

Division of Mental Health & Addiction Services  
**wellnessrecoveryprevention**

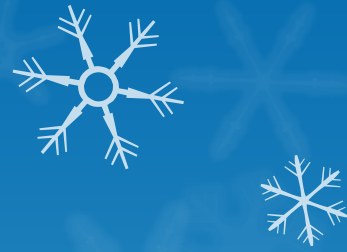
*laying the foundation for healthy communities, together*

NAMI Conference –  
Pathways to Recovery

December 14, 2013

Lynn A. Kovich

Assistant Commissioner



# AGENDA

- Eight Dimensions of Wellness
- Wellness Coaching
- Psychiatric Advanced Directives (PAD)
- Behavioral Health Home
- Rate Setting
- System Highlights
- Strategic Plan



# Eight Dimensions of Wellness



# Eight Dimensions of Wellness - A Holistic Guide to Whole-Person Wellness

- The 8 dimensions of wellness are applicable for everyone, not just individuals who have a MI or SUD.
- Wellness is not the absence of disease, illness or stress, but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness
- Wellness means overall well-being.
  - It incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life.
  - Each aspect of wellness can affect overall quality of life, so it is important to consider all aspects of health.
  - This is especially important for people with mental health and substance use conditions because wellness directly relates to the quality and longevity of your life.



# Eight Dimensions of Wellness



- SAMHSA's Wellness Initiative encourages you to incorporate the Eight Dimensions of Wellness in one's life:
  - **Emotional** – Coping effectively with life and creating satisfying relationships
  - **Environmental** – Good health by occupying pleasant, stimulating environments that support well-being
  - **Financial** – Satisfaction with current and future financial situations
  - **Intellectual** – Recognizing creative abilities and finding ways to expand knowledge and skills
  - **Occupational** – Personal satisfaction and enrichment from one's work
  - **Physical** – Recognizing the need for physical activity, healthy foods and sleep
  - **Social** – Developing a sense of connection, belonging, and a well-developed support system
  - **Spiritual** – Expanding our sense of purpose and meaning in life

# Wellness Coaching



# What is Wellness Coaching?

- Wellness coaching was developed in NJ by Peggy Swarbrick of CSP and Ken Gill of the School of Health Related Professions in 2009.
  - It was developed in response to the award of a proposal submitted by DMHAS to SAMHSA through NASMHPD.
- Wellness Coaching is delivered by peers and other practitioners.
- It is an approach that can help persons with serious mental illness choose and pursue an individual goal to promote physical wellness or wellness in other domains.
- The ultimate goal is that the individual be able to self-monitor the pursuit and maintenance of wellness goals without the aid of the coach.
- Wellness coaching does not entail the delivery of health services in one setting
  - Rather, it will help with coordination in the pursuit of mental health, physical health, and wellness goals from the mental health setting and equip individuals to pursue and self-monitor for their individual pursuit of overall health and wellness.





# Wellness Coaching

- DMHAS is committed to improve the health and wellness of individuals served by the public mental health system
  - 68% of adults with SMI have co-existing physical health condition and have life spans 25 years shorter.
- Wellness Coaching can assist in promoting wellness: making healthy lifestyle choices, smoking cessation, exercising, promoting sobriety, healthy eating, monitoring cholesterol, blood pressure, weight, waist circumference & blood sugar
- DMHAS is offering this training through UMDNJ-SHRP/CSPNJ to teach staff in SH housing programs skills to educate & support consumers to make healthily choices and likely to help improve the health and wellness of persons served.
  - Done through a combination of classroom, online, and experiential (internship) learning, this program will require the trainee to commit 4-6 hours a week
- 23 SH staff completed the first group in June and a second group of up to 28 completed in the fall





# Psychiatric Advanced Directives



# Psychiatric Advanced Directives (PAD)

- PAD's allow consumers to make decisions in advance about his/her mental health treatment, including medications and voluntary admission to inpatient treatment. Currently, the Division has over 1,000 PAD's in the Division's Directory
- On May 11, 2011, the Division issued a brochure, "Understanding Mental Health Advance Directives". The brochure is available in English and Spanish and is on our website.
- To register a PAD, mail your original PAD and Registration form to the Division at 222 South Warren Street, PO Box 700, Trenton, NJ 08625
- To access your PAD info, call Centralized Admissions at 609-777-0317
- DMHAS Website for Advance Directives:  
<http://www.state.nj.us/humanservices/dmhs/home/advdirective.html>
- There are currently several PADs on the DMHAS website which can be utilized by consumers
- The internet registry is in the process of development
- A new database has been launched as of May 15, 2013 at the state psychiatric hospitals to monitor and track PADs in the facilities

# Behavioral Health Home



# Behavioral Health Home SPA

- Behavioral Health Home State Plan Amendment (SPA) will include children/adolescents/youth
  - DMAHS is working with DCF on the development of the children's program design
- Targeted to individuals with Serious Mental Illness who are at risk for high utilization of services and children/adolescents/young adults with Severe Emotional Disturbances with a chronic medical condition
- Plan to roll out the service county by county
  - Bergen and Mercer – calendar year 2014
  - DMHAS and DMAHS will measure outcomes and impact on costs
  - Other counties to follow based on analysis of initial homes and financial resources



# Behavioral Health Home Learning Community

- We have contracted with The National Council for Behavioral Healthcare to develop and facilitate a Behavioral Health Home Learning Community
- A Request for Letters of Interest (RLI) for Bergen County providers to join the Learning Community will be issued
- Members of the Learning Community will develop a Behavioral Health Home implementation plan
- Upon approval of the plan by DMHAS they will become certified Behavioral Health Homes and eligible to provide the service to Medicaid participants
- Certified Behavioral Health Homes will have 2 years to become accredited as a Behavioral Health Home from a nationally recognized accrediting body



# Behavioral Health Home Services

- Comprehensive care management
- Care coordination
- Health promotion
- Individual and family support services (including authorized representatives)
- Comprehensive transitional care (including community and systems transitions)
- Referral to community and social support services



# Rate Setting





# Rate Setting

- DMHAS has engaged Myers and Stauffer (M&S), a national CPA firm, to conduct the rate analyses for DMHAS services
- Objectives:
  - Develop a fee schedule that is reflective of the costs incurred in providing the services, which will be rolled out concurrent with ASO going live
  - Encourage cost efficiencies through new payment system
  - Provide equity in rates or “like rates for like services”
  - Promote access to community alternatives to institutional placement
  - Maintain/increase access to services State-wide



# Practice Groups

- A series of meetings were held 12/9-12/12 that included representatives from providers of mental health and substance abuse services, DMHAS staff, consumers and M&S
  - Outpatient
  - Partial Care
  - Residential
  - Supportive Housing
  - Methadone
  - Case Management
  - PACT
- These meetings are a key opportunity for stakeholders to provide very specific feedback to both DMHAS and M&S on the costs required to deliver services to clients.



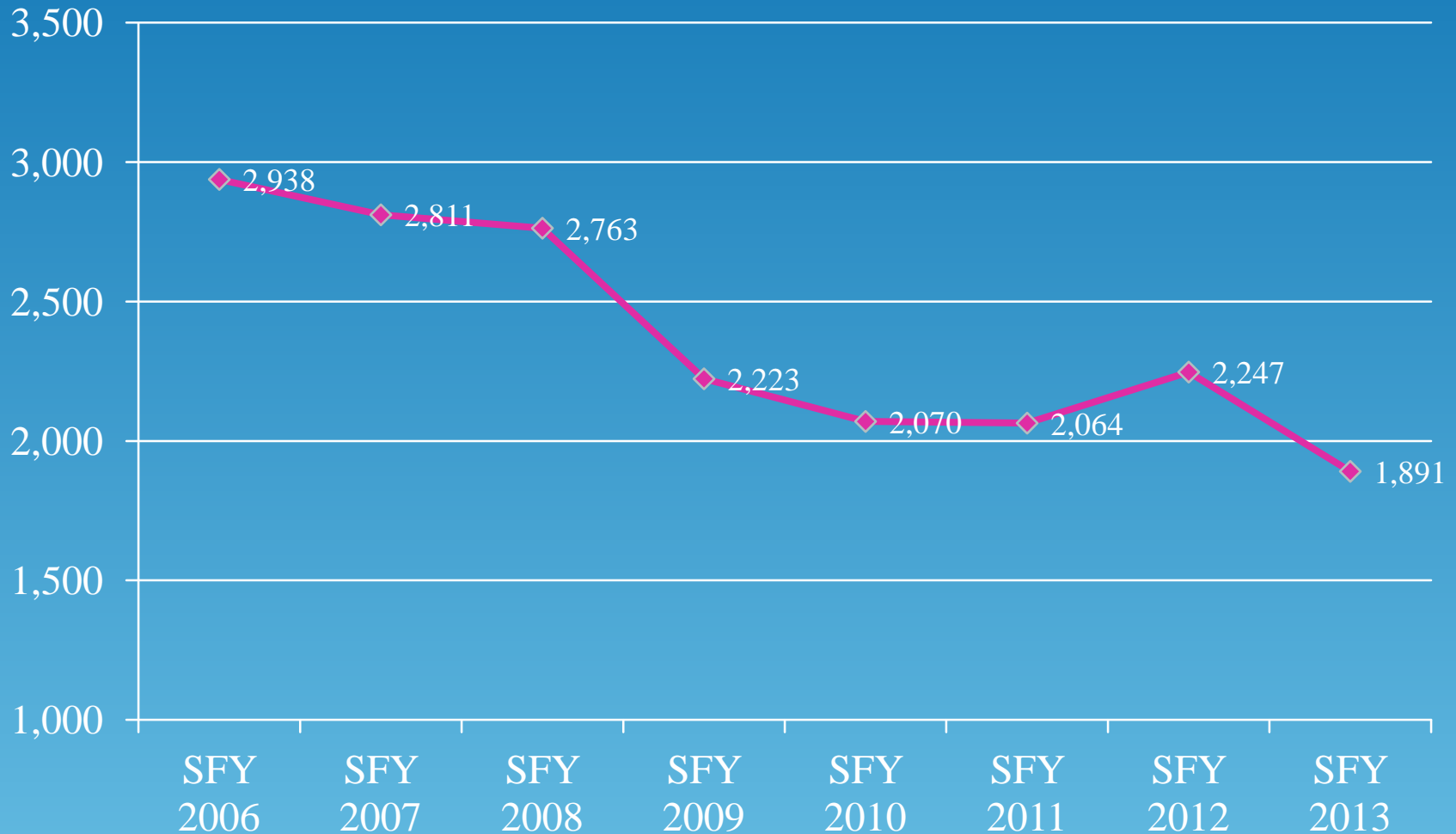
# Deliverables

- Preliminary Rates
- Fiscal Analysis:
  - Aggregate Fiscal Impact Program Wide
  - Provider Level Fiscal Impacts
  - Federal / State Fiscal Impacts
- Final Rates:
  - Ready, with any adjustments from stakeholder review, hopefully by end of 1st quarter of CY14
  - They will not be effective until ASO goes live
  - They are for most services currently funded by DMHAS
  - A subset of services will remain under contract reimbursement
    - Certain services where State needs to buy overall capacity, as opposed to utilization, such as Emergency Services, Intensive Family Support Services and PATH
    - Inpatient psychiatric services paid exclusively by Medicaid are, for now, not part of this new rate-setting exercise

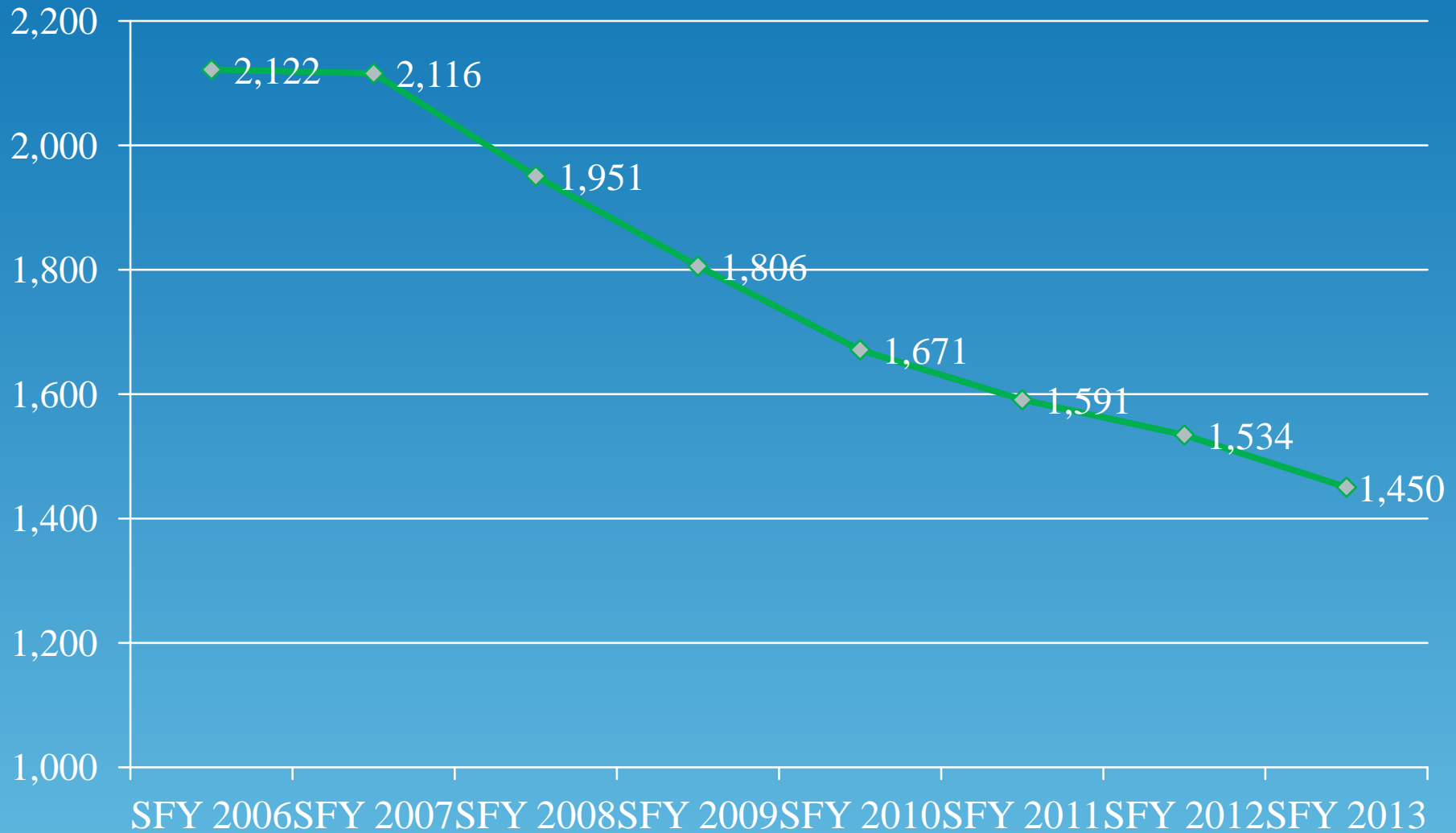
# System Highlights



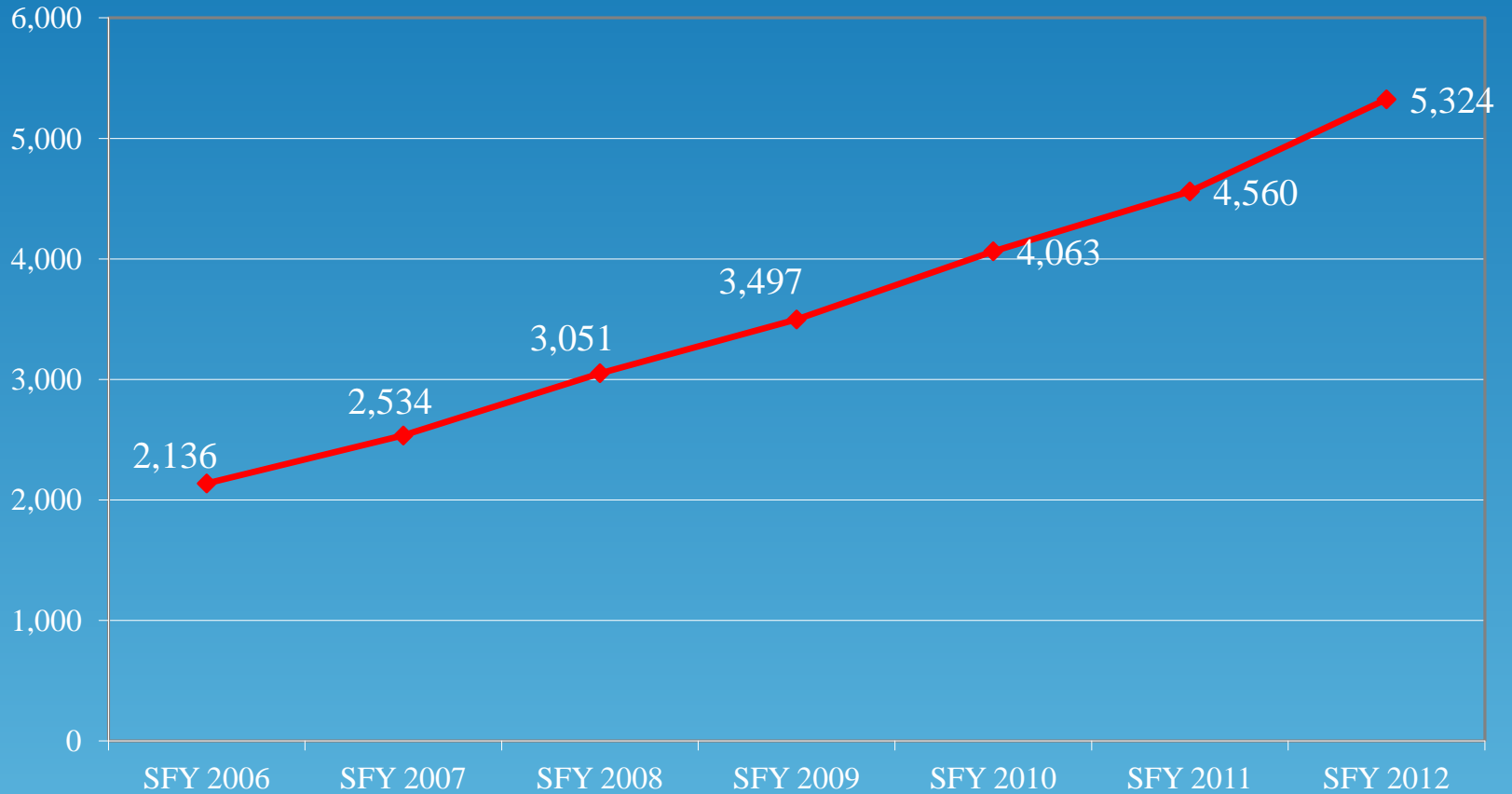
# Admissions to NJ State Psychiatric Hospitals: SFY 2006-2013 (Excluding Ann Klein Forensic Center)



# Total Average Census at NJ State Psychiatric Hospitals (excl. AKFC): SFY 2006 - 2013

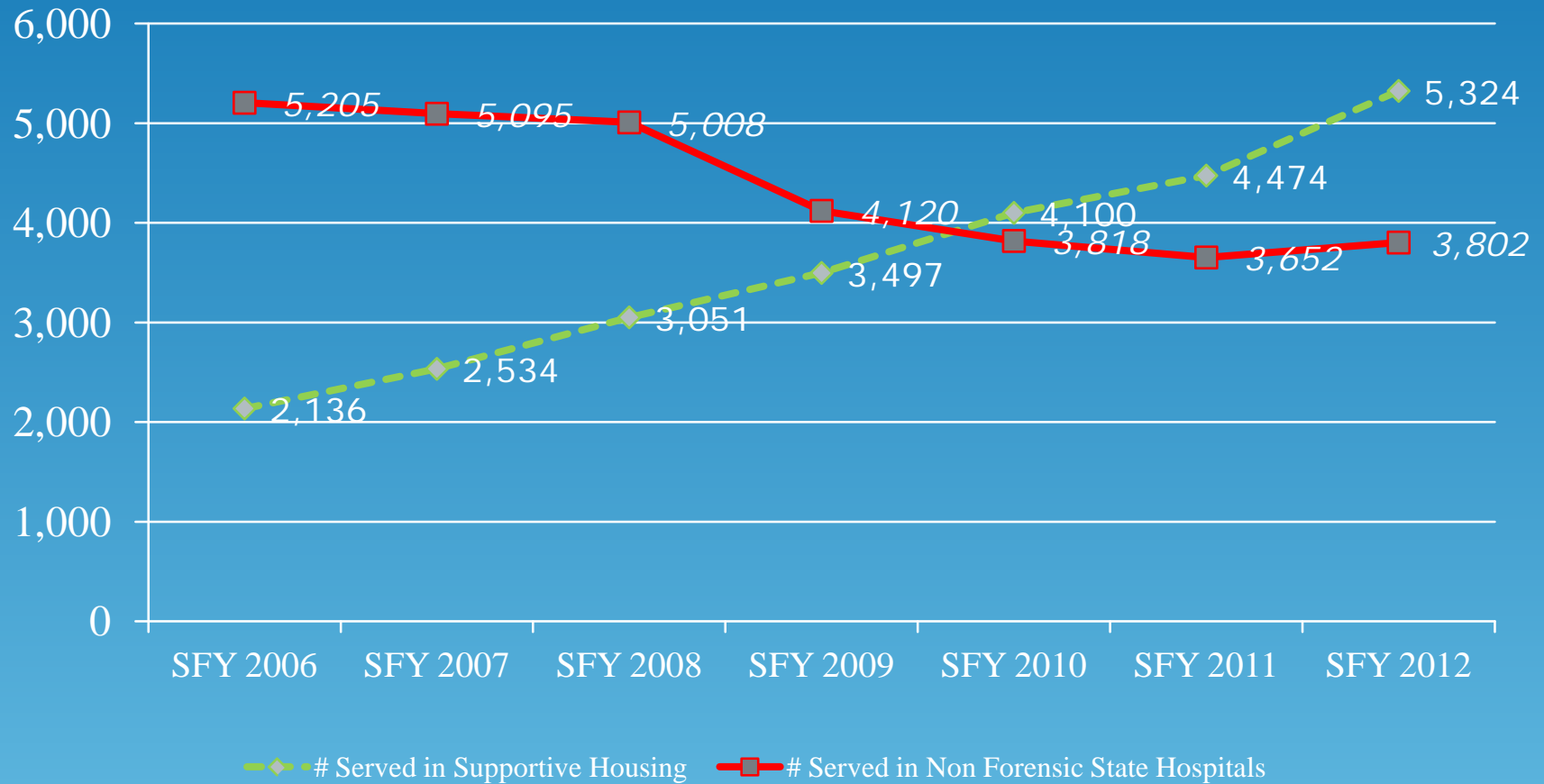


## Clients Served by the SMHA in Supportive Housing (duplicated) SFY 2006 – SFY 2012

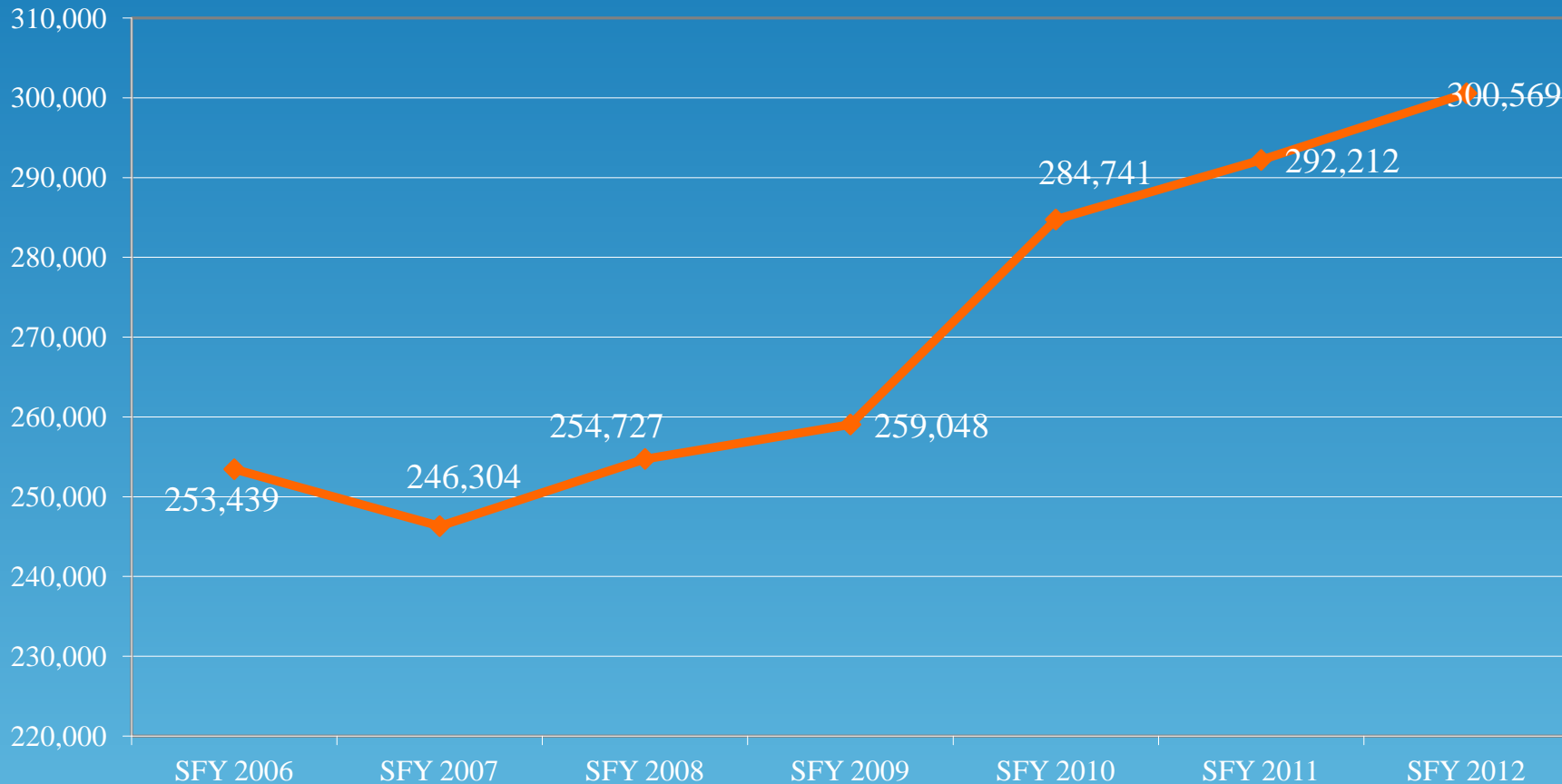




# Clients Served by the SMHA in Supportive Housing (duplicated) and in the Non Forensic State Hospitals SFY 2006 – SFY 2012



## Total Adults Served by the SMHA in Community Services (duplicated) SFY 2006 to SFY 2012



# Strategic Plan



# DMHAS Multi-Phased Strategic Plan

- Four strategic planning sessions were held in Spring 2013 centered around Move to Managed Care, Community Integration and Workforce Development.
- The feedback that was elicited is being used to generate tasks for a 3-year (January 2014-December 2016) multi-phased Strategic Plan, which is an evolving document.
  - Priorities in the second phase are interdependent on those in the first phase.
- Division projects that are independent will not be included on the plan, but will continue to develop during this timeframe, such as suicide prevention, SBIRT, Sandy Initiative, etc.

# DMHAS Priorities

- Community Support Services Implementation
- Rates and Financial Terms/Financial Impact Analysis
- Centralized Housing Authority
- ASO Procurement
- Community Integration
- Workforce Development
- Standard Level of Care Determination
- Stakeholder Communication
- Olmstead Compliance
- ASO Readiness and Implementation

# DMHAS Multi-Phased Strategic Plan



## First Phase

- Move to Managed Care
  - Community Support Services Implementation
  - Rates and Financial Terms/Financial Impact Analysis
  - ASO Procurement
- Community Integration
  - Olmstead Compliance
  - Centralized Housing Authority

## Second Phase

- Move to Managed Care
  - ASO Readiness and Implementation
- Community Integration
  - Standard Level of Care Determination
- Workforce Development
  - Provider workforce development
  - DMHAS workforce development



# DMHAS Multi-Phased Strategic Plan

- DMHAS has identified team leads and workgroup members, which have begun meeting this fall to discuss tasks and timelines for the identified priority areas.
- There is a Stakeholder Communication Workgroup that will coordinate and communicate throughout the entire Plan, at least quarterly, with stakeholders to keep them involved and apprised of the status of the work being done on the priorities.
  - Communication may come via the website, email announcements, meetings with providers, etc.
- There will be additional opportunities for stakeholder involvement, and questions/comments on the plan can be emailed to [DMHASWorkplan@dhs.state.nj.us](mailto:DMHASWorkplan@dhs.state.nj.us)