



**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

Definitions of Services

ACUTE CARE FAMILY SUPPORT

The Acute Care Family Support Project is targeted to families with an adult member who is experiencing a psychiatric crisis and is being assessed in a Screening Center or Affiliated Emergency Service. They provide onsite or offsite support to the family while their loved one is being assessed, educate them regarding services/treatment in an acute care setting, including the commitment process, and link them to existing family support in the community. Family may also include significant others and primary caretakers.

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

Certified Community Behavioral Health Clinic (CCBHC) is a program designed to provide a comprehensive array of services needed to create access, and provide the necessary treatment for those with mental illnesses and substance use disorders. These services include, but are not limited to: Screening and risk assessment for mental health, addictions, and basic primary care needs, ambulatory Behavioral Health Services for mental illness and substance use disorder, services for the enrolled individuals to help people avoid the need for crisis services, expanded care coordination, peer services, family support services, and psychiatric Rehabilitation Services, targeting expedited access to services.

COMMUNITY SUPPORT SERVICES

Community Support Services is designed to ensure consumers of mental health services, a choice of permanent, safe, affordable housing. Community Support Services offers individuals opportunities for involvement in community life. Emphasis is placed on the development and strengthening of natural supports in the community.

COUNTY MENTAL HEALTH BOARDS

A body of 7-12 County residents appointed by the County's board of chosen freeholders that reviews progress in the development of comprehensive community mental health services in the County and makes recommendations to the local agencies, the community mental health board, and the Department of Human Services.

CRISIS DIVERSION

An intensive case management program designed to reduce unnecessary psychiatric hospitalizations. Crisis Diversion programs focus on assisting individuals in identifying and obtaining treatment goals, and providing support and linkages to the services than an individual needs to stay in their own environment and in the community.

CRISIS HOME PROGRAM

Crisis House is a short-term residential program offering an alternative to inpatient psychiatric hospitalization for individuals experiencing psychiatric crisis. Crisis homes are staffed 24/7 and work to stabilize individuals within the community.

DESIGNATED SCREENING CENTERS

A public or private ambulatory care service designated by the Commissioner, which provides mental health services including assessment, emergency and referral services to mentally ill persons in a specified geographical area. Screening is the process by which it is ascertained that the individual being considered for commitment meets the standards for both mental illness and dangerousness as defined in P.L. 1987, c.116 (N.J.S.A. 30.4-27.1 et seq.) and that all stabilization options have been explored or exhausted.

EARLY INTERVENTION SUPPORT SERVICES (CRISIS INTERVENTION SERVICES)

Short term, mental health services for adults who are experiencing significant emotional or psychiatric distress and are in need of immediate intervention. Early Intervention Support Services are available in every county and offers crisis intervention and crisis stabilization services in a setting that is an alternative to hospital-based emergency room treatment. Outreach (non-office based) services are available.

HOMELESS SERVICES (PROGRAMS FOR ASSISTANCE IN THE TRANSITION FROM HOMELESSNESS (PATH))

Services provided to individuals suffering from serious mental illness; or suffering from serious mental illness and from substance abuse; and are homeless or at imminent risk of becoming homeless. Case management services include preparing a plan for the provision of mental health services; providing assistance in obtaining and coordinating social and maintenance services, including those related to daily living activities, income support services, transportation, habilitation and rehabilitation services, prevocational and vocational services and housing services (Source: Public Health Services Act, Sect 522 (290cc-22))

INTEGRATED CASE MANAGEMENT SERVICES (ICMS)

Consumer-centered services provided predominantly off-site in the consumer's natural environment. Personalized, collaborative and flexible outreach services are designed to engage, support and integrate consumers, 18 years of age or older who are severely and persistently mentally ill, into the community of their choice and facilitate access to needed mental health, medical, social, educational, vocational, housing and other services and resources. (NJAC 10:37 K).

INTENSIVE FAMILY SUPPORT SERVICES (IFSS)

Intensive Family Support Services (IFSS) comprise a range of supportive activities designed to improve the overall functioning and quality of life of families with a mental ill relative. These support activities may include psychoeducation groups, single family consultation, respite services, family support groups, systems advocacy and referral/service linkage. Services may be delivered in the family's home, at an agency, or at a community location convenient to the family. (NJAC 10:37I).

INTENSIVE OUTPATIENT TREATMENT AND SUPPORT SERVICES (IOTSS)

Community based ambulatory treatment alternatives for adults who have serious and persistent mental illness. Access to the service is intended to provide an option for Designated Screening Programs and other acute care and hospital referral sources to assure that appropriate, intensive, community based, recovery-oriented outpatient services are readily accessible. These programs provide a comprehensive outpatient service package that addresses the needs of individuals with an exacerbation of the symptoms of mental illness and/or a co-occurring substance abuse disorder through services that include comprehensive assessments, Wellness and Recovery Action Plans (WRAPS), Medication Administration and Education, Individual Therapy, Structured Group Therapy, Illness Management and Relapse Prevention Groups, Family psycho-education, the provision of, or arrangements for, physical health care and direct linkage to ongoing clinical and support services as identified in the WRAP. Such outpatient services are designed and implemented in a manner which reflects recovery as an overarching value as well as an operational principle.

INVOLUNTARY OUTPATIENT COMMITMENT (IOC)

Involuntary Outpatient Commitment (IOC) programs coordinate community based mental health services for individuals, who are court ordered into mental health treatment. IOC programs enroll individuals who have been assessed by mental health professionals and adjudicated by a court as meeting the legal standard for involuntary outpatient treatment. IOC programs offer:

- Court ordered out-patient based mental health treatment;
- Assistance with linking with community based mental health services;
- Monitoring of adherence to the court ordered plan;
- Ongoing assessment of clinical progress;
- Interface with the judiciary including transportation to court hearings and contact with the presiding judge, as needed.

JUSTICE INVOLVED SERVICES

Justice Involved Services are designed to assist persons with serious and persistent mental illness who become entangled with the criminal justice system, to avoid or radically reduce the number of days incarcerated in jail and or assist with their reentry to their communities in order to receive the appropriate treatment. Services vary by county, but may include the following: Pre-booking, a police based diversion to avoid arrest for non-criminal, non-violent offenses. Police are trained to identify and de-escalate situations and diverting to mental health crisis or pre-crisis services; Post booking intervention for consumers who have been arrested but for whom the court may be released on their own recognizance or released from jail with mental health intervention. Those consumers serving jail sentences or long detention are targeted for re-entry services. Based upon the APIC model, Assess, Plan, Identify and Coordinate, services include identification/case finding, pre-release planning and successful linkage to critical mental health, social service, employment and housing upon release to the community.

MENTAL HEALTH CULTURAL COMPETENCE TRAINING CENTERS

The Mental Health Cultural Competence Training Centers provide knowledge, training, technical assistance and serve as a resource regarding multicultural issues in mental health. The target population is clinicians, consumers, community providers, self-help centers, families and other entities as designated by the Division of Mental Health and Addiction Services.

OUTPATIENT SERVICES

Mental health services provided in a community setting to clients who possess a psychiatric diagnosis, including clients who are seriously and persistently mentally ill, but excluding substance abuse and developmental disability unless accompanied by treatable symptoms of mental illness. Periodic therapy, counseling and supportive services are generally provided at the provider agency for relatively brief sessions (between 30 minutes and 2 hours). Services may be provided individually, in group, or in family sessions (NJAC 10:37E).

PARTIAL CARE and PARTIAL HOSPITALIZATION (Adult)

Comprehensive, structured, non-residential health services provided in a community setting to adult clients who have serious mental illness. Services are provided to seriously mentally ill adult clients in a day program setting to maximize client's independence and community living skills. Partial Care services include counseling, case management, psycho-education, pre-vocational, social and recreational services and psychiatric services. (NJAC 10:37E).

PEER RESPITE PROGRAM

Peer Respite is a short-term residential program offering an alternative to an inpatient psychiatric hospitalization. Peer Respite are staffed 24/7 with individuals whom have lived experience. The Respite House provides a setting in which individuals can work on their recovery.

PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Offers comprehensive, integrated rehabilitation, treatment and support services to individuals with serious and persistent mental illness, who have experienced repeated involuntary hospitalizations. PACT, provided in vivo by a multi-disciplinary service delivery team, offers highly individualized services, employ a low staff to consumer ratio, conduct the majority of their contacts in natural community settings and are available for psychiatric crises 24 hours a day/7 days a week. Service intensity is flexible and regularly adjusted to consumer needs and services are offered for an unlimited time period. (NJAC 10:37J).

RESIDENTIAL INTENSIVE SUPPORT TEAM (RIST)

RIST programs support consumers with severe and persistent mental illness and co-occurring consumers to live independently in the community. The treatment team, consisting of case managers, clinical consultants, a co-occurring specialist, and others, provides on site support in the consumer's apartment and in the general community.

RESIDENTIAL SERVICES

A program for mentally ill adults in community residences owned or leased by the provider or through service agreements providing support and encouragement in the development of life skills required to sustain successful living within the community. Clients live in the most normalized, least restrictive environment possible to promote individual growth and safety. Programming focuses on empowering the client's use of generic community supports to meet physical, psychological and social needs to promote an improved quality of life and emotional well being. Residential settings include group homes, apartments and family care homes (NJAC 10:37A).

SELF-HELP CENTERS (SHC) /COMMUNITY WELLNESS CENTERS (CWC)

There are 30 DMHAS funded community-based self-help and wellness centers. These centers provide communities of hope and support for recovery and wellness for persons with mental health and/or co-occurring substance use and physical health challenges. Community based centers providing activities designed to encourage consumers to interact with their peers to promote mutual support in dealing with common problems, and social interaction in a non-clinical setting.

SHORT TERM CARE FACILITIES (STCF)

Acute care adult psychiatric units in a general hospital for the short-term admission of individuals who meet the legal standards for commitment and require intensive treatment. All admissions to STCF's must be referred through an emergency or designated screening center. STCF's are designated by DMHAS to serve a specific geographic area, usually a county.

STATE AND COUNTY HOSPITALS

The psychiatric residential mental health facilities operated by the state and counties are authorized to accept persons in need of involuntary commitment under NJS 30:4-27.2 et seq. Admissions are only accepted from emergency screening centers and short-term care facilities.

SUPPORTED EMPLOYMENT SERVICES

Supported Employment process helps persons with severe and persistent mental illness to actively choose, secure and retain competitive full and part time jobs in regular business and industry. Supported employment is competitive work in integrated work setting for mentally ill individuals for whom competitive employment has not traditionally occurred, or has been interrupted or intermittent, as a result of severe disability. Typically consumers need intensive supported employment services and extended support services because of the nature and severity of their disability.

SUPPORTED EDUCATION (SED)

Provides direct services and support in educational coaching so that consumers may enter and succeed in educational opportunities. SED also serves as an information clearinghouse for consumers, families, colleges, and providers within a geographical area. Direct service may include the provisions of supported educational coaching services provided directly to the consumer in the educational setting. The services also include enrollment and registration assistance, teaching study skills, illness management and recovery skills particularly related to school, assistance and advocacy in obtaining "reasonable accommodations" from the school.

SUPPORTIVE HOUSING

A program under contract with DMHAS which offers residential placements to consumer residents with diagnoses of serious mental illness, either directly by a provider agency or by agreement with another entity (RHCf, boarding home, etc). Unless residing at home with family, or in a boarding home facility, each consumer residents signs a lease or sublease and receives mental health supportive services from the provider agency. The consumer resident is responsible for lease payments, safety cleanliness, property protection, etc and bears the responsibility for those aspects of residential living. The consumer resident has the key to the home and has control over access to it. No lease shall contain the provision of mandatory mental health program participation as a requirement for the consumer resident (NJAC 10:37A).

SYSTEMS ADVOCACY

Legal assistance provided to mental health clients, either through agency referrals or self-referral, by a network of DMHAS-funded legal service agencies. Assistance may include advice and guidance, case coordination, and court representation for issues such as government entitlements, housing, evictions, employment, etc.

VOLUNTARY UNIT

A unit within a hospital which provides transitional intensive short term treatment for the care of adult patients affected with acute or chronic mental illness on a voluntary basis. These units may be intermingled on STCF (short term care facility) units. Individuals under this status voluntarily admit themselves for a STCF for stabilization and treatment. However, a STCF shall agree to make every effort to discharge the person to appropriate voluntary outpatient services before making a referral to a State or county hospital

OPIOID TREATMENT PROVIDER (OTP)

Opioid Treatment Programs (OTPs) are structured and licensed outpatient programs that dispense and/or administer methadone in conjunction with appropriate counseling and other treatment services to patients with an Opioid Use Disorder (OUD). An OTP may also dispense and/or prescribe other treatment medication approved by the FDA for use in the treatment of OUD, such as buprenorphine or naltrexone.

MEDICATION-ASSISTED TREATMENT (MAT)

MAT is the use of medications, often in combination with counseling and possibly help from a person with lived experience of managing addiction. These services provide a "whole-patient" approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders. For that reason, MAT has become the most recommended treatment and many people struggling with the disease of addiction say that MAT has helped them sustain their recovery. You can receive MAT in both inpatient and outpatient settings.

INPATIENT SERVICES (Substance Use)

In general, inpatient treatment is care you receive at a facility where you'll stay for a period of time, sometimes weeks or months, whatever you need. Many people call inpatient treatment "rehab", but residential care for substance use disorders is more specific than that. To make the decision about inpatient treatment, you should start by having an evaluation by a professional specifically trained to diagnose the

disease of addition. Only with a thorough evaluation can you learn whether inpatient treatment is the right type of care for you. During this evaluation, you can also make the choice of whether you'd like to receive Medication-Assisted Treatment.

OUTPATIENT SERVICES (substance use)

Treatment you receive at a clinic or office while you can continue to go to work or school. When deciding if outpatient care is what you need, a major consideration is whether you'd like to, and will be able to, continue with work or school at the same time you get treatment. But in all cases, to make that decision, you should first get a full evaluation by health professionals trained in substance use disorder.

If you choose to use outpatient services, you and your health professional will talk about types of care that combine different treatments. Some programs offer intense services, where you might go to an office or clinic for most of the days each week. Others will recommend that you attend less frequently or that you take part in group therapy. If you'd like to receive Medication-Assisted Treatment (MAT), you can do so while working on your recovery in outpatient treatment.

WITHDRAWAL MANAGEMENT (WM)

Treatment for acute intoxication that may prevent life-threatening complications. Many people believe that they need to get detoxification, or “detox” to begin treatment. This idea is not always true, for many people managing the disease of addition, their withdrawal symptoms can be managed quite well in outpatient care where you can also receive Medication-Assisted Treatment. A qualified physician should evaluate whether a person can manage withdrawal in an outpatient setting.

HARM REDUCTION CENTERS (HRCs)

HRCs serve to bridge gaps in services for individuals with a substance use disorder. These community-based programs offer a safe and non-judgmental environment for individuals to access sterile injection equipment, naloxone, and education about preventing overdoses and safer drug use. HRCs are also places where people can safely discard used equipment to prevent the spread of blood-borne diseases like HIV and hepatitis C (HCV).