APPENDIX A: State Mental and Behavioral Health Initiatives

State Behavioral Health Initiatives: This chart summarizes state efforts to improve the quality and delivery of services to individuals with mental and behavioral health as well as substance abuse disorder diagnoses. The chart is based on information available as of October 8, 2013. It is not intended to represent a comprehensive list of activities in all states or all activities underway in a single state. Instead we provide a snapshot of state Medicaid initiatives that are in varying stages of development -- from fully mature programs to redesigns that are still in the implementation phase.

<table>
<thead>
<tr>
<th>State</th>
<th>Program Summary, Special Characteristics</th>
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</table>
| Arkansas       | Planned Comprehensive Behavioral Health System Transformation Initiative  
|                | • Launch Date: TBD  
|                | • Design: Behavioral Health Home (BHH) services through a 1915(i) Medicaid Waiver. Program manages core care delivery by ensuring effective treatment of BH conditions, including pharmacy effects and integrated substance use treatment.  
|                | • Services: System assesses varying severity of needs as well as intensity of care management required. Receive treatment services and care management based on tiers: Tier 1 for low-need individuals where the patient centered medical home (PCMH) is responsible for care management; Tier 2 for medium-needs managed by BHH; Tier 3 is for high-needs where the BHH intensely manages BH and support services.  
| Arizona        | Regional Behavioral Health Authorities (RBHA)  
|                | • Design: State is divided into six behavioral health regions with distinct behavioral health provider networks in the regions, providing greater access to and coordination of care. The state contracts with a network of service providers similar to health plans to deliver a range of behavioral health care services.  
|                | • Services: Substance abuse treatment programs for adults, serious mental illnesses treatment for adults, treatment for children with serious emotional disorders  
|                | • Individuals with Serious Mental Illness (SMI): The Medicaid agency is working with its sister state agency to establish a new model for the RBHA system that includes integrated acute and behavioral health care services for individuals with SMI and requires that plans become Medicare Special Needs Plans. On January 31, 2013, CMS approved the Waiver amendment for the Acute Care and Behavioral Health Care Integration. The Greater Arizona (all counties except Maricopa) RBHA procurement is slated to begin with contract start dates of October 1, 2015.  
|                | • Link to Program: http://www.azdhs.gov/bhs/aboutbhs.htm                                                                                                                                                                                                                                                                                     |
| California     | Mental Health Integration and Waiver Consolidation  
|                | • Launch Date: July 1, 2013 (waiver renewal)  
|                | • Design: Integration of mental health services for the general population in the Medi-Cal managed care program. The consolidation of multiple mental health funding streams is designed to improve care coordination and reducing administrative costs. A 1915(b) waiver program provides for ongoing “carve-out” of specialty mental health services for Severely Mentally Ill (SMI) and Serious Emotional Disturbances (SED) populations. Beneficiaries in need of specialty mental health services have a single plan available in each county through the county mental health department.  
|                | • Services: Non-specialty mental health services (those needs which could be met by a general health care practitioner) focus on integrated care/warm hand-offs between the managed care plans and county mental health plans. Access to specialty mental health care (those services requiring the services of a specialist in mental health) was not reduced as a result of the implementation of the single plan model.  
|                | • Link to Program: http://www.dhcs.ca.gov/services/mh/Pages/MCMHP.aspx                                                                                                                                                                                                                                                                  |
| Georgia        | Medicaid Billing for Whole Health Support  
|                | • Launch Date: June 2012  
|                | • Design: Whole health and wellness peer support provided by certified peer specialists (CPSs), service delivered by peer support whole health and wellness coaches certified in Whole Health  
|                |                                                                                                                                                                                                                                                                                                                                 |
### Idaho

**Behavioral Health Transition to Managed Care**
- **Launch Date:** September 2013
- **Design:** Individuals enrolled in the state’s Medicaid Behavioral Health Plan will transition into managed care. Provides benefits for medically necessary mental health, substance abuse disorder, and case management services for children with serious emotional disturbance and adults with serious mental illness or serious and persistent mental illness.
- **Services:** Twenty-four hour crisis hotline, resources to re-connect individuals with their community after leaving an in-patient facility, and additional clinical licensure requirements to ensure quality of care.
- **Link to Program:** [http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidBehavioralHealthManagedCare/tabid/1861/Default.aspx](http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidBehavioralHealthManagedCare/tabid/1861/Default.aspx)

### Iowa

**Plan for Behavioral Health**
- **Launch Date:** 1995, ongoing with program updates in 2013
- **Design:** Managed care program for Medicaid mental health and substance abuse services. Program updates include design changes starting in 2013 to use telehealth to improve access, providing peer and family support, offering crisis stabilization, improving health and wellness for those with severe mental illness.
- **Services:** Covers a full range of mental health and substance abuse services.
- **Link to Program:** [http://www.dhs.state.ia.us/rts/Lib_Train/TCM/09-13-07/What%20is%20the%20IA%20Plan.pdf](http://www.dhs.state.ia.us/rts/Lib_Train/TCM/09-13-07/What%20is%20the%20IA%20Plan.pdf)

### Integrated Behavioral Health Home

**Launch Date:** July 2011
- **Design:** Provide coordinate, whole person, patient centered care for adults with serious mental illness and children with a serious emotional disturbance.
- **Services:** Providing an accessible, single point of coordination for an individual’s health care, ensuring individuals and their families have access to timely, quality, and appropriate services and supports, building alliances with various professionals that provide supports, providing different levels of care coordination that meet the different levels of need, involving multiple agencies and other partners, continuous quality improvement that improves measured effectiveness of services based on established outcomes.
- **Link to Program:** [http://ir.magellanhealth.com/releasedetail.cfm?ReleaseID=594039](http://ir.magellanhealth.com/releasedetail.cfm?ReleaseID=594039)

### Kansas

**Plans to Launch Health Home Program**
- **Launch Date:** July 2014
- **Design:** Comprehensive and intense care coordination for Medicaid beneficiaries, integrates and coordinates all services and supports to treat the “whole-person” across the lifespan.
- **Services:** Care coordination and health promotion, comprehensive transitional care, including appropriate follow-up, from inpatient to other settings, patient and family support, referral to community and social support services, use of health information technology (HIT) to link services.
- **Link to Program:** [http://www.kancare.ks.gov/health_home.htm#forum](http://www.kancare.ks.gov/health_home.htm#forum)

### Massachusetts

**Massachusetts Child Psychiatry Access Project (MCPAP)**
- **Launch Date:** 2004
- **Design:** Telephone consultation service providing Child Psychiatry consultation for primary care clinicians (PCCs) treating children with mental health problems within one hour of the PCC’s request. Ongoing telephone consultation and in-person evaluations by a mental health provider.
specialist are available for children with complex presentations. MCPAP has regional sites throughout the state and is available for an estimated 95% of Massachusetts children.

- Experience: With MCPAP, PCCs report better access to child mental health specialists and improved ability to meet the needs of children with mental health problems (Sarvet et al., Pediatrics 2010).
- Link to program: [http://mcpap.com/](http://mcpap.com/)

**Child Behavioral Health Initiative (CBHI)**

- Design: Community-based wraparound mental health services for children with serious emotional disturbance, many of whom are involved in other state agencies including Child Protective Services and Special Education.
- Services: Intensive care coordination, in home therapy, therapeutic mentoring, peer guidance for parents and mobile crisis intervention.
- Experience: Caregivers reported positive experiences with care coordination provided by CBHI therapists (CBHI Comprehensive Outpatient Review 2013). Children engaged in CBHI may receive more community-based outpatient services and spend fewer days on inpatient psychiatric units (CBHI Comprehensive Outpatient Review 2013).

**Emergency Service Providers (ESPs)**

- Design: Mobile crisis intervention services available within the community throughout the state. Focus on wraparound principles and individuals receiving mental health care in the least restrictive settings possible.
- Services: Intensive community stabilization services for 3-7 days following a crisis to prevent transition to inpatient care and help children and families gain skills in managing these events.
- Link to program: [http://www.masspartnership.com/](http://www.masspartnership.com/)

**Health Homes**

- Design: Developing a Health Homes initiative for adults with serious and persistent mental illness (SPMI), and co-morbid chronic medical conditions and children with serious emotional disturbance (SED). Under the initiative Mental health organizations will provide interdisciplinary team based patient/family centered coordination/management care
- Services: Collaboration with the primary care provider/team, prevention and health maintenance as well as the psychosocial needs impacting the physical health of the patient. Coordination of care ongoing and during transitions of care for both medical and behavioral health conditions/needs with providers/agencies/systems involved in the care of the person.

**Pediatric behavioral health and primary care integration**

- Design: Clinician care manager/coordinator and parent partner are available at the primary care site full-time. Focus on prevention and early intervention and to be able to intercede in the moment.
- Link to program: [www.ecmhmatters.org](http://www.ecmhmatters.org)

**Multi-agency integration with long-term services and supports**

- Design: Services for adolescents and young adults with developmental disorders incorporating both behavioral health and general medical needs. Creative providers representing multiple agencies and institutions will contribute to development of integrated services.
- Services: Focus on supporting the transition of individuals with developmental disorders and traumatic brain injury into adult foster care as opposed to more restrictive setting.

**Missouri Community Mental Health Center Health Homes**

- Launch Date: January 2012
- Design: Coordinated care approach improving the delivery of health and behavioral health services that offers a better patient experience, improved outcomes, and cost savings.
- Services: Comprehensive care management; care coordination and health promotion; comprehensive transitional care; patient and family support; referral to community and support services; and use of health information technology to link services.
- Link to Program: [http://dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm](http://dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm)
<table>
<thead>
<tr>
<th>State</th>
<th>Project Name</th>
<th>Launch Date</th>
<th>Design</th>
<th>Services</th>
<th>Link to Program</th>
</tr>
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<tbody>
<tr>
<td>Nebraska</td>
<td>Transition to Full Risk Managed Care</td>
<td>September 2013</td>
<td>Transition to a full-risk behavioral health managed care plan with program goals to encourage self-directed care for persons with severe mental illness, and a peer internship program.</td>
<td>Use of telehealth to improve access, providing peer navigators, and offering a program to identify and resolve inappropriate prescribing, gaps in care and potential drug interactions.</td>
<td><a href="http://dhhs.ne.gov/medicaid/Pages/med_medcontracts.aspx">http://dhhs.ne.gov/medicaid/Pages/med_medcontracts.aspx</a></td>
</tr>
<tr>
<td>New Mexico</td>
<td>Centennial Care Waiver Program</td>
<td>January 2014</td>
<td>Establish a comprehensive integrated health care system where managed care organizations are responsible for members’ access to physical health services, behavioral health services and long term services and supports. Care coordination is the central focus of the program so that services can be successfully delivered in an integrated manner.</td>
<td>NM is covering 3 new behavioral health services in the waiver program – respite, family support services and recovery services.</td>
<td><a href="http://www.hsd.state.nm.us/CentennialCare/">http://www.hsd.state.nm.us/CentennialCare/</a> and <a href="http://www.bhc.state.nm.us/">NM Behavioral Health Collaborative</a></td>
</tr>
<tr>
<td>New York</td>
<td>Supportive Housing Initiative</td>
<td>September 2013</td>
<td>Investment to build affordable housing units and provide support to nearly 5,000 high-need individuals, including those with mental and behavioral health needs. Phase 1 includes the use of $46.7 million in capital funds to construct 12 new buildings over 24 - 36 months, creating 483 new supportive housing units</td>
<td>Granting $27.9 million in rent subsidies and services to support 4,355 individuals eligible for the program</td>
<td><a href="http://shnny.org/">http://shnny.org/</a></td>
</tr>
<tr>
<td>Ohio</td>
<td>Mental Health Homes</td>
<td>October 2012</td>
<td>Health Home services funded through Medicaid, coordinating mental health services. Coordinate mental health services and assist individuals in finding a family doctor, pediatrician, dentist, nutritionist or other specialists, send reminders to beneficiaries regarding regular check-ups and preventative health care needs. Provide connections to supports like transportation and child care.</td>
<td></td>
<td><a href="http://www.healthtransformation.ohio.gov/CurrentInitiatives/CreateHealthHomes.aspx">http://www.healthtransformation.ohio.gov/CurrentInitiatives/CreateHealthHomes.aspx</a></td>
</tr>
<tr>
<td>Ohio</td>
<td>Creation of Ohio Department of Mental Health and Addiction Services</td>
<td>July 2013</td>
<td>Creation of a new state agency made of the former Ohio Department of Mental Health and Ohio Department of Alcohol and Drug Addiction Services</td>
<td>Align business practices for system stakeholders, including licensure and certification requirements for MH and AoD providers, coding alignment for billing, and documentation and audit requirements for sub-recipients, such as county boards.</td>
<td><a href="http://www.adamh.ohio.gov">http://www.adamh.ohio.gov</a></td>
</tr>
<tr>
<td>Ohio</td>
<td>Recovery Requires a Community</td>
<td>January 2013</td>
<td>Transition of individuals with mental illness from nursing facilities to community settings through the Money Follows the Person (MFP) Program.</td>
<td>Builds on MFP and offers more flexibility to help keep a person in the community. The program utilizes the savings assumed by moving someone in the community, but on the front end to assist the transfer into the community.</td>
<td></td>
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</tbody>
</table>
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- Link to Program: [http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=X8HY4spx0QA%3d&tabid=156](http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=X8HY4spx0QA%3d&tabid=156)

**Strong Families – Safe Communities**
- Launch Date: July 2013
- Design: Care coordination initiative targeting at-risk youth and young adults in crisis
- Services: Address youth prevention before crisis occurs, targeted crisis intervention services and family support are key functions of the program.

**Maternal Opioid Medical Support Project**
- Launch Date: August 2013
- Design: Support program to keep families whole and avoid expensive NICU stays for children born with Neonatal Abstinence Syndrome.
- Services: Pregnant opioid dependent women receive integrated obstetrical, addiction and mental health care in addition to other supports prior to and following the birth of the child.

**Peer Supports**
- Launch Date: 2009
- Design: Development of a shared definition of peer supports/recovery supports, including a certification process as well as the training and placement of place certified peer specialists
- Services: Help individuals with severe and persistent mental illness experience a community living environment.

**Adult Care Facility Critical Repairs**
- Launch Date: January 2012
- Design: Provide funding for critical repairs at licensed Adult Care Facilities (ACFs) throughout the state.
- Services: Assist ACFs in making critical repairs needed to maintain the structural integrity of the facility to ensure habitability including: reserve the longevity of the facility: structural defects, heating and plumbing defects, electrical hazards, and safety features.
- Link to Program: [http://adamh.ohio.gov/Portals/0/Users/06/06/6/ACFs.pdf](http://adamh.ohio.gov/Portals/0/Users/06/06/6/ACFs.pdf)

**Minds Matter**
- Design: Quality improvement program to evaluate and improve prescribing of atypical antipsychotics and other psychotropic medications to the youngest members of the Medicaid population. Develop technical resources supporting best practice and clinical guidelines for safe and effective use of psychotropic medications under the guidance of a panel consisting of Ohio and national and psychiatric experts.
- Services: Improve the use of best practices and clinical guidelines for psychotropic medications by providing second opinion consultation, educational outreach and technical support opportunities to Medicaid providers who are considering initiating psycho-pharmacological treatment or who are currently prescribing psychotropic medications in their practices.

**Trauma Informed Practice Initiative**
- Design: Individuals receive trauma informed interventions by assuring that every healthcare and human service provider, every facility and every agency becomes trauma informed and competent.
- Services: Establish a regionally-based network of resources for the implementation of trauma informed care. Includes training of teams within the six state psychiatric hospitals and the ten developmental centers
### Shared Services Partnership to Improve EMR at State Hospital

- **Design:** Agreement with Ohio State University to leverage their adoption of a state-of-the-art Electronic Medical Record (EMR) for university hospitals to bring the system into the state psychiatric hospitals.
- **Services:** Enhance clinical care through sharing of EMR system and may produce other shared services opportunities with a quasi-governmental university hospital system.

### Tennessee

**Increase in Integrated Community Health Services**

- **Design:** Fully integrated management of behavioral health treatment and services in each contracted MCO. The integrated behavioral health and medical services MCO model has influenced the development of integrated services at the community level which makes it easier for chronically ill members to access both behavioral and medical care at the same location or through better coordination.
- **Services:** Examples of integrated services include Community Mental Health Centers that are incorporating primary care into their clinics through on-site practitioners or referrals to care. Screening tools and strategies were distributed to identify behavioral health issues at primary care providers. Another example is the continued implementation of Patient Centered Medical Homes.
- **Link to program:** [http://www.tn.gov/tenncare/index.shtml](http://www.tn.gov/tenncare/index.shtml)

### Texas

**Behavioral Health Integration**

- **Launch Date:** December 2013
- **Design:** Medicaid transitioning mental health services into managed care to provide better coordination of care through the integration of physical and behavioral health services. State legislation requires behavioral and physical health integration to be completed by September 1, 2014.
- **Services:** Mental health targeted case management and mental health rehabilitative services are available to Medicaid recipients who are assessed and determined to have a severe and persistent mental illness such as schizophrenia, major depression, bipolar disorder or another severely disabling mental disorder and children and adolescents ages 3 through 17 years who exhibit a serious emotional disturbance.
- **Link to Legislation:** [http://www.legis.state.tx.us/tlodocs/83R/billtext/pdf/SB00058F.pdf](http://www.legis.state.tx.us/tlodocs/83R/billtext/pdf/SB00058F.pdf)

### Vermont

**Vermont Blueprint for Health**

- **Launch Date:** 2008
- **Design:** A Patient Centered Medical Home (PCMH) model designed to offer a wide range of services to engage patients in improving and maintaining their own health. Advanced Primary Care Practices coordinate seamlessly with a broad range of health and human services to meet patient and family needs.
- **Services:** Practices use office based Behavioral Therapists to engage patients in live time when possible and address such health issues as smoking cessation, weight loss and blood glucose management. Currently there are 114 NCQA recognized practices, serving 458,437 patients with 114 Full Time Equivalents delivering the care. Blueprint practices have led transformation in healthcare through:
  - Nationally recognized PCMHs that are supported by Community Health Teams
  - Health information technology infrastructure that supports guideline based care
  - Population reporting
  - Health information exchange
- **Link to the program:** [http://hcr.vermont.gov/blueprint](http://hcr.vermont.gov/blueprint)

**Vermont Hub & Spoke**

- **Launch Date:** January 2013
- **Design:** Medicaid Health Home model, coordinated, systemic response to the complex issues of opioid addiction in the Medicaid population, focusing specifically on medication assisted therapy (MAT) for individuals with opioid dependence.
- **Services:** Two levels of provider configuration:
  - **Hubs,** which are the regional specialty addictions treatment centers regulated as Opioid Treatment Programs (OTP), provide the six Health Home services in addition
to the traditional comprehensive methadone treatment they currently provide. They serve as the regional consultants and subject matter experts on opioid dependence and treatment. Hubs provide care to a subset of clinically complex buprenorphine patients and also provide support for tapering off MAT, when indicated.

- Spokes are the nearly 150 physicians prescribing buprenorphine in Office Based Opioid Treatment Programs (OBOTs). The Spoke system serves MAT patients who do not require methadone and are not as clinically complex as Hub patients receiving buprenorphine. A Spoke is comprised of a Designated Provider who is the prescribing OBOT physician and the team of collaborating health and addictions professionals who monitor adherence to treatment, coordinate access to recovery supports, and provide counseling, contingency management, and case management services. The plan is for all Vermont physicians who prescribe buprenorphine to become Spokes, with embedded nursing and clinical addictions / mental health counselors working in conjunction with the physician to form a Health Home team. The new Spoke staffing will provide augmented counseling, health promotion, and care coordination services to current buprenorphine practices.

- As part of the community health teams, the Spoke staff will be supported by Medicaid through the Blueprint community health teams. Embedding the staff directly in the prescribing practices allows for more direct access to mental health and addiction services, promotes continuity of care, and supports the provision of multidisciplinary team care.

- Link to the program: [http://healthvermont.gov/adap/adap.aspx](http://healthvermont.gov/adap/adap.aspx)

### Washington State

#### Children’s Mental Health Initiative
- Launch Date: November 2012
- Design: Improve mental health programs for children in foster care. Specific interest on reducing emotional trauma for this population and working to identify and connect children with the appropriate services in order to decrease the risk of life-long mental or behavioral disabilities for children in the foster system.
- Services: Streamlining and standardizing the process to refer children for services, increase capacity to deliver evidence based practices, and coordinate care between mental health and welfare professionals.
- Link to Program: [http://www.dshs.wa.gov/mediareleases/2012/pr12051.shtml](http://www.dshs.wa.gov/mediareleases/2012/pr12051.shtml)

#### Behavioral Health Taskforce
- Launch Date: May 2014
- Design: Taskforce created to examine reform of the adult behavioral health system.
- Services: The taskforce will consider solutions to the following issues: service delivery for adults with mental illness and substance abuse disorders; ways to promote recovery and prevent harm; development of Crisis services, best practices for cross-system collaboration between behavioral health treatment providers, medical care providers, long- term care service providers, entities providing health home services to high-risk Medicaid clients, and the policy surrounding public safety practices for individuals with mental illness.