



Serious Mental Illness (SMI) Services

Adult System of Care

What is an SMI Diagnosis?

- The determination of Serious Mental Illness (SMI) requires both a qualifying SMI diagnosis and functional impairment as a result of the qualifying diagnosis

Clinic Selection/Paneling Process

- All members enrolled in the Mercy Care and NTXIX SMI eligibility plans are paneled to an Assigned Behavioral Health Clinic (ABHC), also known as an SMI Direct Care Clinic
- Mercy Care panels newly enrolled members to an ABHC based on member preference
- If member preference is unavailable, the member is paneled to an ABHC based on geographic proximity

What is an SMI Direct Care Clinic?

- A direct care clinic is a location where you get services like case management, psychiatric appointments, and rehabilitation services
- The direct care clinic is a location that works as a hub for services
- These clinics are located throughout the Valley and are operated by various providers in the network

Who Will You Find in the Clinic?

- Site administrator
- Clinical director
- Office manager
- Psychiatrists
- Nurses
- Clinical coordinators
- Case managers
- Rehabilitation specialists
- Office assistants
- Peer and family supports
- Housing Specialist
- Discharge Specialist
- Benefit Specialist
- ACT Team Medical Staff and Specialists

Levels of Care

Assertive Community Treatment (ACT) / Forensic ACT (FACT)

- Evidenced-based practice focusing on service delivery versus case management. About 10 percent of the members receive this level of care. These individuals have the highest contact need, with an average of 4 face-to-face visits a week.

Supportive

- Approximately 80 percent of members receive this level of care. Face-to-face contact every 30 days, at minimum, and home visits at least every 90 days.
- Supportive teams typically have 30 members per case manager assigned to them.

Connective

- Approximately 10 percent of members receive this level of care. Face-to-face contact every 90 days and a home visit at least once a year.

Navigator

- New level of care added in January 2017. This level was developed to assign SMI members to a SMI Direct Care clinic.
- A Navigator can have up to 250 members assigned to them.

Supportive/Connective Clinical Team

- Clinical coordinator
- Psychiatrist
- Nurse
- Case managers (about 7–8 per team with one designated to each member)
- Rehabilitation Specialists
- Peer/family support



ACT Clinical Team Composition

- Psychiatrist
- 2 RNs
- Independent Living Specialist
- Housing specialist
- Rehabilitation specialist
- Employment specialist
- Two substance abuse specialists
- Peer support specialist
- ACT specialist
- Program Assistant
- Team Leader

SMI Services

- Hotel Assistance
- Startup Kits
- Bed Bug Treatment
- Biohazard Cleaning
- Move In Assistance
- Moving Assistance
- One Time Funding

SMI Services Overview

- Dependent on available funding, limited eviction prevention services are available to assist members in securing housing and remaining housed
- Members may request services through their assigned behavioral health clinic or through their Permanent Supportive Housing (PSH) provider
- The member's clinical team or PSH provider will determine whether a member is eligible and whether any requested service is appropriate on a case by case basis
- All services are subject to availability of funding

Hotel Assistance

- Hotel assistance is funding available to TXIX and NTXIX SMI members
- May not exceed one stay per year per member
- May not exceed \$70 per night
- Initial hotel request may not exceed 7 days
- Extensions for up to 7 days are available for vital circumstances and need to be submitted at least 48 hours prior to approved check out date

Startup Kits

- Startup kits are available to TXIX and NTXIX SMI members
- Available for members who are moving into an independent living setting for the first time
- Startup kits include:
 - Kitchen supplies
 - House supplies
 - Toiletries

Bed Bug Treatment

- Bed bug treatment is available to TXIX and NTXIX SMI members
- Each member has a \$1,525 lifetime allotted amount

Biohazard Cleaning

- Biohazard cleaning is available to TXIX and NTXIX SMI members
- Each member is limited to \$1,525 once per fiscal year
- In order for a member to qualify for biohazard cleaning, there must be biohazardous material present (i.e. human bodily fluids)

Move In Assistance

- Move in Assistance is available to TXIX and NTXIX SMI members
- Each member has a \$1,525 lifetime allotted amount
- Move In Assistance covers the costs required for a member to move into an independent living setting including (but not limited to):
 - Non-refundable/refundable deposits
 - Security deposits
 - Pet deposits
 - Utility turn on deposits
- Cannot be used to cover move in costs for treatment settings (i.e. Flex Care)

Moving Assistance

- Moving Assistance is available to TXIX and NTXIX SMI members
- This service provides members with moving their belonging from one location to another
- May not exceed once per fiscal year (July 1 – June 30)
- Members are required to have all belongings packed prior to moving



One Time Funding

- One time funding is funding for eviction prevention, utility shut off prevention, and move in assistance
- Available to TXIX SMI members
- Each member has a \$1,500 lifetime allotted amount

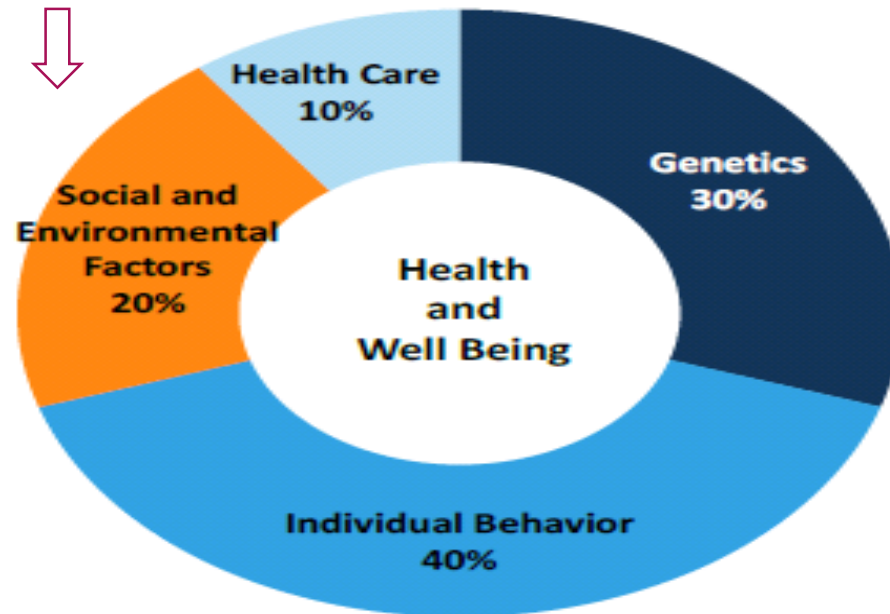
- **Rental and Utility Assistance**
 - Provides TXIX SMI members assistance for eviction prevention and utility shut off prevention
 - Eviction and utility shut off is determined by formal notice to the member

- **Move In Assistance**
 - Covers the costs required for a member to move into an independent living setting including (but not limited to):
 - Non-refundable/refundable deposits
 - Security deposits
 - Pet deposits
 - Utility turn on deposits
 - Cannot be used to cover move in costs for treatment settings (i.e. Flex Care)

Value Based Performance: SMI Provider Outcomes 01/17 – 12/17

- 21% decrease in psychiatric hospitalizations
- 39% increase in colorectal cancer screenings
- 51% increase in cervical cancer screenings (CCS)
- 47% increase in CDC-hemoglobin A1C tests
 - Data specific to six providers

Health influencers



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.

Core Housing Values

Permanent Supportive Housing - A solution to ending homelessness for individuals and families struggling with addiction, mental health and/or other disabilities who lack the social support, resources or ability to sustain and maintain housing without supportive services and subsidized housing.

Core Housing Values continued

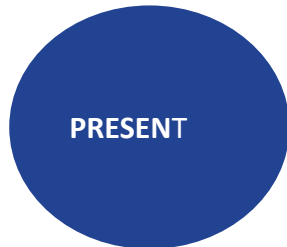
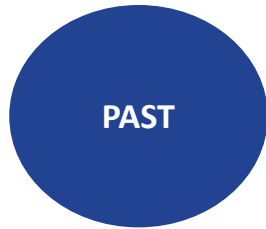
Permanent: Not time limited; not transitional

Affordable: Tenants pay no more than 30% of their income for rent

Independent as possible: Resident holds lease with normal rights and responsibilities

Permanent Supportive Housing Integration

- Single site: buildings developed / rehabilitated
- Scattered Site: rent-subsidized apartments
- Mixed-income buildings
- Master-leased buildings or units



Housing First

- Began as reaction against view that people experiencing homelessness must “earn” their way to permanent affordable and supportive housing:
 - Provide people experiencing homelessness with housing without treatment pre-requisite
 - Focus on reducing barriers to entry
- Evolved into a distinct approach for delivering permanent supportive housing
 - Services informed by harm reduction and motivational interviewing

HOUSING FIRST

Housing First yields:

- Higher housing retention rates
- Lower returns to homelessness
- Significantly reduces the use of crisis services and institutions

Mercy Care Housing Portfolio

Project Based	Scattered Site	Temporary Housing	HUD Match
698	1,477	300	1700

Support Services

- Services provided include, but are not limited to:
 - Tenant orientation and tenant rights
 - Case management/service coordination
 - Goal development (through participation with clinical team)
 - Crisis intervention
 - Peer mentoring
 - Transportation skills
 - Personal hygiene/self care
 - Housekeeping skills
 - Stress management

Measuring Impact

Methods

- Four-day site visit
- 25 interviews
 - Community Advocates
 - Government Officials
 - Mercy Care staff
 - Providers
- Qualitative Analysis
- Quantitative Analysis (encounter and claims data)



Measuring Impact

- Members in Scattered site housing supports showed a 24% decrease in total costs per quarter
- 20% reduction in psychiatric hospitalizations
- Decrease of \$5,002 in the total cost of care
- Decrease of \$5,642 in behavioral health costs
- Decrease of 58 Psychiatric hospitalizations (Per 1000 members)

Laurel Tree Community

- Brings 70 units of new capacity to the community
- Mixed income; 36 1bedroom, 12 2bedroom, and 22 3 bedroom)
- 18 units set aside for Mercy Care members a Serious Mental Illness and experiencing homelessness
- Green spaces and parks that are easy to walk to
- Safe public places for social interaction
- Fresh, healthy food outlets

Questions?

