

The background of the slide features a series of stylized, light blue human figures holding hands in a circle. The figures are rendered in a 3D, blocky style with soft shadows, set against a solid blue background. The text is overlaid on this graphic.

Division of Mental Health Services

Overview, Policy and Current Initiatives

September 17, 2010

DMHS Mission and Functions



- **“We envision a mental health system where every New Jersey citizen with a mental illness will recover and thrive; a system that is consumer driven and family involved, a system where mental illnesses are prevented or detected early; and a New Jersey where all citizens with mental illness, at any stage of life, have access to effective treatments and supports – essentials for wellness, recovery, working, learning and participating fully in the community. We envision a New Jersey that welcomes as full members of society, persons with mental illness.”**
- **The Division of Mental Health Services is the designated state mental health authority for the State of New Jersey. It operates five psychiatric hospitals in the adult mental health care system consistent with its authority under N.J.S.A. 30:1-7; N.J.S.A. 30:4-160 and N.J.S.A. 30:4-27.2 (u). As part of its statutory mission it also:**
 - **Contracts with over 117 community mental health providers for direct services to consumers**
 - **Monitors the provision of services in state and county psychiatric hospital and contracted community mental health providers in accordance with Department of Human Services and national standards**
 - **Designates emergency mental health screening services in accordance with N.J.S.A. 30:4:27.1 et seq.**
 - **Establishes policy regarding the delivery of mental health services**
 - **Recommends regulations for promulgation by the Department of Human Service within Title 10 of the New Jersey Administrative Code**
 - **Provides for technical assistance and recommendations to the Department of Health and SHCC regarding Certificate of need and licensure standards**
 - **Reviews program for Medicaid certification**

Constituency Relations and Stakeholder Participation



DMHS works very closely with consumers, families, mental health constituency stakeholders and providers who participate in many aspects of planning and implementation. Some of these groups include:

The Mental Health Planning Council and NJ Mental Health Advisory Board, County Mental Health Boards, National Alliance for the Mentally Ill-NJ, Mental Health Association of NJ, NJ Association of Mental Health and Addiction Agencies, Coalition of Mental Health Consumer Organization, NJ Psychiatric Rehabilitation Association, Multicultural Services Advisory Committee, Systems Review Committee, Provider Advisory Committees, Statewide Consumer Advocacy Committees, Supportive Housing, and the NJ Hospital Association



DMHS Contracted Services



- DMHS funds the following contracted services:
Integrated Case Management Services, Programs for Assertive Community Treatment, Projects for Assistance in Transition from Homelessness, Designated Screening Centers, Psychiatric Emergency Services, Early Intervention Services, Short Term Care Facilities, Outpatient Services, Bilingual and Bicultural Service, Partial Hospitalization and Partial Care, Residential Services, Supportive Housing, Residential Intensive Support Team, Intensive Outpatient Treatment and Support Services, Legal Services, Self Help Centers, Peer Operated Support Team, Intensive Family Support Services, Supported Employment/Education, Justice Involved Services, Statewide Clinical Consultation and Training Program

	SFY 2000	SFY 2007	SFY 2008	SFY 2009	Projected SFY 2010	% Change from SFY 2000 to SFY 2010
# Consumers Accessing Services	215,925	293,133	294,647	298,197	304,179	+29.0%

DMHS Funding Sources & Contracts



For Funding Sources



Contracted Services

- DMHS contracts with approximately - 117 providers via 132 contracts for 700 discrete programs: FY'11 = 334m
- Estimated annual number of individuals served – 304K
- See FY 11 Governors Recommend Budget Evaluation Data page D-180 for breakdown of clients and units per service type;
- Definitions of services and units of service for each program type on web site Program regulations found on DMHS's web site – <http://www.state.nj.us/humanservices/dmhs/info/notices/regulations/index.html>

DMHS OFFICES



- **Office of State Hospital Management**
- **Office of Fiscal Management Operation**
- **Housing, Policy, Planning and Evaluation**
- **Office of Human Resources**
- **Office of Consumer Affairs**
- **Office Of Workforce Development & Training, Forensics, Trauma Informed Care, and Cultural Competence**
- **Office of Community Services Operations - North and South**
- **Office of Medical Services**
- **Office of Legal Services**
- **Governor's Council Of Stigma**
- **Office of Disaster and Terrorism Branch**

The Three Current Driving Forces at DMHS



- **Wellness and Recovery Transformation Plan**
- **Mental Health Block Grant**
- **Olmstead Settlement**

Wellness and Recovery Transformation Plan



- Initial charge towards systems transformation came in response to Governor Codey's 2005 Mental Health Task Force Report
- The DMHS Transformation Plan, consistent with the findings of the President's New Freedom Commission report, places value on:
 - **Grounding the system in a recovery orientation**
 - **All services are welcoming**
 - **Consumers and families drive the system**
 - **Services are culturally competent, integrated and collaborative**
 - **Services are held accountable, cost effective and monitored**
 - **Stigma is not tolerated, education and awareness are primary**
 - **The system emphasizes evidence based and best practices, quality of care are outcomes**

Wellness and Recovery Transformation Plan

Major Areas of Concentration



Systems Enhancements

- Increase family and consumer roles
- Implement and expand Psychiatric advance directives
- Work towards integration of mental health and primary care
- Create and sustain a co-occurring competent system
- Emphasize evidence based and best practices

Data Driven Decision Making

- Establish recovery oriented system wide outcomes
- Reform contract system to align with specified outcomes
- Assess County based systems through mapping and intercept processes to determine strengths and opportunities

Workforce Development

- Develop a competency based workforce approach for community and state hospital staff.

Mental Health Block Grant



- The Community Mental Health Services Block Grant is authorized by Part B of Title XIX of the Public Health Service Act and is the single largest Federal contribution dedicated to improving mental health service systems across the country. The Center for Mental Health Services' Community Mental Health Services Block Grant awards grants to the States to provide mental health services to people with mental disorders.
- NJ receives approximately \$11.6 million annually for the Block Grant

Olmstead Agreement



- Settled July 29, 2009
- Sets out a 5-year plan and process through which NJ will:
 - Create 1,065 new community residential and support services opportunities, including 370 opportunities for persons at risk in the community and 695 for persons who will be discharged from State Hospitals
 - Strengthen the community infrastructure so as to reduce the need for State Hospitalization for those persons living in the community who are at risk.

STATE HOSPITALS



- Census Reduction since 2005 = over 500
 - Census at non-forensic State Hospitals at the end of August 2010 = 1,582
 - Ann Klein Forensic Center Census = 200
- Emphasis on Active Treatment, Evidence-Based Practices
 - Restraint reduction
 - Implementation of Treatment Malls
- Impact of Olmstead settlement agreement
- JCAHO/CMS Accreditation
- All are Tobacco free
- Overtime reduction – 30% in past 2 years
- Workforce Development





Involuntary Outpatient Commitment Law

P.L. 2009, c.112 (S-735)

- Implementation of IOC was delayed due to need for additional resources
- Planning continues and DMHS will be issuing a Request for Information (RFI)

Legislation in reference to Acute Care



Prompt Transfer or Behavioral Health Consumers from Emergency Departments to Appropriate Treatment Setting

- Goal of legislation: To move behavioral health consumers out of emergency departments as quickly as possible to avoid delay and overcrowding in ED

Standardized Medical Clearance Protocols

- Goal of legislation: Reduce wait times in the emergency department of general hospitals waiting for transfer of behavioral health patient.

Task Force Updates



Co-Occurring Task Force

Convened jointly by DMHS and DAS to develop a strategic plan for a co-occurring system of care. TF consisted of three subcommittees:

- System's Integration
- Service Integration
- Workforce Development

Acute Care Task Force

Convened by DMHS to examine acute care system and recommend system improvements. TF consisted of three subcommittees:

- Policy
- Data
- Service Delivery



Task Force Update



Primary Care Task Force

- Task Force goals are to increase access to primary care services and the collaboration between primary care and mental health providers, as well as promote consumer wellness and self management.

Contracting Initiatives



- Unit cost initiative – narrow variances in cost/unit for ostensibly like services for like populations
- Plan for movement of appropriate contracts from cost reimbursement to uniform fixed rate compensation methodology
- Develop web based application for contract budget, expenditure report and service reports
- Evaluate conversion to client specific information system i.e. hospital and community service consumption and cost tracked at individual client level across DMHS, DMAHS, etc.

