Pledge to be *stigmafree*."

As you know NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. Every May, NAMI marks Mental Health Month, bringing awareness to mental health, fighting stigma, providing support, educating the public and advocating for equal care. Each year, the movement grows stronger.

L.A.-based *Buzzfeed* donated services for creating and producing the PSAs, which were filmed in April 2016.. Learn more about NAMI at nami.org or visit us on our Facebook and Twitter page.

To learn more about the Hope & Grace Initiative, please visit <http://hopeandgracecommunity.com>.



Thank you **Stark County Mental Health and Addiction Recovery** for assisting with this newsletter

If you need assistance for mental health emergency call 911 and request a CIT Officer

CALENDAR OF EVENTS

VOLUNTEER/EDUCATION OPPORTUNITIES

HEARTLAND BEHAVIORAL HEALTHCARE –
DISCHARGE BAGS

DATES: **JUNE 3**, SEPTEMBER 2 AND DECEMBER 2, 2016

LOCATION: HEARTLAND BEHAVIORAL HEALTHCARE

Detection and Intervention for Adolescents With Early Psychosis: Promising Approaches

- See more at: <http://www.psychiatrictimes.com/apa-2016-Schizophrenia/detection-and-intervention-adolescents-early-psychosis-promising-approaches/page/0/2#sthash.aHPLDikP.dpuf>

In his APA 2016 presentation, “Early Detection and Intervention for Adolescents With Early Psychosis: Promising New Approaches,” Stephen Adelsheim, MD, Professor of Psychiatry at Stanford University, began with this quote from an adolescent with prodromal psychosis:

“I’d say I started having paranoid feelings about a year ago. If I really think, things started to happen little by little, but they gradually got worse. I didn’t notice because I thought the way I felt was right. And my parents didn’t notice because it was so gradual.”

Dr Adelsheim’s talk was a part of a symposium titled “Interventions for Early Psychosis in Children and Adolescents: New Advances in Community and Policy Approaches,” which captured the widespread problem in identifying youth and adolescents with emerging psychosis in many communities around the US. And, as many preventive and early intervention programs have been better integrated and finding success in Europe and Australia, Dr Adelsheim declares we have a lot of catching up to do.

Data indicate that the incidence of mental health issues is highest in the 10- to 30-year-old age group, and furthermore that fully half of all lifetime cases of mental illness start by age 14 and 75% by age 24. During this period, 79% don’t access care. However, as the quote above depicts, symptoms of prodromal psychosis present a notable challenge, as they can be quite subtle, emerge gradually, and are often overlooked by adolescents, their families, and many primary providers.

Dr Adelsheim presented data from the NIMH-funded RAISE (Recovery After an Initial Schizophrenia Episode) Early Treatment Program study—the first to examine duration in untreated psychosis (DUP) in community mental health centers in the US—which showed that the median DUP was a full 74 weeks and that 68% of the 404 15- to 40-year-olds with first-episode psychosis had greater than 6 months’ duration without treatment.¹

Unfortunately, longer DUP and delay in initiating treatment have been shown to correlate with poorer outcomes in overall functioning, positive symptoms, and quality of life, in addition to diminished response to treatment and lower likelihood of remission.² Early intervention is the key, as Dr Adelsheim

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notes, as a shorter DUP is associated with better response to antipsychotics, greater decrease in both positive and negative symptom severity, decreased frequency of relapse, more time at school or work, and overall improved treatment response over time (**Table**).

There is a greater need for training of professionals to recognize the early signs of psychosis, which can present as nonspecific cognitive problems—such as memory complaints, confusion, and odd or distracting thoughts—which have been shown to correlate with longer delays in treatment.³ However, while increased provider education is needed, the early signs may be more likely to be recognized by those who have more immediate contact with children and adolescents, including teachers, school counselors, and community members.⁴

Community outreach

Dr Adelsheim was involved in the Early Detection, Intervention and Prevention of Psychosis Program (EDIPPP), a 6-city multisite study that assessed the effectiveness of a community education and outreach program designed for prevention or intervention in young people at high risk for psychosis, or those at a very early point in their first episode of psychosis.⁵ It was modeled after a program developed by the Portland Identification and Early Referral (PIER) program in Portland, Maine, which educated more than 7000 professionals and found a 34% reduction in incidence of hospitalizations for first-episode psychosis.⁶

- See more at: <http://www.psychiatrytimes.com/apa-2016-Schizophrenia/detection-and-intervention-adolescents-early-psychosis-promising-approaches/page/0/1#sthash.vNwOlzKA.dpuf>

EDIPPP's model was geared toward rapid referrals for preventive treatment by creating networks of community personnel to identify signs of early psychosis and to direct young people into Coordinated Specialty Care (CSC), a recovery-based treatment program. CSC uses a team of specialists who make personalized treatment plans, including psychotherapy, medication management, and family education, support, and case management.

Targets for educational presentations on the early warning signs of psychosis included school counselors and nurses, community school mental health and school-based health center teams, focused student and parent education efforts, and ongoing stigma management.

Symptoms of prodromal psychosis present a notable challenge. They can be quite subtle, emerge gradually, and are often overlooked by adolescents, their families, and many primary providers.

Many of the presentations were geared toward culturally diverse audiences and systems that were previously inaccessible. After nearly 1000 formal and informal presentations to 34,000 attendees completed in a 3-year period, 1652 referrals were received to the program. Of these, 520 (31%) were offered in-person orientation, 392 were assessed for treatment, and 337 met criteria for directing into support.

The study, and Dr Adelsheim himself, raised many important questions: eg, how to make educational interventions culturally appropriate for diverse audiences; how to build effective and integrated coordinated specialty care models in those areas that sought referrals; and what it means to truly integrate into primary and secondary schools, such as with respect to creating accommodations and focused special education. He states that “we have a long way to go” to frame these support systems for young people, and he advocates for continuing to move our interventions earlier with further research on models of integrating care at all levels.

As highlighted in the 2009 Institute of Medicine report *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, untreated mental health and substance use issues in this age group cause a significant burden on individuals, their families, and their communities, and can additionally carry over into adulthood without effective approaches at harm reduction. Increased interest has developed in finding evidence-based preventive practices. Dr Adelsheim’s and his colleagues’ work indicates momentum and success in community-based outreach approaches.

Disclosures

Dr Kaylor is Chief Resident in the department of psychiatry and health behavior at the Medical College of Georgia, Augusta University, and a Staff Psychiatrist at The Bluff Plantation - Rivermend Health, in Augusta, Georgia.

References

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 6. McFarlane WR, Susser E, McCleary R, et al. Reduction in incidence of hospitalizations for psychotic episodes through early identification and intervention. *Psychiatr Serv.* 2014;65:1194-1200.
- See more at: <http://www.psychiatrictimes.com/apa-2016-Schizophrenia/detection-and-intervention-adolescents-early-psychosis-promising-approaches/page/0/2#sthash.aHPLDikP.dpuf>

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jjames@namistarkcounty.org

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ksilverwood@namistarkcounty.org

Sheryl Falcone: Family Involvement Liaison
Heartland Behavioral Healthcare
sfalcone@namistarkcounty.org
sheryl.falcone@mha.ohio.gov
Heartland Behavioral Healthcare
330 833-3135 ext. 2170

Diane Mang: Family Involvement Liaison
Heartland Behavioral Healthcare
dmang@namistarkcounty.org
diane.mang@mha.ohio.gov
Heartland Behavioral Healthcare
330 833-3135 ext. 2170

Mike Rembert, Newsletter Editor

Table. Early intervention of psychosis is key

Shorter DUP:

- better response to antipsychotics
- greater decrease in both positive and negative symptom severity
- decreased frequency of relapse
- more time at school or work
- overall improved treatment response over time

Longer DUP:

- poorer outcomes in overall functioning
- positive symptoms
- worse quality of life
- diminished response to treatment
- lower likelihood of remission



Building Hope for Recovery through Education, Support and Advocacy

Support Groups

For those impacted by mental illness, Family Members and Natural Supports

Canton Support Group

Sunday Evenings @ 7:00 pm

Family Members or Peers

St. Michael's Catholic Church

3430 St Michael Dr. N.W., Canton, OH 44718
(Corner of Whipple & Fulton)
Lower level parking lot: Look for sign on door

Refuge of Hope

Monday Evening @ 5:00 pm

Peers

405 Third Street, N.E., Canton, Ohio 44702

FaithNet Program Sundays, 5:30 pm

Discuss Mental Health from Biblical Perspective

Wendy's 3320 Whipple Ave., N.W.
Canton, OH 44718

Alliance Open Support Group

1st & 3rd Thursday Evenings @ 7:00 pm

Family Members or Peers

Science Hill Community Church
12316 Beeson St. N.E., Alliance, Oh 44601

Post Peer-to-Peer Program Recovery Groups
For Graduates of Peer-to-Peer Education Program

NAMI Connection

Thursday Afternoon @ 2:00 pm

Adults with Mental Illness Only

Coleman Behavioral Health
400 W. Tuscarawas St., Suite 200
Canton, OH 44702

North Canton Family Support Group

1st & 3rd Wednesday Evenings @ 6:00pm

Family Members Only

Holy Trinity Lutheran Church
2551 55th St. N.E., Canton, OH 44721

DRA Dual Recovery Anonymous

Wednesday @ 11:30 am

For dealing with both mental illness and substance issues

Holy Trinity Lutheran Church
2551 55th St. N.E., Canton, OH 44721

DRA: Dual Recovery Anonymous

Friday @ 11:00 am

For dealing with both mental illness and substance issues

Hunter House
1114 Gonder Ave. S.E., Canton, Oh 44707

The Support groups below are for current psychiatric In-patients and /or their loved ones

Monday Evenings @ 6:00 pm

Aultman Hospital

Psychiatric Unit, 6th Floor

Tuesday @10:00 am

Crisis Intervention & Recovery Center

Crisis Stabilization Unit

Wednesday/Thursday

Heartland Behavioral Healthcare

HBH Family Involvement Program
330 833-3135 Extension 2170

For more information please contact NAMI Stark County at 330-455-6264 or namistark@namistarkcounty.org





FREE Education Programs – Call 330 455-6264 to register

PRE-REGISTRATION IS NEEDED by calling for our FREE NAMI Educational Programs

 **NAMI Family-to-Family** 12-week course is for family members and friends of adults with serious mental illness. It is taught by trained NAMI family members.

- Wednesday June 15, 6:00 pm to 8:30 pm, Holy Trinity Lutheran Church, 2551 55th St NE, Canton, OH 44721
- Friday, June 17, 10:00 am to 12:30 pm, Heartland Behavioral Healthcare, 3000 Erie St. S., Massillon, OH 44646
- Wednesday September 7, 6:00 pm to 8:30 pm, Holy Trinity Lutheran Church, 2551 55th St NE, Canton, OH 44721
- Monday September 12, 6:00 pm to 8:30 pm, Science Hill Community Church, 12316 Beeson St., N.E., Alliance, OH 44601

 **NAMI Peer-to-Peer** 10-week course is for adults who have been diagnosed with a mental illness.

- Wednesday June 1, 6:00 pm to 8:00 pm, Mercy Health Center of Jackson, 7337 Caritas Cir NW (corner of Wales and Fulton) ,Massillon, OH 44646
- Thursday July 7, 6:00 pm to 8:00 pm, Holy Trinity Lutheran Church, 2551 55th St NE, Canton, OH 44721
- Thursday July 7, 11:30 am to 1:30 pm, Hunter House 1114 Gonder Ave, S.E, Canton, OH 44710
- Wednesday October 5, 5:30 pm to 7:30 pm, Make A Way, 227 Third Street SE, Massillon, OH 44648

 **NAMI Basics** 6 week course is for parents of children with emotional/mental/neurobiological disorders

- Wednesday September 14, 6:00 pm to 8:00 pm, TBD