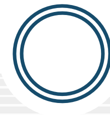
NAMI NJ Annual Conference



VALERIE L. MIELKE
ASSISTANT COMMISSIONER
SATURDAY, DECEMBER 3, 2016
JAMESBURG, NJ

Division of Mental Health & Addiction Services
wellness*recovery*prevention

Agenda

1. Integration of Primary Care and Behavioral Health
2. Fee For Service (FFS)
3. First Episode Psychosis (FEP)
4. Peer Respite
5. Dually Diagnosed/Mentally Ill

Primary Care & Behavioral Health

Integration of Primary Care and Behavioral Health

- People with behavioral health disorders often have shorter lifespans than the average person*.
  - Premature deaths are caused by untreated and preventable chronic illnesses.
  - Poor health habits can aggravate chronic illnesses.
  - Barriers to primary care for our consumers have been a major obstacle to care.
- The solution lies in integrated care, the systematic coordination of general and behavioral healthcare.
  - Integrating mental health, substance abuse, and primary care services produces the best outcomes.
- The New Jersey Division of Mental Health and Addiction Services (DMHAS) is exploring and working with other systems on several models of integration.

*(http://www.samhsa.gov)

Integration of Primary Care and Behavioral Health/Behavioral Health Homes

- Not a residential program.
- It's a whole person delivery model that addresses behavioral health, physical health and promotes wellness.
- BHHs allow individuals to have all of their health care needs identified, addressed, and treated in a coordinated way.
  - The same team of clinicians and practitioners either deliver, or coordinate the delivery of, all the necessary medical, behavioral, and social supports required for the individual, acknowledging the impact each area has on the others.

Behavioral Health Homes in NJ

Atlantic, Bergen, Cape May, Mercer and Monmouth Counties have CMS approval to offer behavioral health homes to Medicaid eligible consumers

- Atlantic County has three (3) certified BHH providers
- Bergen County has two certified (2) BHH providers and one agency working to become certified
- Cape May County has one agency working to become certified
- Mercer County has three (3) certified BHH providers
- Monmouth County has two (2) certified BHH providers and two agencies working to become certified

State of New Jersey
DHS
Department of Human Services

Fee for Service

Rates and Transition to FFS

- In 2016 Governor Christie announced that $127 million would be invested in enhanced behavioral health service rates for providers
  - It is the largest increase to the behavioral health community in over a decade
  - Providers benefit from the increased rates
  - Providers realize increased flexibility in managing agency revenue
  - Providers avoid contract cost containment requirements
  - Creates standardization of reimbursement across providers

What is Fee For Service?

- A payment method that pays providers for services rendered

- This is a new way for mental health providers to get reimbursed for services

Benefits of Fee for Service

Goal of creating equity across the DMHAS system

- Increased system/service capacity
- Creates greater access to care at the level needed, when needed
- Promotes competition, creating more choices for consumers
- Promotes service innovation

State of New Jersey DHS Department of Human Services

Implementation of Rates and FFS

- Since initial announcement of rates, some rates have been further increased
- New Rates for Mental Health and Substance Use Disorders became effective July 1, 2016 with Medicaid
- SUD slot-based contracts transitioned to FFS on July 1, 2016
- July 2016 Prior Authorizations for Medicaid and some state initiatives
- SUD cash advance policy implemented
- MH Providers transition to FFS January or July of 2017

Current FFS Activities

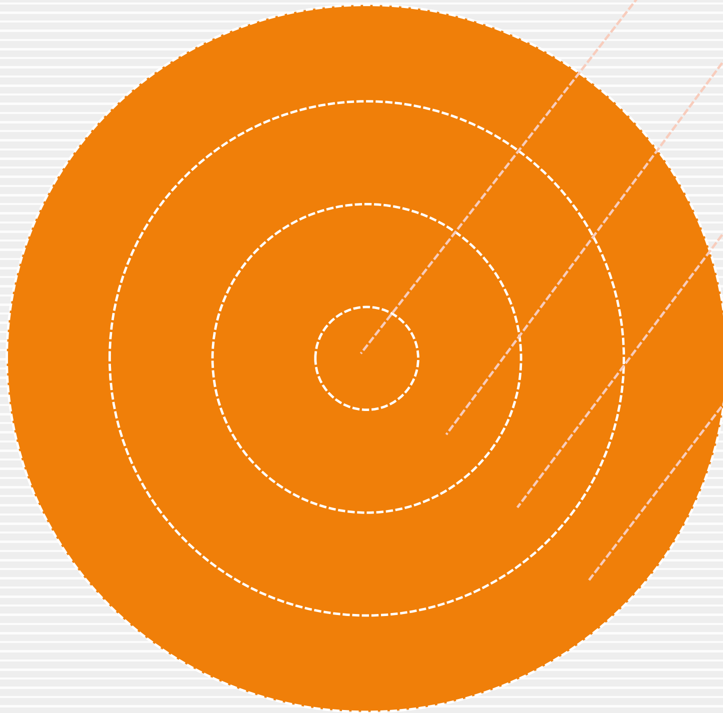
- Agencies are transitioning in January
- NJMHAPP manual distributed
- User acceptance testing
- Cash Advance

First Episode Psychosis

What is FEP?

- FEP refers to the early stages of someone experiencing psychotic symptoms or a psychotic episode.
- People experiencing psychotic symptoms may not understand what is happening. The symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed.
- Because of the negative myths and stereotypes about mental illness, the psychosis is often not recognized and/or well understood.

Goals and Objectives for FEP Early Intervention

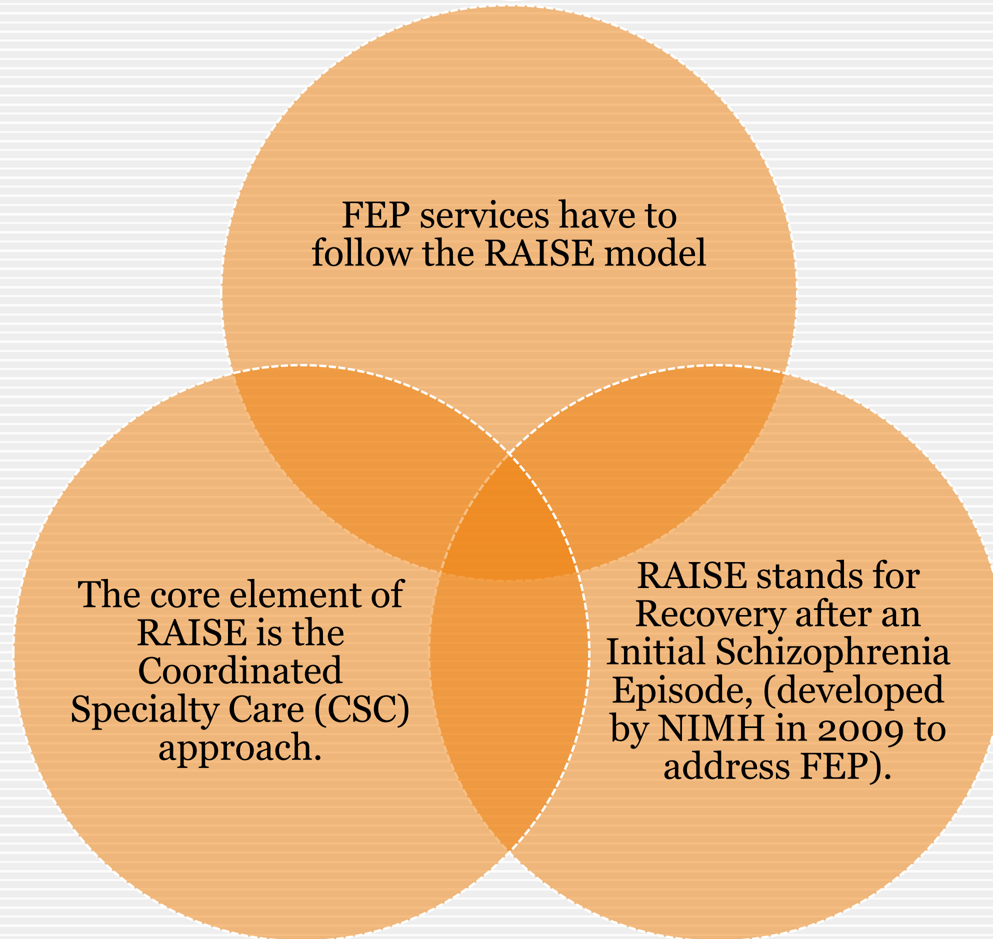


- Change the trajectory of psychotic disorders
- Reduce likelihood of long-term disability
- Help people lead productive, independent lives
- Reduce the financial impact on the public systems

Benefits of FEP Early Intervention

- Less treatment resistance and lower risk of relapse
- Reduced risk for suicide
- Reduced disruptions to work or school performance
- Retention of social skills and support
- Decreased need for hospitalization
- More rapid recovery and better prognosis
- Reduced family disruption and distress

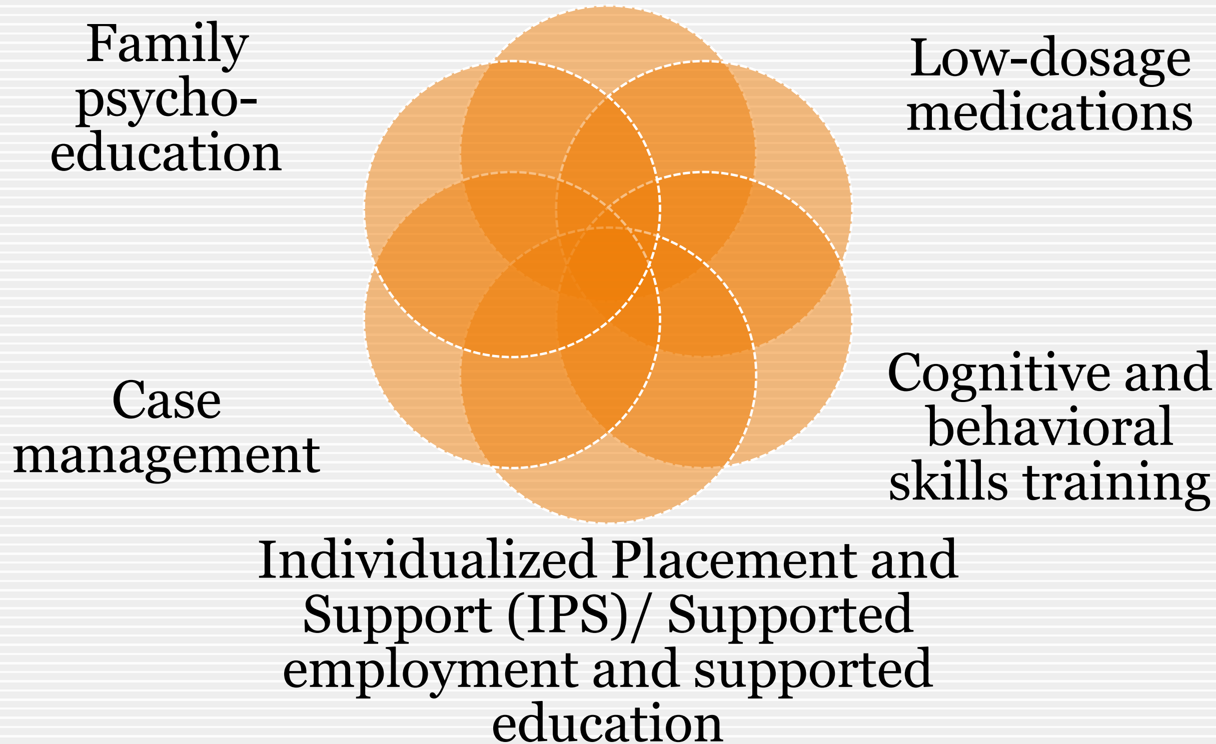
The RAISE Model



Coordinated Specialty Care (CSC)

- CSC is a collaborative, recovery-oriented approach, involving clients, treatment members, and, when appropriate, family members as active participants.
- All services are highly coordinated with primary medical care.
- Focus on optimizing a client's overall mental and physical health.

Components of CSC



Outcome Measures

- Number of psychiatric hospitalization(s)/re-admissions per service recipient (30 and 180 days)
- Number of ER department visits for psychiatric reasons per service recipient (30 and 180 days)
- Ratings of occupational functioning, social functioning, and symptom severity
- Use of the Mental Illness Research, Education and Clinical Center (MIRECC) version of the Global Assessment of Functioning scale (MIRECC-GAF) is required

Peer Respite

Peer Crisis Respite

A non-traditional alternative program that offers a safe, comfortable, home-like, non-judgmental environment in which one may be able to process stress as well as explore new options. The hope is that crisis is not defined as a negative experience, but rather as an opportunity for personal growth. Furthermore, research demonstrates that a consumer-operated peer crisis respite programs are proving to be a powerful approach to reducing unnecessary and unwanted hospitalizations.

Menu of Services

- Linkage and advocacy with community resources
- Development of a Personal Wellness Plan
- Development and enhancement of crisis management skills
- Exploration and Linkages to self-help programs including community wellness centers
- Crisis awareness and stabilization
- Creation of a Wellness and Recovery Action Plan (WRAP)

Respite Bed Locations

New Jersey currently has 15 Peer Respite Beds

5
Legacy Treatment Services
Ocean County

5
Collaborative Support Programs of NJ
New Brunswick, NJ

5
Collaborative Support Programs of NJ
Passaic County, NJ

Dually Diagnosed / Mentally Ill

Transformation Transfer Initiative

- 2017 Grant Awarded to the New Jersey Division of Mental Health and Addiction Services (DMHAS)

- Collaboration with:
  - Rutgers University Behavioral Health Care
  - Trinitas Regional Medical Center
    - Cares & S-COPE
  - NAMI- NJ

Transformation Transfer Initiative

Project: To provide an innovative support and educational program to caregivers of persons with co-occurring DD/MI to bolster self-care practices and to strengthen resiliency.

Process: will involve extensive stake-holdering process with individuals who experience DD/MI challenges, their caregivers/families and providers who support and treat them.

Program will focus on mind-body strategies as well as social and informational support.

Caregivers need nourishment for their own tolerance, spiritual and emotional flexibility to be able to meet the demands of their roles and responsibilities. Caring for a loved one with a chronic disability, as well as the knowledge, skills and resources to meet their own wellness and self-care needs.

Transformation Transfer Initiative

- Population to be served:
  - Adults with Developmental Disabilities and Serious Mental Illness (DD/MI)
  - Caregivers/families of Persons with DD/MI
  - Providers of Persons working with persons and their families with co-occurring DD/MI
  - NAMI-NJ members with loved ones with DD/MI are eligible to participate in grant activities
- Research indicates the prevalence of mental health disorders in the developmentally disabled population ranges from 30 to 40%.
- This co-morbidity creates a myriad of behavioral, physiological, psychosocial and treatment challenges for the individual, the family and providers.

Transformation Transfer Initiative

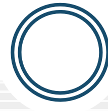
Premise of the Project:

The better self-care practices and overall wellness and resiliency of the caregiver promotes a more positive, caring, and empowering relationship with the person to whom care is being provided. Both people experience an improved quality of life and associated overall well-being.

Outcome Measures:

- Increase strength and resiliency
- Decrease pain
- Increase energy level
- Improve sleep
- Increased quality of life
- Increased coping skills
- Decrease anxiety
- Decrease depression
- Increase overall well-being

State of New Jersey DHS Department of Human Services



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