



Advocacy and Action
for Connecticut's
Mental Health

Glossary of Mental Health and Public Policy Related Terms

Medicaid, Medicare, Eligibility Terms, Commercial Insurance

Administrative Services Organization (ASO): An arrangement in which an entity (for example the state of Connecticut) contracts with a third party to deliver administrative services to the entity such as claims processing and billing and other services. Other services may include member and provider Services; referral assistance and appointment scheduling; provider recruitment; health education; utilization management including prior authorization; case management including intensive care management; quality management; health data analytics and reporting. The entity bears the risk for claims. In Connecticut, the state has contracts with three ASOs for administering its health care services: Community Health Network of Connecticut (CHNCT) for medical services, ValueOptions® (VO) for behavioral health services and CT Dental Health Partnership (CTDHP) for dental services.

Affordable Care Act (ACA): The Patient Protection and Affordable Care Act, often simply known as the Affordable Care Act (ACA) has a Triple Aim of 1) Improving the experience of care for individuals; 2) Improving the health of populations; and 3) Reducing per capita costs. Generally, the law enhances access to health insurance coverage in the private market through insurance marketplaces in which people with lower to moderate incomes may qualify for federal subsidies to afford insurance premiums. Of great importance was the change that health plans can no longer deny people insurance coverage based on pre-existing health conditions, including mental health conditions. The law also mandates that most health insurance plans across the nation cover mental health and substance use services as one of ten essential benefits.

C.O.L.A. (Cost of Living Adjustment): adjustments usually provided on an annual basis that reflect changes in the amount that people receiving services spend to maintain a certain standard of living. The “cost of living” (cost of food, shelter, clothing, etc.) rises every year. The Federal government adjusts payments for benefit programs, including disability, to keep up with these rising costs.

ConnPACE: Health insurance administered by the Department of Social Services (DSS) providing coverage for most prescription medicines and insulin supplies for Connecticut residents aged 65 or older, or aged 18 or older and with a disability, who meet certain income level requirements.

CT Behavioral Health Partnership (CTBHP): The Connecticut Behavioral Health Partnership is a working collaborative between the Department of Children and Families (DCF), the Department of Mental Health and Addiction Services (DMHAS), the Department of Social Services (DSS), ValueOptions® and a legislatively mandated Oversight Council. ValueOptions® Connecticut serves as the contracted Administrative Services Organization (ASO) for the CTBHP. The CTBHP is designed to create and provide

timely access to an integrated, high quality behavioral health service system for people receiving health insurance through Medicaid, including Husky A, B, C (Aged, Blind and Disabled) and D (Low Income Adults).

Federal Match: Federal funds paid to the state to reimburse part of the cost of medical services covered by the Medicaid program. CT is paid 50% of what is spent for most services.

Fee-for-Service Medicaid: Traditional Medicaid insurance coverage for adults that is administered directly by the Department of Social Services (DSS). The state directly pays the healthcare providers set fees for services provided to eligible beneficiaries.

Emergency Mobile Psychiatric Services (EMPS): A mobile crisis services that is available to all Connecticut residents (regardless of insurance status) between the ages for 0-18 years of age and which can be accessed by dialing 2-1-1 and, at the prompt, pressing “1” for “crisis.” Callers are connected to a crisis specialist who triages the call and transfers to a local EMPS provider who gathers information in order to dispatch a trained mental health clinician to the location of the child/youth, arriving within no more than forty-five minutes.

Harm Reduction: The strategy of “meeting people where they are at” by providing services to an individual, based on their specific needs and ability to adhere to service requirements. This method is most commonly used with individuals who struggle with substance use or other addictive behaviors.

Health Equity issues/Health Disparities: Diverse populations, both adults and children, are less likely than whites to receive needed mental health care. When they do receive treatment, they often receive a lower quality of care. These disparities are compounded by the unequal status of mental health care as compared to physical health care that exists in healthcare and insurance systems, which federal and state parity laws are attempting to rectify, and negative perceptions about mental health that often deter people from seeking treatment.

Integrated Care: The integration and coordination of mental health, substance use, and primary care services. Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

Long Term Care: A variety of care and services over an extended period of time that can be provided in many settings including: in your home; at other sites in your community; in a managed residential setting; or in an institutional setting.

Managed Care: An insurance plan structured as a cost containment system through a third party that manages the utilization of health benefits. Plans cover a specific network of participating physicians, hospitals and other providers; some plans allow beneficiaries to see in-network providers only while others allow beneficiaries to go outside the network for a larger share of the cost.

Medicaid: is a joint federal and state health insurance program for individuals and families with limited income or special needs. It was enacted in 1965 under Title XIX of the Social Security Act, and operates

under federal laws and regulations that allow states discretion in the scope of coverage and eligibility standards. It is called “HUSKY Health” in Connecticut, and covers more than 600,000 state residents.

HUSKY Health: Covers the following groups:

- HUSKY A and HUSKY B: **low-income children and families** who lack access to the private health insurance system mostly due to costs
- HUSKY C: low income **adults living with chronic illnesses or disabilities** for whom private health insurance is inadequate, sometimes referred to as people who are “Aged, Blind, and Disabled”; AND **low-income Medicare enrollees**, also known as “dual eligibles,” to assist with Medicare premiums and cost-sharing and to cover key services, especially long-term care, that Medicare limits or excludes; and
- HUSKY D: low-income adults with incomes up to 133% of federal Poverty Level

MED- Connect (Medicaid for Employees with Disabilities)

- Health insurance for people with disabilities who are employed and who exceed the low income limits of HUSKY C, and receive same coverage of services as regular Medicaid.

Medicare: Health insurance provided by the federal government for people aged 65 or older, or under age 65 with certain disabilities.

Medicare Part A: Hospital coverage provided by directly by Medicare.

Medicare Part B: Optional Medical coverage provided directly by Medicare; allows access to any provider.

Medicare Part C (Combination of Part A and Part B): Hospital and medical coverage provided by Medicare-approved, private insurance companies with limited access to providers and varying costs, both depending on you individual plan; most plans cover prescription drugs.

Medicare Part D: Optional prescription drug coverage provided by private insurance companies allowing limited access to various prescription drugs; all companies must cover medically necessary drugs.

Memorandum of Understanding (MOU): an agreement between entities, usually state agencies, which clearly defines goals, roles and responsibilities, and serves as a guideline for shared activities.

Mental Health Parity: generally requires that insurance coverage of mental health and substance use services be covered in a manner that is substantially similar to the medical and surgical benefits covered under each plan. The application of parity includes the intersection of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (“MHPAEA”), Connecticut law ([CGS § 38a-488a](#) and [38a-514](#)) and the Patient Protection and Affordable Care Act of 2010 (“ACA”).

Mobile Crisis Team: Teams composed of mental health service professionals who provide on-scene responses in mental health emergencies (www.consensusproject.org).

Poverty Threshold: Federal income limits that set the “line” at which an individual or family unit is considered impoverished; determined by the Census Bureau annually and used for statistical purposes.

Poverty Guidelines (often referred to as Poverty Level or Federal Poverty Level, FPL): A simplification of poverty thresholds determined by the federal Dept. of Health and Human Services and used for administrative purposes, such as eligibility for federal programs such as Medicaid.

School-Based Health Centers (SBHC): Fully-licensed primary care facilities, providing a range of physical and mental health services, and in some sites, dental services. School-based health centers are one solution to increase access to mental health care for youth and their families. SBHCs provide individual, group, and family counseling for mental health issues. School-based mental health programs can offer a range of supports from prevention and identification to treatment right in school. Programs such as expanded school mental health services and school based health centers can offer potential solutions to help students thrive and be healthy.

Spend-down: A program that applies to “Aged, Blind, and Disabled” persons who are categorically eligible for Medicaid, but are over the monthly income limit. They must incur enough medical bills within a six month period to “spend down” the Medicaid income limits to qualify for Medicaid. This process is cumbersome because of onerous documentation requirements, and people often go without needed health care and prescriptions.

State Health Care Mandates: requirements that a commercial insurance company or health plan cover (or offer coverage for) specific providers, benefits and patient populations in a particular state.

Housing Terms

Affordable Housing: Housing that costs no more than 30-40% of a household’s income.

Chronic Homelessness: Describes a person’s housing status when they have been either homeless (and not resided in transitional housing) for one year *or* have had at least four episodes of homelessness within the past three years.

Reaching Home Campaign/Opening Doors – CT: Reaching Home is the campaign to build the political and civic will to prevent and end homelessness in Connecticut. Opening Doors – CT is a framework to end homelessness in Connecticut, modeled after the federal Opening Doors plan to end homelessness and Reaching Home is the leadership structure for planning and oversight of Opening Doors – CT.

Rental Assistance Program (RAP): The major state-supported program for assisting very-low-income families to afford decent, safe, and sanitary housing in the private market. Participants find their own housing, including apartments, townhouses, and single-family homes. The participant is free to choose any private rental housing that meets the requirements of the program, as described below. RAP certificates are funded through the Department of Housing (DOH) and are administered statewide by DOH and its agent, J. D’Amelia & Associates (JDA). JDA subcontracts operation of RAP to six local Public Housing Authorities (PHAs) and one Community Action Agency in the state. In general, the family’s income may not exceed 50 percent of the annual median income (AMI) for the county or metropolitan area in which the family chooses to live. Connecticut has adopted the AMI levels published by HUD. These levels vary by location throughout the state (www.ct.gov/doh).

Respite Program: A Department of Mental Health and Addiction Services (DMHAS) program providing short-term residential care for clients who are homeless, awaiting acceptance to services, or are leaving the hospital (www.ct.gov/dmhas).

Scattered-Site Housing: Housing units that are not located at one single location.

Single-Site Housing: Housing units that are located within one building or area.

Section 8: A federally funded (Housing and Urban Development or HUD) Rental Assistance Program in which a participant pays 30% - 40% of his/her adjusted gross income for rent and the remainder of the rent is paid by one of two Section 8 programs (www.housinglink.org):

Project-Based Assistance: This rental assistance stays with the property so that a renter moving into the building pays 30% of his/her adjusted income and the remainder of the rent is subsidized. The renter has the rental assistance as long as he/she lives in the building and remains income-eligible. This type is usually owned and managed by private parties, either for profit or non-profit.

Tenant-Based Assistance: "Portable" rental assistance issued in the form of a voucher that can be used for housing in the private market that meets their affordability limit. The voucher holder/household is required to pay 30% - 40% of adjusted gross income. The administrator (usually a local housing authority) pays the rental property the difference between the tenant's payment and the gross rent amount.

Supervised Housing: DMHAS housing with 24/7 on-site or immediately accessible staff members who provide intensive services to individuals residing in the community. Program activities include assistance, counseling, and skill-building for: daily living; community integration; education assistance and counseling; personal financial management and budgeting; services referrals; meal preparation; communication skills; and use of leisure time. All DMHAS clients are eligible for this program; leases are often held by various agencies, but can be transferred into tenants' names, dependent upon the willingness of the landlord, and not DMHAS. In other cases, DMHAS provides housing resource coordination to assist tenants in finding safe, affordable housing under their own lease.

Supported Housing: DMHAS housing (mostly scattered site) that, through community support programs, provide a range of activities for individuals with severe mental illnesses or co-occurring disorders, specifically rehabilitative and skill-building instruction or counseling pertaining to: daily living, community living, and self-care skills; interpersonal relationships; education on alleviating/managing psychiatric disorders; assistance in gaining access to services, benefits, crisis support; and related activities intended to increase an individual's independence in accordance with their rehabilitative plan. This housing does not provide 24/7, on-site support services. DMHAS holds the leases for these units, but it is possible for tenants to hold their own lease, per DMHAS' authority.

Supportive Housing: Permanent supportive housing (PSH) is an affordable home (made affordable by individuals receiving housing subsidies such as Rental Assistance Program certificates), with support services ranging from counseling to life skills to transportation, depending on a resident's individual needs and is a proven solution to ending long-term homelessness. Permanent, independent and affordable housing combined with on-site or visiting case management and access to a range of flexible support and employment services.

Wellness, Self-Determination Terms

Advance Directives: Legal documents that allow individuals to have their health care preferences considered and respected when they are unable to understand the nature and consequences of their options and reach or communicate their informed decision. They can provide instructions related to all aspects of health care and allow for appointing a health care representative to make decisions consistent with the individual's preferences.

Community-Based Services and Supports: Services and supports that focus on what is offered to an individual in the community through a system of community support. Individuals with mental health conditions have better quality of life if they can remain citizens of their community by offering relevant supports and access to mainstream resources such as housing and vocational opportunities (www.consensusproject.org).

Community Integration: The Americans with Disabilities Act (ADA), enacted in 1990, established legal standards to provide persons with disabilities with an equal opportunity to participate in society. Among its requirements was a mandate that government services be provided in the most integrated setting appropriate, meaning they must be provided in a setting that maximizes opportunities for persons with disabilities to interact with persons who did not have disabilities. This subsequently became known as the "community integration mandate." This requirement was reiterated and strengthened by the 1999 landmark Supreme Court decision in *Olmstead v. L.C. and E.W* which held that segregation in an institution after state professionals had found such hospitalization unnecessary was discriminatory and violated the ADA.

Money Follows the Person (MFP): A program started in 2008 and operated by the Department of Social Services (DSS) that helps people residing in nursing homes return to community living. MFP focuses on older adults who have been in nursing homes for more than 6 months, and on individuals with one of several disabilities, including mental health conditions. An important requirement of MFP is that people who enter this program must transition to other waiver programs within one year. DSS and DMHAS have been working collaboratively to ensure that MFP and the Mental Health Waiver are aligned to facilitate these transitions.

Peer supports: Peer support is based on the belief that "people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations." Peer support services have evolved from self-help and mutual support and have been used for many conditions including cancer, addiction, and trauma. Peer support services are an effective component for engaging people who are dealing with mental health conditions.

Person-First Language: Identifying or "labeling" a person in terms of his or her health concern devalues the many and unique qualities of the individuals and lumps people together into broad

“categories”, suggesting that these groups of people are fundamentally different, even inferior, to the rest of us, strengthening the perceptions of “us” versus “them”, and leading to discriminatory treatment in housing, the workplace, and in the community. This isolates people, robs them of hope, and fosters shame and secrecy about mental health issues. By using “person-first” language, we recognize and communicate to those around us that every individual is unique and multi-faceted, and that a health concern, including a mental health concern, is simply one of many characteristics.

Recovery: In the context of mental health conditions, individual recovery refers to the way an individual experiences and manages his or her condition in the process pursuing his or her personal goals as part of the community as a whole. This approach emphasizes the right of the individual to choice and self-determination in identifying the supports or services that are most effective for him or her, consistent with the right of informed consent. In simple terms, recovery is about building a full and quality life that includes, but goes beyond, managing a health condition, just as one would do with other health conditions, rather than allowing the condition to define the person’s life.

Trauma-informed Care: The effects of untreated traumatic stress are life altering and can lead to a wide spectrum of health/mental health and social problems, including heart disease, Post Traumatic Stress Disorder (PTSD), chronic depression, social isolation, and homelessness. Trauma informed care means that when individuals (both children and adults) seek services, staff respectfully inquires about their trauma history and listens attentively in order to help address their needs. CT’s trauma initiatives include trauma-sensitive services and trauma-specific treatment models, and include activities concerning trauma and gender.

Whole Health Action Management (WHAM): A training program and peer support group model developed by the Center for Integrated Health Solutions (CIHS) to encourage increased resiliency, wellness, and self-management of health and behavioral health among people with mental health conditions and substance use disorders. A powerful program intended to strengthen the peer workforce’s role in healthcare delivery, WHAM provides peer support professionals and volunteers a format for peer support meetings in which consumers engage in 8-week WHAM groups to support one another as they work toward, achieve, and maintain whole health goals.

Working for Integration Support and Empowerment (WISE): a waiver program (authorized in §1915(c) of the Social Security Act) allowing Connecticut to provide an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The program is built on the Department of Mental Health and Addiction Services’ (DMHAS) focus on recovery.

Young Adult Services (YAS): Interdepartmental program administered by DMHAS of services and supports for young adults who are recovering from behavioral health challenges, focusing on the early identification, referral, transition, and access to a range of age and developmentally appropriate clinical and support services for clients, most of whom are “aging out” of DCF care. The goal is to provide the

types of supports young adults will need to make their journey to adulthood successful. Types of supports include mental health treatment, employment support, life skill development and housing assistance, and using a person-centered approach and trauma-sensitive services.

Criminal Justice Terms

Accelerated Rehabilitation (AR): Program that give persons charged with a crime or motor vehicle violation for the first time a second chance. The person is placed on probation for up to two years. If probation is completed satisfactorily, the charges are dismissed.

Alternative Incarceration Center (AIC): Community based programs that provide monitoring, supervision and services to people who would otherwise be incarcerated.

Court Support Services Division (CSSD): A division of the Administrative Operations Division of the state Judicial Branch that provides pre-trial services, family services and offender sentencing and supervision options. CSSD consists of Intake/Assessment/Referral (IAR) units, which conduct comprehensive evaluations and referrals, and Supervision Units, which focus on effective supervision of clients involved with the court system. Two separate, but parallel, service delivery systems operate - one for adults and one for juveniles. The state has been divided into five regions for the delivery of services. (www.jud.state.ct.us/Publications/es201.pdf).

Crisis Intervention Teams (CIT): Police program comprised of designated officers who are called upon to respond to mental health calls and crises, such as attempted suicides. These officers participate in 40 hours of specialized training under the instructional supervision of experienced law enforcement professionals, mental health providers, family advocates, and individuals living with mental health challenges. Officers trained under this program are skilled in de-escalating potentially volatile situations, gathering relevant history, and assessing medication information and the individual's social support system (www.cableweb.org).

Specialized Crisis (Intervention Team) Training for Young Adults (SCYA): Additional training for CIT trained police officers to enable them to identify and support young adults who may be experiencing early psychosis/their first mental health episode. Engagement with young adults, by offering age-appropriate programs as early as possible in their health challenges, is the primary goal. Programs and services offered may include connecting them to a mental health provider specializing in services for young adults, and recovery services such as young adult peer support groups.

Day Reporting Programs: Intermediate sanction programs are innovations that serve as a step between the security and punishment of prisons and jails and the supervision without the security offered in probation and parole. Such programs as intensive supervision, house arrest, and electronic monitoring are becoming accepted alternatives to incarceration. Day Reporting Centers are another intermediate sanction that is gaining popularity. Among the services commonly provided by Day Reporting Centers are: support, treatment, or referral for treatment for such problems as substance abuse, mental health, education, vocational training, and job placement (<http://www.fdle.state.fl.us/fcjej/SLP%20papers/Diggs.pdf>).

Family With Service Needs (FWSN): A family that includes a child, who (a) runs away without just cause, (b) is beyond the control of his/her parents/guardian, (c) has engaged in indecent or immoral conduct, and/or (d) is a truant or continuously defiant of school rules and regulations.

Jail: A correctional facility designed to detain individuals pending judicial hearings or to provide brief periods of incarceration, generally less than one year, for sentenced inmates. Jails are typically operated by local or county jurisdictions.

Jail Diversion Program: A program funded by DMHAS that provides court-based services to individuals with serious mental health conditions (and often co-occurring substance use disorders) who have come in contact with the criminal justice system by connecting them with community-based treatment and support services. Individuals can be "diverted" - either from arrest or a longer-term period of incarceration (<http://www.ct.gov/dmhas/LIB/dmhas/publications/jaildiversion.pdf>).

Jail Re-interview Program: When a person who has been arrested for a low-level offense is in jail, waiting for arraignment, and cannot make bail, parole officers will assess his or her needs, including for mental health and substance abuse treatment. If the person is being served by DMHAS, parole officers can recommend to the judge that the person receive services, supports and supervision in the community.

Mental Health Parole Officers: Specially trained parole officers who provide intensive supervision of previously incarcerated persons with mental health conditions. These officers will work with community based providers and others to assist persons with mental illness with successful community re-entry while finishing out their sentence (<http://www.ct.gov/doc/cwp/view.asp?a=1503&q=265536>).

Mental Health Probation Officers (Connecticut): These specially trained probation officers provide intensive supervision for clients with identified mental health diagnoses and work collaboratively with DMHAS staff to ensure access to an expanded service continuum for psychiatric and co-occurring disorders. The mental health officers will be sited in eight towns: Bridgeport, Hartford, Meriden/Middletown, New Britain, New Haven, New London, Norwich and Waterbury and they will work collaboratively on treatment teams with DMHAS providers and clinicians (http://www.jud.ct.gov/CSSD/pub/chron_0207.pdf).

Parole: A process whereby inmates can be released from incarceration and transferred to community supervision prior to the end of their sentence, given exceptional behavior and rehabilitation during incarceration and a comprehensive review by a parole board. Parole has been abolished in a number of states in recent years.

Prebooking Diversion: Response strategy through which a police officer can avoid detaining and filing criminal charges against a person with a possible mental health condition by making an immediate referral to community mental health services or directly transporting the individual to a designated hospital or drop-off center.

Presentence Investigation Report: A report prepared by a probation officer to provide the sentencing judge with thorough background information on the offender to be sentenced (www.consensusproject.org).

Pretrial Diversion: A dispositional option in which the prosecutor offers a person charged with a criminal offense an alternative to having the case prosecuted in the traditional criminal proceedings, with the charges dismissed or reduced upon successful completion of the diversion period (www.consensusproject.org).

Prison: A correctional facility that houses inmates generally sentenced to a period of incarceration exceeding one year. Prisons are typically operated by state corrections agencies, although private companies also operate prisons in some states.

Probation: A chance to remain free (or serve only a short time) given by a judge to a person convicted of a crime instead of being sent to jail or prison, provided the person can be good. Probation is only given under specific court-ordered terms, such as performing public service work, staying away from liquor, paying a fine, maintaining good behavior, getting mental health therapy, and reporting regularly to a probation officer. Violation of probation terms will usually result in the person being sent to jail for the normal term. Repeat criminals are normally not eligible for probation.

Reentry: The process of prisoners reentering society after a period of incarceration in a prison, jail, or detention facility.

Residential Alternative Incarceration Center: A community-based residential program that provides intensive monitoring, supervision and services to persons with severe and persistent mental health conditions who would otherwise be incarcerated. Attempts to site these centers in communities have failed due to stigma and community fears about mental illness.

Recidivism: The return of a released former inmate to custody in a correctional facility. Typically results from either an arrest for a new crime or from a technical violation such as failure to meet conditions of release (probation/parole) (www.consensusproject.org).

Technical (Parole) Violations: Any violations of the conditions for parole other than the conviction of a new felony.