

Division of Mental Health & Addiction Services

wellnessrecoveryprevention

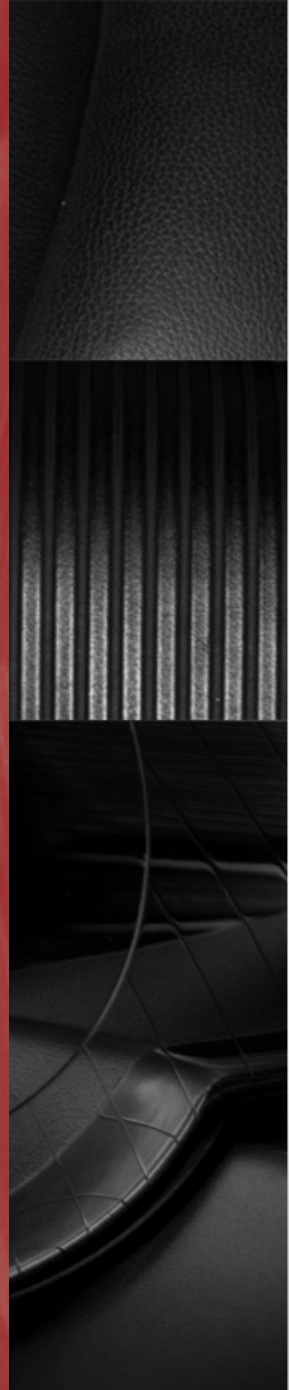
laying the foundation for healthy communities, together

NAMI-NJ Conference

December 6, 2014

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Assistant Commissioner





Agenda

- Overview of Family Forums
- Division Changes
- Housing Overview
- New Initiatives
- Major Trends



Family Forums

- DMHAS, in conjunction with NAMI, hosted Family Forums Fall 2014 to hear directly from families who are dealing with behavioral health concerns with loved ones.
- These forums were a great opportunity to communicate directly with DMHAS, as the Division shared information on new initiatives and was able to receive feedback from families.
- Families were also provided with contact information for staff in the Office of Community Services should they need help with accessing mental health services.
- Some of the issues identified include:
 - Challenge in accessing services (both inpatient and community services) for loved ones – requires multiple calls and tenacity to be successful.
 - Families find that hospitals and community providers do not consistently include families in treatment and discharge planning in a meaningful way.
 - Providers do not consistently answer/respond to calls from family members.
 - Rumor that the residents in the developmental centers that have closed/are closing are transferring to state hospitals and state hospitals are developing quasi developmental centers.
 - Questions about Social Security.



Family Forums: *Responses to issues*

- Families can contact DMHAS regional offices when they are experiencing difficulties identifying or accessing services and/or the provider is not responsive (e.g., returning calls, not including families in treatment/discharge planning).
 - Website for the telephone numbers for the regional offices:
<http://www.state.nj.us/humanservices/dmhs/services/>
- Information and Referral resource for individuals to identify mental health service providers
 - NJMentalHealthCares at: <http://www.njmentalhealthcares.org/>
 - Telephone number is: 866-202-HELP (4357)
- The state hospitals are not replacing the developmental centers. Many individuals in the developmental centers have moved into community housing with services. Others were transferred to one of the remaining developmental centers for continued care and treatment.
- An individual with social security who can answer general questions about social security (not case specific) is David Vinokurov at David.Vinokurov@SSA.gov.



Reorganization

- Effective July 2014, Table of Organization was updated
 - Created Office of Olmstead, Compliance, Prevention, Planning and Evaluation
 - Created Office of Community Services
 - Reorganized Office of Managed Care into the Office of the Medical Director and Office of Fiscal Management
 - Moved Housing Office to DHS
- Why now?
 - Streamline our efforts around Olmstead, which is in its 5th year
 - Centralization of housing among DHS divisions



Managed Services

- Currently, behavioral health services are funded in a Fee-For-Service (FFS) model.
- FFS means providers provide the service and bill Medicaid directly.
- Some problems are:
 - Care is fragmented.
 - There isn't one entity to help consumers coordinate between providers.
 - Consumers have to shop around to find services.
 - We spend too many resources on crises, which leaves little money for outpatient services that keep individuals in the community and out of institutions.



What is an ASO & MBHO?

- ASO = Administrative Services Organization
- MBHO = Managed Behavioral Healthcare Organization
- Even though they mean somewhat different things, we have used ASO & MBHO interchangeably when talking about these changes.
- They are both entities that states use to manage and pay for services.



Core Functions

- Core functions of an ASO or MBHO system:
 - 24/7 member service line and can include mobile crisis
 - Utilization review – Prior Authorizations and continuing stay reviews
 - Data analysis – used for Quality Assurance and tracking outcomes
 - Quality Improvement including consumer satisfaction surveys

Roles and Responsibilities in a Managed Behavioral Healthcare System

- Eligibility
- Network Development and Management
- Assessment and Referral
- Utilization Review
- Claims Administration
- Data Analytics
- Care Management
- Quality Management
- Financial Management



Rates

- DMHAS has received the rates from Myers & Stauffer.
- Our fiscal office staff are reviewing the rates.
- DMHAS will meet with the providers in the near future.



Separation of Housing and Services

- DMHAS is working through the strategic plan to effect the separation of housing and services.
 - Using the Housing First model, DMHAS seeks to separate housing from the support services.
 - Need to modify current supportive housing contracting structure
 - Implementation of Housing Clearinghouse
 - Implementation of Community Support Services



Housing Clearinghouse

- DHS, DMHAS and DDD have been in ongoing discussions with the NJ Housing and Mortgage Finance Agency (HMFA) to design the clearinghouse.
- HMFA will operate the clearinghouse, known as the Supportive Housing Connection for the DHS.
- Clearinghouse functions will include:
 - Finding affordable units and qualifying landlords
 - Paying landlords housing subsidy
 - Tenant services liaison to handle grievances
 - Quality housing inspections
 - Reimbursing service providers for lease-up costs



Community Support Services

- DMHAS will promulgate Community Support Service (CSS) regulations. CSS will be the primary service offered to individuals in supportive housing.
- DMHAS will implement CSS in supportive housing and the billing of Medicaid for these services, whereby enabling federal dollars to support the implementation of CSS.
 - This new service focuses on individuals taking more responsibility over their lives including having more meaningful choice in the services they receive, selecting their service provider and where they live.
 - CSS also offers the opportunity for billable peer provider services.
 - These services are not based in a clinic setting, rather, services are provided in the individual's natural environment.
- DMHAS will convene a “town hall” to explain content of CSS regulations to stakeholders and solicit input from stakeholders. NAMI NJ will be informed of time and location to pass on to its members.



New Initiatives in Community Services

- Peer Run Crisis Diversion Beds
 - 15 beds, 3 counties – Middlesex, Ocean and Passaic
 - consumer operated EBP program
 - available to consumers in surrounding counties in the region
- NJ Suicide Prevention Hotline – Statewide
 - 855-654-6735
 - website: www.njhonline.com



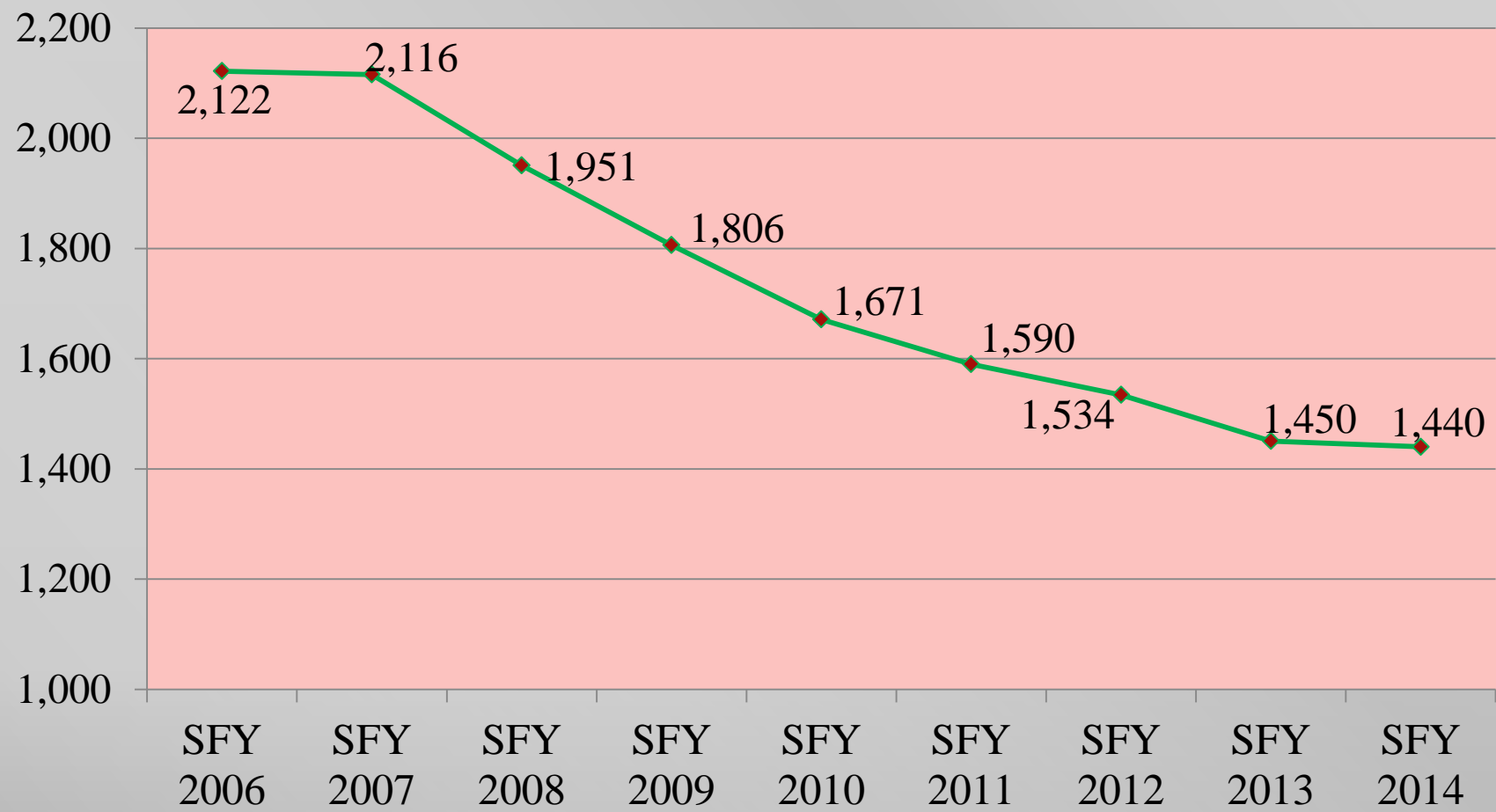
Inpatient Beds

- Reinvestment of state aid dollars for Camden County Health Services to purchase inpatient beds in private hospitals – Northbrook(105) and Carrier (20)
- Reinvestment of state aid dollars for Buttonwood Hospital to purchase inpatient beds in private hospital - Hampton (37)
- Carrier also has 8 beds for Monmouth and Middlesex Counties
- Summit Oaks has 10 beds for Union and Somerset Counties



Total Average Census at NJ State Psychiatric Hospitals

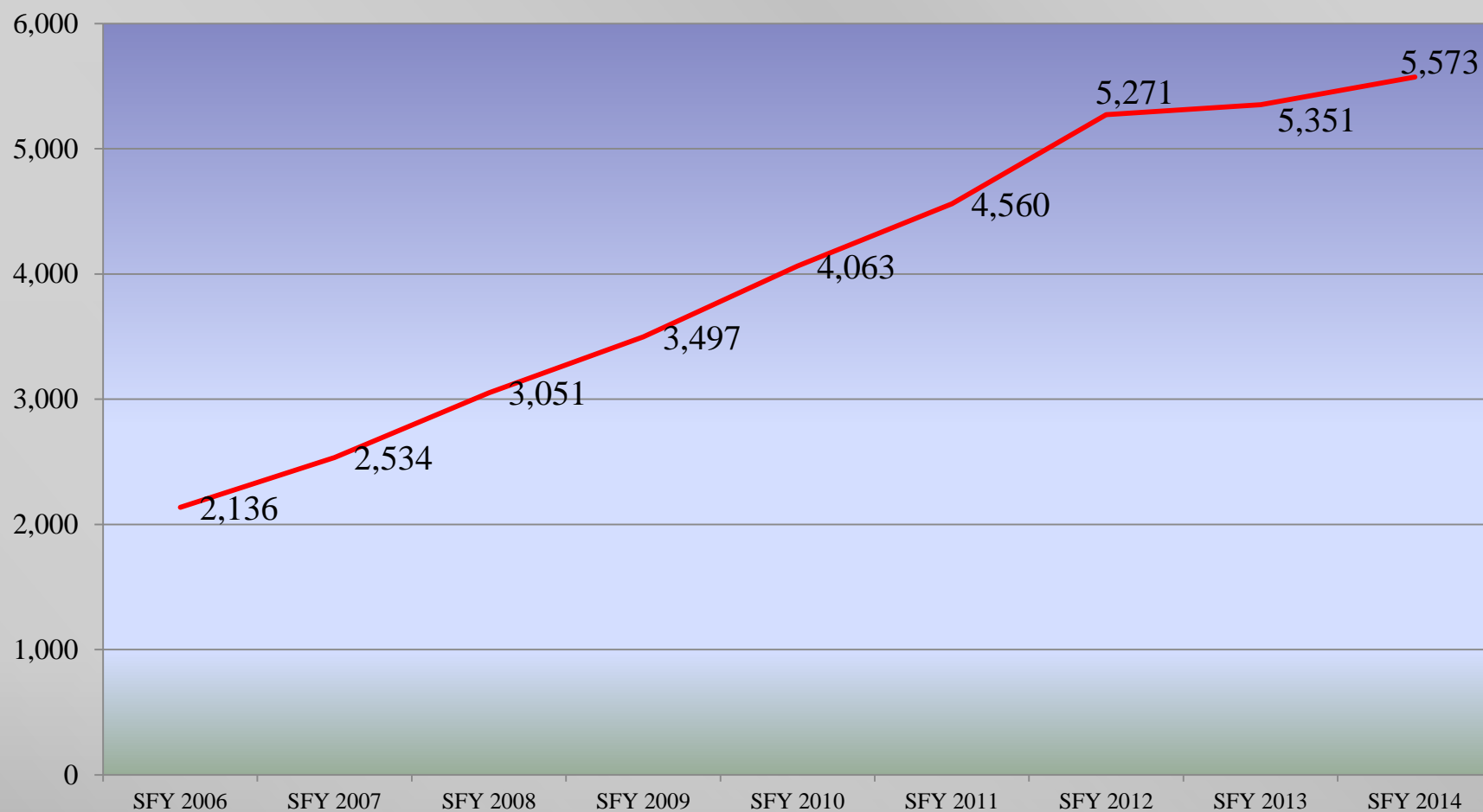
(excl. AKFC): SFY 2006-2014



NJ Division of Mental Health and Addiction Services, Office of Research, Planning, and Evaluation, September 2014



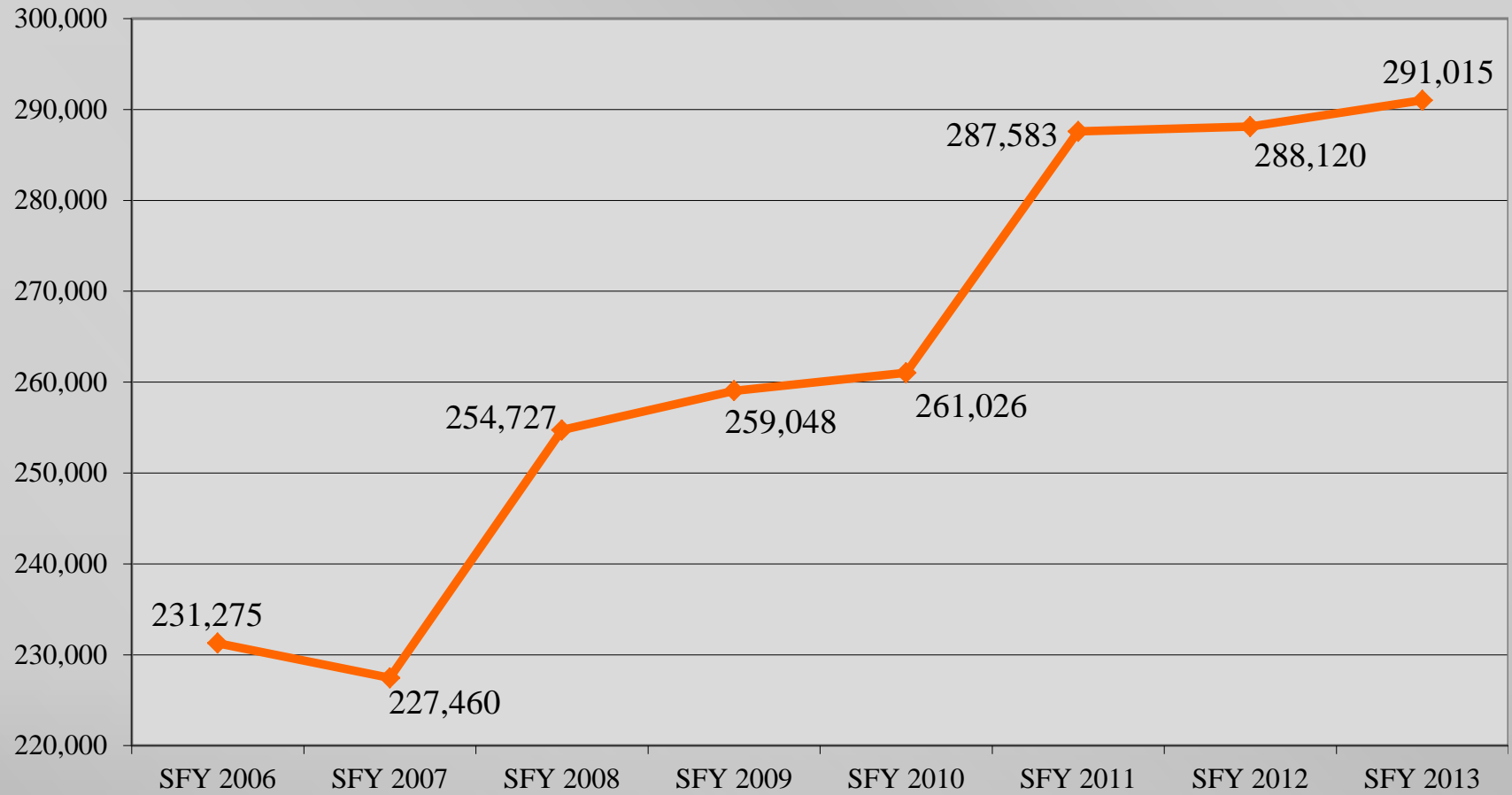
Consumers Served by the SMHA in Supportive Housing (duplicated) SFY 2006-SFY 2014



NJ Division of Mental Health and Addiction Services, Office of Research, Planning, and Evaluation, September 2014



Total Adults Served by the SMHA in Community Services (duplicated) SFY 2006 to SFY 2013 (1)



(1) Data for SFY 2014 is currently being compiled. –

NJ Division of Mental Health and Addiction Services, Office of Research, Planning, and Evaluation, September 2014



DMHAS Strategic Plan Priorities

- Community Integration
 - Community Support Services
 - Centralized Housing Authority
 - Community/Clinical Services and Processes
 - Community Re-Integration
 - Standard Level of Care Determination
- Move to Managed Care
 - Rates and Financial Terms/Financial Impact Analysis
 - ASO Procurement
 - ASO Readiness and Implementation
- Workforce Development
 - Competency/Training
 - Staffing
 - Consumer Involvement
- Stakeholder Communication
 - Decrease Stigma in Mental Health and Substance Abuse Community
 - Improve Communication and Increase Access to Information



Managed Long Term Services and Supports (MLTSS) Policy and Philosophy

- A MCO-managed care delivery system – MLTSS – will coordinate long term services and supports for eligible Medicaid beneficiaries
- Provides a comprehensive menu of service options across beneficiary groups or care settings; whether in the home, an alternate community setting like assisted living or in a nursing facility
- Coordination of providers and community based services and support
- Enhances the ability of beneficiaries to live independently as long as possible in the community



Array of Services Under MLTSS

- Specific Services:
 - Respite
 - Personal Emergency Response System (PERS)
 - Home and Vehicle Modifications
 - Home Delivered Meals
 - Assisted Living
 - Behavioral Health Services
 - Community Residential Services
 - Nursing home care



BH Services covered by MCO's under the MLTSS Contract

- Acute Partial Hospitalization (MH)
- Adult MH Rehabilitation (GHs & Supervised Apt settings)
- Behavioral Health Home
- BH Independent Practitioner
- Opioid Treatment Services
- Outpatient MH Clinic/Hospital Services
- Partial Care
- Psychiatric Partial Hospitalization
- Psychiatric Hospital Inpatient/Acute Care Hospital
- Program in Assertive Community Treatment (PACT) & Targeted Case Management (TCM) (aka ICMS) are not covered by MCOs, but MCOs are required to coordinate these services for MLTSS members, as needed