HOME TO RECOVERY CEPP PLAN

New Jersey Department of Human Services

Division of Mental Health Services

January 2008

WHAT IS CEPP?

Conditional Extension Pending Placement (CEPP)- In New Jersey the status of CEPP was created by a 1983 New Jersey Supreme Court decision, In re: S.L., 94 N.J. 128 (1983), for individuals who no longer met the standard for involuntary commitment but for whom there was no present appropriate placement in the community.

BACKGROUND

- In April 2005, NJP&A filed a lawsuit against the Department of Human Services on behalf of individuals given a status of CEPP at the state psychiatric hospitals.
- The focus of the lawsuit and the priority of this CEPP Plan is to develop opportunities for community reintegration and tenure as required under the mandates of the Americans with Disabilities Act as interpreted by the *Olmstead* decision in 1999.

FOUNDATION OF THE HOME TO RECOVERY PLAN

- DMHS commitment to the U. S. Supreme Court decision Olmstead v. L.C. 119 S.Ct., 2176 (1999)
- Redirection II in 2000
- Department of Human Services Achieving Community Integration for People with Disabilities 2003
- Rutgers Resident CEPP Profile Research Project in 2004
- Former Governor Codey's Task Force Report, *The Long and Winding Road to Treatment, Wellness and Recovery* (2005)
- Wellness and Recovery Transformation Action Plan (2007)
- Community Mental Health Block Grant (2007)

PARTICIPATION & PLANNING

- Stakeholder input and participation inclusive of consumers, family members, and community providers

- This plan incorporates:
  - DHS's Work Plan - Achieving Community Integration for People with Disabilities
  - Redirection I & II initiatives
  - Governor Codey's Task Force on Mental Health
  - Creation of the Special Needs Housing Trust Fund
  - The Wellness and Recovery Transformation Action Plan
  - The Community Mental Health Block Grant

RESULTS….

- Redirection II -388 residential/housing opportunities
- Statewide expansion of PACT & ICMS
- Increased housing and treatment options for individuals with co-occurring substance abuse disorder
- FY 2006 -2008: 1,100 new community based housing opportunities with flexible services.
- Admissions to State hospitals have decreased

STATE HOSPITAL ADMISSIONS

Hospital	FY96	FY01	FY04	FY07
APH	983	1074	1233	1309
GPPH	516	271	347	337
HPH	277	494	490	467
MPH	1347			
TPH	369	1100	1107	696
TOTAL	3492	2939	3177	2809

TOTAL STATE HOSPITAL CENSUS

Hospital	FY96	FY01	FY04	FY07
APH	462	707	750	742
GPPH	627	550	557	558
HPH	164	286	292	299
MPH*	703			
TPH	303	463	506	458
TOTAL	2259	2006	2105	2057

Utilization of Non-Emergency Services-Unduplicated Adult Clients

(includes County and STCF)

FY	SMI	NON-SMI	TOTAL
2001	63,748	110,332	174,080
2004	77,132	134,728	211,860
2007	87,090	143,052	230,142

CEPP CENSUS

	FY96	%	FY01	%	FY04	%	FY07	%
APH	157	34%	234	33%	292	39%	367	49%
GPPH	301	48%	206	37%	300	54%	298	53%
HPH	92	56%	138	48%	137	47%	140	47%
MPH	232	33%						
TPH	103	34%	165	36%	247	49%	265	58%
TOTAL	885	39%	743	37%	976	46%	1070	52%

CEPP LENGTH OF STAY*

	<6 m.	%	6m-1yr	%	1-5yr	%	>5yr	%	Total
FY96	398	45%	168	19%	266	30%	53	6%	885
FY01	1637	67%	353	14%	395	16%	64	3%	2449
FY04	1987	65%	483	16%	496	16%	84	3%	3050
FY07	1928	59%	554	17%	682	21%	84	3%	3248

***Please note, since one person can have multiple CEPP designations within a 12 month period of time, the number of instances is a duplicated count.**

RESOURCE AVAILABILITY

State Fiscal Year	New Funds*
2001	$12,750,000
2002	$5,886,000
2003	$0
2004	$9, 684,000
2005	$7,025,000
2006**	$26,000,000***
2007	$15,405,000***
2008	$20,000,000***

*The above amounts are net increases to community care including OMB cuts in certain years exclusive of amount re-budgeted to Medicaid and DCBHS. All amounts are exclusive of COLAs for that year.

**A $200 million Special Needs Housing Trust Fund was created in FY 2006 to create housing opportunities for state hospital discharges as well as those at risk of institutionalization.

***Following the Governor's Task Force Final report's multi-year recommendations, an influx of resources geared to mental health services to address Olmstead and community services can be realized.

RESOURCE AVAILABILITY

FY	Total DMHS Resources	Housing Created	State Hosp FY Adm	Total Census
2005	$631,507,000	388	3378	2293
2006	$680,898,000	495	3262	2304
2007	$696,566,000	375	3152	2253
2008	$752,416,000	438	2800*	2151**

*SFY 08 is a projection based upon 6 months of Admission data.
**SFY 08 is based on partial data thru 12/31/07 and not a full year

PLANNING PROCESS

- Targets to reduce the length of stay of the CEPP individual:
  - Discharging up to 200 patients who have been designated as CEPP for 6 months or longer
  - Diverting 100 admissions of individuals who are - or at risk- of homelessness.
- Major implementation steps to be taken in the following areas:
  1. Policy Reform, Enhancement & Refinements
  2. Community Capacity Development

CEPP PLAN TIMEFRAMES

Percent Targets on CEPP <6 months Over 6 Years	
Year End	% on CEPP <6 Months
6/30/09	62%
6/30/10	67%
6/30/11	70%
6/30/12	80%
6/30/13	90%
6/30/14	100%

POLICY REFORM, ENHANCEMENT & REFINEMENTS

1. Creation of an Olmstead-specific functions and committees
   - Olmstead Coordinator
   - Olmstead Advisory Committee
   - Hospital Based Olmstead Committee
2. Assessment of Current and Prospective CEPP Population
   - Consumer Preferences for Housing & Services Questionnaire
   - LOCUS for Psychiatric and Addiction Services
   - Individual Needs for Discharge Assessment
3. Data Management, Monitoring & Evaluation
   - At a Division Level
   - At a State Hospital Level
   - At the Regional Level

REVIEW COMMITTEES

- Utilization Review Committee
- Intensive Case Review Committee

COMMUNITY CAPACITY DEVELOPMENT

1. Development of Supportive Housing models and opportunities for the CEPP Population
2. Creation of support service models for the CEPP Population
   - Supportive Housing
   - Residential Intensive Support Teams (RIST)
   - Programs for Assertive Community Treatment (PACT)
   - Licensed Residential Programs
3. Development of Additional Community Infrastructure

KEYS TO IMPLEMENTATION

- Aligning regional and hospital practices
- Allocation of resources consistent with Olmstead
- Development of appropriate community-based options for consumers to ensure timely discharges
- Statewide Residential Workgroup to recommend more uniform discharge processes and identifying best practices related to discharge
- Regional Advisory Committees to enlist feedback from stakeholders representing different facets of the mental health continuum.
- Regional office designated employees to work directly and in partnership with state hospital staff and community-based providers to facilitate the integration of consumers into the community of their choice.

ACCOUNTABILITY

- The CEPP Plan will be reviewed annually in concert with the Wellness and Recovery Transformation Action Plan and the Community Mental Health Block Grant. This process will be transparent and inclusive of multiple stakeholders through various recurring and focused activities.

- DMHS will retain and utilize a consultant to solicit further recommendations for plan implementation.

- DMHS will post on its website the CEPP Plan's annual report and ongoing progress consistent with the six year Work Plan.

SUMMARY

The success of the Home to Recovery – CEPP Plan will require:

- Dedication
- Sustained commitment of many co-contributors
- Policy, fiscal, regulatory, and practice implications
- Full participation of community, regional, hospital (both public & private), and university partners
- A system that is:
  - Consumer Driven
  - Transparent
  - Flexible
  - Responsive
  - Accessible

REFERENCES

- Governor's Task Force on Mental Health Final Report: http://www.state.nj.us/humanservices/dmhs/Governor_final_report.pdf
- Rutgers Center for State Health Policy, *Barriers to Discharge, Optimal Housing and Supportive Mental Health Services for Residents with Conditional Extension Pending Placement Legal Status Final Report,* May 2006
- Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, *Needs Upon Discharge/Discharge Plan Form*, DMH 942E 1190F 10/30/01. http://www.dmhmrsas.virginia.gov/forms.asp
- Wellness and Recovery Transformation Action Plan January 1, 2008 – December 31, 2010 http://www.state.nj.us/humanservices/dmhs/Welln_Recov_action_plan_jan2008_Dec2010.pdf