
# Inventory and Need Assessment for New Jersey Behavioral Health

Pursuant to P. L. 2009, c.243 (*N.J.S.A. 30:4-177.63)*, this is a report to the Governor, the Senate Health, Human Services and Senior Citizens Committee, and the Assembly Human Services Committee concerning activities of the Department of Human Services (DHS) with respect to available mental health services for adults in New Jersey. A separate report on available mental health services for children in New Jersey will be issued by the Department of Children and Families (DCF).

The following are some of the statute's key provisions applicable to the Commissioner of the Department of Human Services:

A. Establish a mechanism through which an inventory of all county-based public and private inpatient, outpatient, and residential behavioral health services is made available to the public;

B. Establish and implement a methodology, based on nationally recognized criteria, to quantify the usage of and need for inpatient, outpatient, and residential behavioral health services throughout the State, taking into account projected patient care level needs;

C. Annually assess whether sufficient inpatient, outpatient, and residential behavioral health services are available in each service area of the State in order to ensure timely access to appropriate behavioral health services for people who are voluntarily admitted or involuntarily committed to inpatient facilities for individuals with mental illness in the State, and for people who need behavioral health services provided by outpatient and community-based programs that support the wellness and recovery for these persons;

D. Annually identify the funding for existing mental health programs;

E. Consult with the Community Mental Health Citizens Advisory Board and the Behavioral Health Planning Council, the Division of Developmental Disabilities of the DHS, the Department of Corrections, the Department of Health, and family consumer and other mental health constituent groups, to review the inventories and make recommendations to the DHS and DCF regarding overall mental health services development and resource needs;

F. Consult with the New Jersey Hospital Association, the Hospital Alliance of New Jersey, and the New Jersey Council of Teaching Hospitals in carrying out the purposes of this Act. The Commissioner also shall seek input from Statewide organizations that advocate for persons with mental illness and their families; and

G. Annually report on departmental activities in accordance with this Act to the Governor and to the Senate Health, Human Services and Senior Citizens Committee and the Assembly Human Services Committee, or their successor committees. The first report shall be provided no later than 18 months after the effective date of this Act.

## A. Inventory of Behavioral Health Services

A mechanism has been developed to inventory all public and private behavioral health services in New Jersey. Several approaches are utilized which are described below.

***Mental Health***

An inventory of all New Jersey mental health treatment and service providers under contract with the Division of Mental Health and Addiction Services (DMHAS) has been prepared, which lists every agency, the agency's address and type of service provided (e.g., inpatient, outpatient, residential, etc.), by county. Information pertaining to the mental health treatment and service providers under contract with the DMHAS is available in the form of a Mental Health Services Treatment Directory. This is available at http://tinyurl.com/MHPrograms.

The Substance Abuse and Mental Health Services Administration (SAMHSA) hosts a Behavioral Health Treatment Services Locator on its website at http://findtreatment.samhsa.gov/ for all mental health programs nationally which can be searched by state. The locator has extensive search and sorting capabilities. By entering an address, a city, or zip code, the user can locate specific types of programs within a geographic area.

The DMHAS also participates in an annual survey, conducted by Mathematica, known as the National Survey of Mental Health Services Survey (N-MHSS) and a National Directory of Drug and Alcohol Abuse Treatment Programs is published annually using information from the survey.

DMHAS regularly receives Healthcare Facility Licensing data from New Jersey Department of Health. Information on psychiatric beds in acute care facilities was included in the Healthcare Facility Licensing data, from which occupancy rates for psychiatric beds in general hospitals and county psychiatric hospitals are calculated. The occupancy rates by hospital and region make it possible for DMHAS to identify service needs and gaps.

In addition, the listing of Short Term Care Facilities (STCFs) may be found in the Mental Health Services Treatment Directory, available at: http://tinyurl.com/MHPrograms. STCFs are acute care adult psychiatric units. They are located in general hospitals for individuals who meet the legal standards for commitment and require intensive treatment. All admissions to STCFs must

be referred through an emergency or designated screening center. STCFs are designated by DMHAS to serve a specific geographic area, usually by county.

A comprehensive listing of the locations and contact information for the Division's 23 Designated Screening Centers (DSCs) and 12 Affiliated Emergency Services (AES) can be found at http://tinyurl.com/MHScreening. In compliance with department regulations N.J.A.C. 10:31 et seq., Designated Screening Centers are public or private ambulatory care services designed and authorized by DMHAS, and authorized to evaluate individuals for involuntary commitment in conformance with the provision of the Mental Health Screening Law (P.L. 1987, ch. 116). Screening Centers are responsible for providing emergency psychiatric assessment, evaluation crisis intervention and referral services for residents of a specified geographic area.

***Substance Abuse***

An inventory of all New Jersey licensed substance abuse treatment providers is available on the DMHAS website. The inventory is in the form of a searchable, Substance Abuse Treatment Directory. The Directory includes information regarding the agency's address, type of care and treatment provided and the identification of any special populations served. The Directory is available on the DMHAS website at https://njsams.rutgers.edu/dastxdirectory/txdirmain.htm. SAMHSA hosts a Behavioral Health Treatment Services Locator on its website at http://findtreatment.samhsa.gov/ for all substance abuse treatment programs nationally which can be searched by state. The locator has extensive search and sorting capabilities. By entering an address, a city, or zip code, the user can locate specific types of programs within a geographic area.

The DMHAS also participates in an annual survey, conducted by Mathematica, known as the National Survey of Substance Abuse Treatment Services (N-SSATS), and a National Directory of Drug and Alcohol Abuse Treatment Programs is published annually using information from the survey.

An inventory of all funded substance abuse prevention programs also has been prepared by DMHAS and is available on the internet at http://tinyurl.com/MHPrevention.

**B. Methodology to Estimate Behavioral Health Services Need**

***Substance Abuse***

DMHAS employs a variety of scientifically-valid methods for estimating substance abuse treatment needs. Primary among these are 1) surveys, 2) social indicator analysis, and 3) "synthetic" statistical estimation techniques, called modeling. For 22 years, New Jersey has used a household survey to estimate: 1) the prevalence of both legal and illegal substance use, 2) alcohol treatment need and 3) unmet treatment demand.

In 1993, DMHAS established a periodic, five year, telephone household survey of drug use and health and a periodic survey of middle school students. Originally, the household survey supported statewide needs assessments with a sample of 3,336 completed interviews of residents 18 years of age or older. By 2003, DMHAS expanded the household survey sample size to its current standard sampling plan of 700 household interviews per county. The latest survey was conducted in 2009 which included a stratified random sample of 14,678 households.

The Household Survey is underway for 2016. The proportions derived from the 2009 survey are applied to annual state and county population estimates obtained from the American Communities Survey of the U.S. Census Bureau.

The need for alcohol treatment is derived from a series of questions based on Diagnostic Statistical Manual (DSM) criteria. Questions address use, quantity, effect on behavior, symptoms experienced, associated health problems, etc. As noted above, proportions obtained are applied to state and county population estimates. While the same questions are asked for drug use, the household survey underestimates illegal drug use due to under-reporting of illicit drug abuse or dependence and, therefore, drug treatment need. As a result, a statistical technique known as the two-sample capture-recapture model is applied to illicit drug treatment unique admissions data to estimate drug treatment need at both the state and county levels. The admissions data for the model are obtained from the web-based New Jersey Substance Abuse Monitoring System (NJSAMS), DMHAS' real-time, administrative, client information system for substance abuse treatment. Together with the derived alcohol treatment need obtained from the household survey technique described above, DMHAS produces an annual estimate of treatment need that is used in the distribution of alcohol and drug abuse treatment funds.

The household survey is used to assess the prevalence of both legal and illegal substance use and the need and demand for substance abuse treatment. A random sample of households is interviewed that yields sample proportions of both alcohol and illicit drug use, and alcohol treatment need and demand that can be applied beyond the sample itself to the adult populations of New Jersey and individual counties to obtain estimates of alcohol treatment need and illicit drug use at both the state and county levels. The proportions thus obtained in 2009 are to be found in the technical appendix to the survey final report, "Estimated Numbers and Percents of Adults Meeting DSM-IV Criteria for Lifetime and Past Year Alcohol Dependence or Abuse in the New Jersey Household Population by County." The proportions are applied repeatedly to successive annual state and county population estimates obtained from the American Communities Survey of the U.S. Census Bureau.

Obtaining reliable substance abuse treatment need estimates is critical to the state's ability to promote a rational planning and resource allocation process. Due to procurement issues, the survey was not able to be fielded as planned in 2015. A request for proposal (RFP) must be developed by DMHAS which will need to be issued through the Treasury Department. As an interim measure, a smaller survey, which cannot provide county level estimates, but can provide a statewide need estimate, will be conducted during late Fall of 2015 through a Memorandum of Agreement (MOA) with a university partner.

In addition, every three years since 1999, DMHAS conducts a statewide survey of middle school students that measures prevalence of student use of alcohol and illicit drugs, as well as student perceptions of risk and protective factors for substance abuse operative in their lives. The latest middle school survey began in the Fall of 2015.

Table 1 below presents the 2014 estimates of substance abuse treatment need for the state and each county.

| Table 1 | | | | | |
|---|---|---|---|---|---|
| **2014 Estimate of Treatment Need for Alcohol and Drug Addiction** | | | | | |
| **County** | **Adult Population 2014** | **Need for Alcohol Treatment** | **Need for Drug Treatment** | **Total Need for Alcohol and Drug** | **Total Need as % of Adult County Population** |
| | **[1]** | **[2]** | **[3]** | **[4]** | **[5]** |
| Atlantic | 213,425 | 24,074 | 15,610 | 39,684 | 18.6 |
| Bergen | 710,036 | 63,903 | 23,153 | 87,056 | 12.3 |
| Burlington | 353,175 | 24,298 | 14,778 | 39,076 | 11.1 |
| Camden | 390,156 | 30,432 | 24,625 | 55,057 | 14.1 |
| Cape May | 78,254 | 6,792 | 8,957 | 15,749 | 20.1 |
| Cumberland | 117,906 | 10,505 | 9,595 | 20,100 | 17.0 |
| Essex | 591,946 | 46,053 | 32,503 | 78,556 | 13.3 |
| Gloucester | 220,088 | 20,402 | 13,304 | 33,706 | 15.3 |
| Hudson | 514,750 | 32,326 | 25,520 | 57,846 | 11.2 |
| Hunterdon | 101,176 | 9,824 | 7,107 | 16,931 | 16.7 |
| Mercer | 282,341 | 37,325 | 13,873 | 51,198 | 18.1 |
| Middlesex | 634,966 | 42,479 | 24,933 | 67,412 | 10.6 |
| Monmouth | 491,375 | 60,587 | 33,656 | 94,243 | 19.2 |
| Morris | 376,517 | 44,316 | 14,929 | 59,245 | 15.7 |
| Ocean | 449,647 | 39,344 | 25,154 | 64,498 | 14.3 |
| Passaic | 382,175 | 21,899 | 15,801 | 37,700 | 9.9 |
| Salem | 50,759 | 4,005 | 3,916 | 7,921 | 15.6 |
| Somerset | 241,230 | 20,384 | 11,791 | 32,175 | 13.3 |
| Sussex | 114,896 | 12,903 | 6,405 | 19,308 | 16.8 |
| Union | 400,374 | 30,028 | 18,623 | 48,651 | 12.2 |
| Warren | 84,444 | 6,975 | 5,763 | 12,738 | 15.1 |
| **Total** | **6,799,636** | **588,857** | **349,996** | **938,853** | **13.8** |

[1] Source: U.S. Census Bureau, Population Division. Average Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013

[2] Alcohol treatment needs derived from the 2009 New Jersey Household Survey on Drug Use and Health.

[3] Drug treatment need is estimated by applying a two-sample Capture-Recapture statistical model using the 2012 and 2014 NJ-SAMS data.

[4] Percent of Alcohol and Drug treatment need was derived by dividing the population in need of treatment in each county (column 4) by the adult population in that county times 100.

In addition to survey data, the DMHAS addiction research team developed methods for using social indicators to supplement estimates of need obtained through other methods. Because social indicator data are compiled by their primary users and archived for use by others, indicator data are somewhat convenient to obtain, especially when random samples surveys are not feasible to undertake.

One such method of social indicator analysis, the Relative Needs Assessment Scale (RNAS), developed by DMHAS researchers, Mammo & French (1996), using social indicators with known correlations to the incidence and prevalence of substance abuse. The scale calculates an index of risk for each jurisdiction of the same size (county, municipal, zip code, etc.) for which the indicators can be obtained. Because the scale is an interval level of measurement that sums to one, scores are comparable and easily interpreted across jurisdictions.

The RNAS methodology has been used since 2003 to estimate the need for the prevention of alcohol and other drug abuse. It was updated in 2008 and utilized to facilitate the evaluation of proposals submitted to DMHAS as part of the State's Substance Abuse Prevention and Treatment Block Grant (SAPT BG) funded prevention RFP. In the current county comprehensive planning process for 2014 to 2017, the RNAS model, updated to include data from the 2014 U.S. Census, will be used to identify areas within counties with potentially high concentrations of people with substance abuse prevention, treatment and recovery support service needs.

***Mental Health***

The aforementioned planned New Jersey Household Survey of Drug Use and Health will include a new section of validated questions from the federal behavioral risk factor surveys with which to estimate mental health treatment needs throughout the New Jersey and county adult populations. In its place, meanwhile, a mental health version of the RNAS has been developed using correlates of mental health disorders with known predictive power to estimate state and county mental health treatment needs.

A key assumption in the use of the RNAS to estimate the prevalence of mental health treatment need is that the population at risk of mental illness can be estimated by using demographic data from the U.S. Census and other data, like rates of suicides, divorce, or crime, found in other publically provided databases. This assumption was evaluated by Cagle (1984) who suggested that a small set of carefully chosen indicators can serve the purpose of estimating mental health treatment need. Cagle's purpose was to assess need for acute psychiatric services in New York State. The epidemiological evidence was grouped into three categories: socioeconomic status; marital status; and other social factors.

DMHAS conducted its own review of recent epidemiological literature to determine the strongest social correlates of mental illness while retaining Cagle's original classifications. The social indicators and their definitions that were used to produce a mental health treatment needs assessment in New Jersey are presented in Table 2 and are partially based on Cagle's work. Table 3 presents the mental health treatment need by county. DMHAS seeks to refine the RNAS model for both substance abuse and mental health so that indices may be calculated by level of care, e.g., inpatient, outpatient and residential services. However, this would require validated social correlates of the full range of levels of care in each system and these have not yet been identified.

| Table 2<br>Definition of Social Indicators Used in the RNAS Model to Calculate<br>Mental Health Risk Index for New Jersey Counties | |
|---|---|
| **Low socioeconomic status** | |
| • Poverty [A] | Poor families below the poverty level, 2014 |
| • No high school education [A] | Number of people age 25 years & over, with no high school diploma, 2014. |
| **Marital status** | |
| • Divorced families [A] | Adults 15 and over in 2014 who were separated or divorced. |
| • Female householder [A] | Female householder, no husband present with own children less than 18 years, 2014. |
| • Living alone, 2010 [A] | Nonfamily householder living alone, 2014. |
| **Environmental and Other Social Factors** | |
| • Unemployment [A] | Population 16 and over unemployed in 2014 |
| • Housing tenure [A] | Ratio of occupied housing which are renter occupied, 2014 |
| • Population density [B] | County population per acre, 2014 |
| • Suicide attempts [C] | Non-fatal suicide attempts. Self-inflicted injuries among the 10-24 age-group resulting in hospitalization (based on 2009-2011 data). |

Source:
A U.S. Census Bureau, 2009-2013 American Community Survey (5-year estimate).
B U.S. Census Bureau: State and County QuickFacts. Last revised 8/5/2015
C New Jersey Department of Children and Families: Updated 2012 Adolescent Suicide Report

The DMHAS will incorporate findings from the statewide household survey into its needs assessment. The publicly funded behavioral health system in New Jersey currently is undergoing a significant change, specifically due to the Centers for Medicare and Medicaid Services and Medicare's October 1, 2012 approval of the 1115 Comprehensive Medicaid Waiver application submitted by the State.

Also, Cagle's review of the research suggested that there may not be much difference in correlations between social indicators and the need for long term- vs. acute-care services. Cagle pointed out that the New York Office of Mental Health policy asserted that patients should be treated in the least restrictive setting and that focus on acute psychiatric beds could be shortsighted.

| Table 3<br>Relative Need Assessment Scale by County | | |
|---|---|---|
| **County** | **Index** | **Percent** |
| Essex | 0.114 | 11.4 |
| Hudson | 0.108 | 10.8 |
| Bergen | 0.089 | 8.9 |
| Middlesex | 0.081 | 8.1 |
| Camden | 0.071 | 7.1 |
| Monmouth | 0.067 | 6.7 |
| Passaic | 0.062 | 6.2 |
| Union | 0.061 | 6.1 |
| Ocean | 0.058 | 5.8 |
| Morris | 0.045 | 4.5 |
| Burlington | 0.043 | 4.3 |
| Mercer | 0.040 | 4.0 |
| Atlantic | 0.033 | 3.3 |
| Somerset | 0.029 | 2.9 |
| Gloucester | 0.026 | 2.6 |
| Cumberland | 0.019 | 1.9 |
| Sussex | 0.013 | 1.3 |
| Cape May | 0.011 | 1.1 |
| Hunterdon | 0.011 | 1.1 |
| Warren | 0.011 | 1.1 |
| Salem | 0.008 | 0.8 |
| **TOTAL OF INDEX** | **1.0** | **100.0** |

### C. Annual Assessment

With the establishment of a needs assessment methodology for mental health and the development of the inventory, it will be possible to annually assess the need for and availability of mental health services. Annual assessment of substance abuse treatment need using its existing methodologies also will continue.

### D. Annual Funding for Existing Mental Health and Addictions Programs

The appropriations that the DMHAS received for fiscal year 2015 are reflected in Table 4 below.

**Table 4**

| DMHAS FISCAL SUMMARY OF BEHAVIORAL HEALTH FOR FY 2015 - FY 2016<br>(State, Fed & Other $)<br>(Amounts in Thousands - $000's) | | |
|---|---|---|
| **Category** | **FY 2016** | |
| ***Direct State Services:*** | | |
| **State Psychiatric Hospitals** | **$** | **295,013** |
| **DMHAS Admin. (Includes Fed. Grants)** | **$** | **17,394** |
| ***Total Direct State Services*** | **$** | **312,407** |
| ***Grants-In-Aid:*** | | |
| **MH Community Care** | **$** | **266,461** |
| **MH Olmstead** | **$** | **104,262** |
| **MH Block and PATH Grant & Other** | **$** | **39,385** |
| **SA Community Services** | **$** | **36,826** |
| **SA Block Grant & Other Federal** | **$** | **54,231** |
| **SA Dedicated Funds & Other** | **$** | **12,149** |
| **MH Dedicated Fund** | **$** | **753** |
| | **$** | **514,067** |
| **Rutgers / UBHC Line-Items:** | | |
| Rutgers, UBHC- CMHC Newark | **$** | **6,165** |
| Rutgers, UBHC-CMHC Piscataway | **$** | **11,780** |
| **Subtotal Rutgers, UBHC** | **$** | **17,945** |
| ***Total Grants-In-Aid*** | **$** | **532,012** |
| ***State Aid - County Psychiatric Hospitals*** | **$** | **113,733** |
| ***Federal DSH (Disproportionate Share Hospital) to Supplement Hospitals*** | **$** | **53,000** |
| ***GRAND TOTAL DMHAS (State, Fed & Other)*** | **$** | **1,011,152** |

## E. Consultation with Community Mental Health Citizens Advisory Board and the Behavioral Health Planning Council

The Community Mental Health Citizens Advisory Board (Board) and the Behavioral Health Planning Council (Planning Council) are distinct groups that meet monthly as a joint advisory body with the DMHAS and Division of Children's System of Care (DCSOC). Members of the Board are appointed by the State Board of Human Services with the approval of the Governor of New Jersey and Planning Council members are appointed by the Assistant Commissioner of DMHAS. The Board and the Planning Council function together under the auspices of the New Jersey Behavioral Health Planning Council. The Planning Council fosters the interests of consumers and family members with serious mental illness, serious emotional disturbance (for parents of youth) or co-occurring disorders; and/or prevention, early intervention, treatment or recovery support services. Accordingly, membership includes consumers, family members of consumers, other advocates, providers and State government staff.

The Board consists of eight members chosen from among citizens of the State who, as consumers, have demonstrated an interest in the delivery of mental health services and are not providers of mental health services; one member shall be recommended by the Board of Chosen Freeholders; one member shall be recommended by the New Jersey League of Municipalities; two members shall be chosen from among providers of mental health services; one member shall be recommended by the Chairpersons of the Assembly and Senate committees on Human Services; and two members shall be designated by the State Board of Human Services from among persons currently serving as members of the Board of Trustees of the four State psychiatric hospitals to be appointed in July of each year. The Assistant Commissioner of the Division of Mental Health and Addiction Services or a designee shall be a non-voting ex-officio member.

Membership on the Planning Council includes citizens of the State who, as consumers, have demonstrated an interest in the delivery of behavioral health services; providers of children's and adult behavioral health services; advocacy organizations; and New Jersey State agencies. The purpose of the Behavioral Health Planning Council is: (1) to review New Jersey's Federal Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant plans each year before submission and to make recommendations for improving the plans to the DMHAS Assistant Commissioner; (2) to serve as an advocate for consumers concerning State policy, legislation, and regulations affecting behavioral health; (3) to monitor, review, and evaluate the allocation and adequacy of behavioral health services in New Jersey; (4) to advise the DMHAS and DCSOC concerning the need for, and quality of, services and programs for persons with behavioral health disorders in the State; (5) to advise the DMHAS Assistant Commissioner concerning proposed and adopted plans affecting behavioral health services provided or coordinated by the DMHAS and DCSOC and the implementation thereof; (6) as appropriate, to assist in the development of strategic plans for behavioral health services in the State and advocate for the adoption of such plans to other state departments or branches of government; and (7) to exchange information and develop, evaluate, and communicate ideas about mental health, substance abuse and co-occurring planning and services. In accomplishing these purposes, the Council can avail itself of whatever staff assistance is provided by the DMHAS, shall access information about planning and

provision of behavioral health services by the DMHAS and various state departments, can inform itself on national and international perspectives, and shall advise the DMHAS and DCSOC on coordination of services among various private and public providers.

Some highlights of Planning Council activities for FY 2015 include the following: Overview of the Governor's Council on Alcoholism and Drug Abuse (GCADA) Task Force Report on Heroin, overview of Medically Assisted Treatment Intervention (MATI Evaluation), overview of Managed Long Term Services and Supports (MLTSS), overview of the Council on Compulsive Gambling, review of the SAMHSA Community Mental Health Block Grant Implementation Report & SAMHSA Centers for Substance Abuse Prevention Synar Report, overview of the New Jersey Coalition for Financial Education, successful advocacy for the Department of Community Affairs (DCA) to list on its public website the names of sub-standard boarding homes cited by the DCA for code violations, review of the consumer wellness and recovery centers data collection system, participation in the design of the annual Consumer Perception of Mental Health Care survey, overview of autism and multiple disabilities, review of the Superstorm Sandy recovery program "Turning the Tides", review of the DMHAS Strategic Plan update, overview of the Interim Managing Entity (IME) for Addictions, review of DMHAS and CSOC proposed budgets, participation in state ethics training, review of the state Adult Suicide Prevention plan, review of the grant for the Pathways for Assistance for Transition from Homelessness (PATH) and the review upcoming of mobile applications for substance abuse prevention.

**F. Consult with the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Council of Teaching Hospitals, and Statewide organizations that advocate for persons with mental illness and their families**

The Human Services Commissioner and the Assistant Commissioner of DMHAS, along with senior staff, conduct ongoing meetings with stakeholder leadership groups, trade organizations and consumer/family advocacy groups, inclusive of the New Jersey Hospital Association, to discuss services currently available, perceived service gaps, feedback on services working well and where services can improve to better meet the needs of individuals served. Ongoing stakeholder meetings are held with constituency and advocacy groups such as the Mental Health Association of New Jersey, New Jersey Association of Mental Health and Addiction Agencies, New Jersey Psychiatric Rehabilitation Association, Coalition of Mental Health Consumer Organizations, County Mental Health Administrators, County Alcohol and Drug Abuse Directors, National Alliance on Mental Illness New Jersey, Disability Rights New Jersey, New Jersey Hospital Association, and the Supportive Housing Association. Further, the DMHAS participates in regular, ongoing meetings with the New Jersey Department of Health, Administrative Office of the Courts, New Jersey Division of Medical Assistance and Health Services and the Division of Developmental Disabilities. The DMHAS is committed to consulting with these constituency and advocacy groups to discuss outcomes of needs assessment and plan development. This is in addition to the DMHAS' active, monthly participation in county-

based system's review meetings, county advisory board meetings and county professional advisory committee meetings. In these meetings, local needs and plans are discussed.

**G. Looking Ahead**

The landscape of mental health services for adults in New Jersey continues to change and to improve as components of the Comprehensive Medicaid Waiver moves forward.

DHS is in the process of reforming how adult behavioral health treatment services are financed in NJ. Specifically, the DMHAS is moving from a cost-based, deficit-funded contract model to one that is a fee-for-service or capitated rate, managed system of care. One step DMHAS has taken in preparation for this change is to implement the Interim Managing Entity (IME) in partnership with NJFamilyCare. The IME was designed to manage FamilyCare, state and federal block grant funded Substance Abuse services. Phase I of the IME was implemented on July 1, 2015 and included a statewide call center that provides screening, referral to an appropriate treatment provider, care coordination services, and some utilization management. Individuals are not required to go through the IME to access Substance Use Disorder services, they may also access services by going directly to the treatment agency.

Phase II of the IME implementation, scheduled to begin in the Spring 2016, will include full utilization management of SUD services and will include management of one new mental health service, Community Support Services. The Department of Human Services will use this experience to inform the ongoing plan for management of a full behavioral health service system.

In accordance with the "Inventory and Need Assessment for New Jersey Behavioral Health" report issued November 2013, behavioral health services for adults were expanded for individuals who were impacted by Sandy and who resided in one of the following 10 counties (Atlantic, Bergen, Cape May, Cumberland, Essex, Hudson, Middlesex, Ocean, Monmouth and Union). These services are made available through funding from the US Department of Health and Human Services, Administration for Children and Families. The specific funding mechanism is the Social Services Block Grant (SSBG). This funding stream is time limited, from September 2013 through September 30th, 2015, to support the disaster recovery efforts related to Superstorm Sandy. The DMHAS is administering the following programs/services: detoxification and short term residential treatment services for individuals with a substance use disorder; outpatient services (for individuals with a substance use disorder and/or mental illness); supportive housing with support services (for individuals with a substance use disorder and/or mental illness); Early Intervention Support Services (for individuals with a mental illness and/or co-occurring mental illness and substance use disorder), and a media campaign, which informed the public of the services available. SSBG funding for the aforementioned treatment and services is available through September 30, 2015. However, an extension was granted for supportive housing, detox and short term residential services enabling the SSBG funds to be used to support these services into the Spring of 2016. It is anticipated that with this extension, these services will continue through May or June of 2016.

DHS will continue to assess the behavioral health needs of the residents on a regular basis in order to improve the behavioral health system in New Jersey.